

G & A Investments Projects Limited

# Pinewood Rest Home

## Inspection report

34 Telegraph Road  
West End  
Southampton  
Hampshire  
SO30 3EX

Tel: 02380472722

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Pinewood Rest Home provides accommodation and personal care for up to 16 older people, some of whom are living with dementia. There were 14 people living in the home at the time of this inspection.

People's experience of using this service: The new manager had introduced an open, inclusive culture and ethos, which people, staff and external professionals spoke positively about.

At this inspection we found the new manager and the registered provider had made substantial improvements in the standard of care provided at the home. They were compliant with the fundamental standards set out by law although further actions were required to embed good working practices in the home.

Staff training was being reviewed and rescheduled where necessary, due to a lack of records of training completed. A supervision plan was in place and the manager was carrying out spot checks.

Ongoing improvements were being made regarding obtaining consent to care and support.

Improvements were continuing to be made to the premises / home environment.

Care plans were being reviewed and re-structured to improve personalisation, accuracy and accessibility.

The new management team were starting to improve and develop new systems for monitoring the safety and quality of service.

Improvements had been made in the way people's medicines were managed and audits were carried out and recorded. There was a new facility for storing people's medicines.

Staff understood the procedures for keeping people safe from harm or abuse.

People were supported to eat and drink well and the quality and choice of food had improved.

People were supported to maintain their mental and physical health and the service was working in partnership with external professionals.

Staff were friendly and caring and treated people with respect. There was a person centred team approach resulting in positive outcomes for people.

Staff demonstrated a good knowledge of people's individual needs and preferences regarding their support. People were encouraged and supported to express their needs and wishes. Any concerns were listened to

and followed up appropriately.

Rating at last inspection: Requires Improvement (report published 12 February 2018). This service has been rated Requires Improvement at the last two inspections.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection in November 2017.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe

Details are in our Safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Pinewood Rest 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by 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.

Service and service type: Pinewood Rest Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection the service did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. The provider had not completed a Provider Information Return (PIR). This is information we request on at least an annual basis about what the service does well and improvements they plan to make.

During the inspection we spoke with six people who used the service and four relatives. We spoke with the new manager, the deputy manager, and four members of the care staff. We reviewed the care records of five people. We also looked at the records for three staff that had been recruited since our last inspection and other records relating to the management of the service such as medicines administration records, audits

and staff rotas. Following the inspection, we received feedback from three healthcare professionals we contacted.

# Is the service safe?

## Our findings

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

RI: ☐ Some aspects of the service had not always been safe and there had been limited assurance about safety. Regulations were now being met but improvements will need to be embedded in practice to ensure they are sustained.

### Using medicines safely

- At the previous inspection we found the procedures and guidance for staff for the administration of 'as required' (PRN) medicines were not safe so there was a risk of people not receiving their prescribed medicines, or receiving them inappropriately.
- During this inspection we found improvements had been and were continuing to be made. The manager and registered provider had taken sufficient action to be compliant with this regulation, however the improvements will need to be embedded in practice to ensure they are sustained.
- Protocols for giving 'as required' (PRN) medicines had been updated by the previous manager and were being reviewed by the new manager. All staff were completing re-training in the safe management of medicines. The service had checked with the GP that people's prescriptions information held in the home was correct. The medicines file had been updated with homely remedies authorisations and with a list of current staff signatures. A newly fitted purpose built medicines room was in use.
- Improvements had also been made in the way medicines audits were carried out and recorded.
- Medicines were safely and appropriately stored and any unused or expired medicines were disposed of when necessary. Medicines were checked regularly by staff so that any potential administration errors were identified and action taken. Up to date records were kept of the receipt and administration of medicines.
- A community psychiatric nurse had visited one person and reviewed their medicines.
- A person commented, "I get my tablets brought to me four times a day and they watch me take them, I suppose they have to do that, but at least they know I'm taking them and safe". Another person told us, "The carers give me my tablets and medications so I don't have to worry about that".

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

The manager was new in post and had immediately implemented a safeguarding action plan to check and ensure systems and processes protected people's safety and wellbeing.

- All staff were in the process of completing basic safeguarding training, whether they had received the training before or not. A staff meeting had been held to make sure staff understood the safeguarding reporting procedures.
- Staff we spoke with understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

### Assessing risk, safety monitoring and management

- A person told us, "I do feel safe here...I was having falls and I know that here there's always someone around". Another person said, "I feel safe and well cared for here". They added, "I do need my call bell and

the carers do come quickly whenever I ring".

- A healthcare professional told us, "The service was good at taking into account the person's needs, wants and likes, and balanced managing risk with them not being overly restrictive".
- Risks to people's health and wellbeing were assessed, such falling or developing pressure areas on their skin, and actions taken to minimise the risk were recorded. Staff showed awareness of risk in day to day activities. People were encouraged to stay mobile and exercise choice and stay in control of how their care was provided.
- A person was upstairs with a member of staff encouraging them to use the stair lift to descend. The member of staff was very patient and encouraged the person to act independently while ensuring his safety. The member of staff praised him as he succeeded and he smiled. The member of staff told us, "The residents need to do as much as they can for their own wellbeing". We saw another person ascending using the stair lift independently but being observed discreetly by a member of staff to ensure the person was safe.
- There was a current fire risk assessment and fire safety records were being monitored and appropriately maintained.
- An external company carried out tests and any remedial actions to protect against risks associated with legionella.
- The service had a 'grab file' containing guidance for staff on what to do in an emergency, such as a fire, flood or heating breakdown. The file included a summary of each individual's needs, to support staff and external agencies to continue to meet their needs in the event of an emergency.

#### Staffing and recruitment

- People told us that staff were available when they needed care and support.
- Staffing levels had been reviewed and increased by employing additional kitchen and domestic staff, which enabled care staff to focus more on providing care.
- The staff rotas were planned in advance to ensure there was sufficient cover at all times.
- At the last inspection we found that gaps in people's previous employment histories were not always recorded. At this inspection we looked at records for three staff and saw that all necessary checks had been made before they commenced employment, including full employment histories.

#### Preventing and controlling infection

- The home environment was clean and tidy. Staff were aware of infection control procedures and daily cleaning schedules were followed. Hand gel was available near the entrance and in other areas of the home. Personal protective equipment such as disposable gloves and aprons were available and being used by staff. A small laundry room was kept locked when not in use and contained two separate sinks for hand washing and sluicing.

#### Learning lessons when things go wrong

- A system was in place to ensure that any accidents and incidents were documented and reviewed for trends and patterns so that remedial actions could be undertaken.
- The new manager had identified where improvements needed to be made within the service and was implementing clear management strategies and action plans to achieve them, supported by the provider and staff team.



# 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

RI: □ The effectiveness of people's care, treatment and support had not always achieved good outcomes or was inconsistent. Regulations were now being met but improvements will need to be embedded in practice to ensure they are sustained.

Staff support: induction, training, skills and experience

- At the previous inspection we found staff had not all received a comprehensive training programme, supervision and appraisal to support them to meet the needs of people living in the service. The previous registered manager had sent us an action plan telling us how the regulation was to be met.
- At this inspection, the new manager told us that a number of electronic records, including some staff training and supervision records, had been deleted before she came into post. Where this was the case training was being redone by staff including, for example, moving and handling, food hygiene, and infection control. The manager was adopting a "Back to basics" approach to ensure staff were all equipped with the knowledge and skills to provide safe and continuous care. As a baseline, all staff were completing the Care Certificate induction, each working on one standard per month in order to embed the knowledge in care practice.
- Since coming into post, the manager had also implemented a staff supervision and appraisal schedule for all staff.
- While we found the manager and registered provider had taken sufficient action to be compliant with this regulation, improvements will need to be embedded in practice to ensure they are sustained.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the previous inspection we found the procedures for obtaining consent to care and treatment did not reflect current legislation and guidance. Care and treatment was not always provided with the consent of

the relevant person.

- We saw that care and consent records were being reviewed and updated as part of the manager's action plan. Guidance was in place for managers and staff, which included how to identify deprivation of liberty and make appropriate referrals.
- The manager had identified through care plan audits that further action was needed to clarify whether people had legally appointed representatives, and to ensure that where this was the case, that copies of the documentation was obtained. A new pre-admission assessment form had been developed to assist this going forward.
- Staff sought people's consent before providing care or support. We observed staff seeking consent from people using simple questions, giving them time to respond.
- While we found the manager and registered provider had taken sufficient action to be compliant with this regulation, improvements will need to be embedded in practice to ensure they are sustained.

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

- The service was introducing a new pre-admission assessment that covered a broad range of needs, including past and current medical history, medication, communication, personal hygiene, continence care, mobility, and tissue viability.
- The service involved people, their relatives and external professionals in the assessment of the person's needs before they moved into the home. Care plans provided information about how each person would like to receive their care and support, including how they communicated their needs and preferences. Each person's plan reflected the importance of meeting their needs in ways that gave them as much choice and control as possible.

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

- Each person had a nutritional assessment and support plan that was kept under review.
- The majority of people we spoke with commented positively about the food. For example, One person said, "The food is good, hot and plenty of it, I go downstairs for lunch". Another person told us, "The food is good here and I have it brought up to my room for me". They said, "I do drink a lot, the carers keep my jug topped up, I've been told that it's very important to keep hydrated". Another person said, "The food is lovely, I eat it all".
- The atmosphere in the dining room at lunch time was lively and three staff were on hand to provide support where needed. One person, seated at a lounge chair, was assisted by a member of staff. The person had difficulty in swallowing and the member of staff was patient and understanding and spoke quietly to them.
- We observed a member of staff going round after lunch and asking people their menu choices for tea. Three options were offered and people were also told, "If you don't fancy any of these, we can do something else".
- The manager had an action plan for improving the service that included increasing choice, more fresh fruit and vegetables, dining equipment and a drinks station to enable people to be more independent at meal times. Increased numbers of kitchen and housekeeping staff meant there was now a choice of a hot meal in the evening.
- A healthcare professional told us, "The new manager has told me that the food has improved and the chef is cooking more home cooked meals, choice has improved and the residents are much happier with the choice. Simple things like a choice of biscuits at coffee time and no restriction on how many were provided, which had been in place previously".

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

- people's records showed the service continued to support people to access healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP and community nursing services, chiropody, occupational therapists, opticians and dentistry.
- A healthcare professional told us, "The care home let us know if there are physical or mental health or mobility concerns" and, "I think there is genuine interest in keeping the residents happy and healthy".
- Another healthcare professional told us, "Staff did enquire where they could access further training for supporting people with dysphagia, which I feel reflects their awareness of their own learning needs and desire to deliver a good service". They also told us, "When I offered support and advice the team were open and responsive".

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

- A healthcare professional told us, "The home is clean and uncluttered, with plans to update the decorations and improve the outside spaces so that the residents can access them safely".
- Improvements were continuing to be made to the premises and home environment as part of a service development plan. For example, new flooring had been fitted in the bathrooms and the kitchen was equipped with a new fridge and oven. Refurbishment of the exterior of the building including the garden and a new ramp and railings was scheduled to commence.
- The premises were an older style building, which made for a homely environment. The layout was quite compact, although we observed people and staff appeared to manage this. There was some accessible signage identifying the toilets, for example, and the handrail in the hall was painted a different colour to the surrounding wall in order to assist people with cognitive or sensory impairment. To develop this further we recommend that the provider continue to explore evidence based guidance on how environments can best be designed effectively to meet the needs of people living with dementia.
- There was a small lounge / dining area and small conservatory, which was used by visitors and staff during our visit. People had personal items such as photos, pictures and ornaments in their rooms. The shared bathrooms were well equipped and clean.
- A person said, "It's my home now and I'm quite contented". Relatives told us, "It feels very homely and I like that...I'd come in here myself, no problem!" and, "I chose this place for Mum because it feels homely, it's a nice atmosphere". People told us that it was planned to alter the gardens in the near future to include raised beds so that they could do gardening during the warmer months.

# 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

Good: ☐ 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

- A person remarked, "The carers are very good to me". Another person said, "I have been in here for a while. Everyone here is lovely. I am well cared for and I have no complaints at all". One person told us, "I have only been here a few days but so far it's all good, the staff are really friendly and welcoming". Their relative said, "Mums not been in here long but she seems to be settling in quickly, they seem to take care of her well".
- We observed staff were welcoming and helpful and there was a relaxed and pleasant atmosphere in the home. Staff spoke to and treated people in a respectful, inclusive and kind manner. Staff gave people time to communicate their wishes, views and choices and spoke in a way people could understand, such as keeping questions and answers short and to the point.
- A healthcare professional told us, "The staff know their patients well, care for them with great compassion and appear to treat them like family".

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

- People were supported to make decisions about their day to day care, such as when to get up and go to bed, what activities to take part in, and choices about how their care was given.
- A member of staff said, "You get a bond with the person and know how they like their care. They are here for a service, at the end of the day".
- People and their relatives could comment on the quality of the service as part of their planned care reviews.
- Care plans contained records of contact with people's families, which showed that relatives were updated promptly when people's needs changed or if they were unwell. A relative said, "Yes, we have been involved in his care plan. The manager listens to us.....and they have worked wonders. I think he is very fond of the staff here".
- People's relatives and friends felt welcome and could visit without restrictions. A person's visitors told us, "We can come in at any time to see him".

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff respected people's privacy and protected their dignity. Rooms with double occupancy had curtains that could be pulled between the beds for privacy. Staff were kind and courteous and we observed they knocked on doors before entering people's rooms
- A member of staff described how they supported and encouraged people to self-care as much as possible. "I would never take away their independence if they can do it themselves. But if they need some extra help, for example if they're feeling poorly one day, you have to take that into consideration". This demonstrated a personalised and flexible approach to meeting people's needs.

- A healthcare professional said, "Staff spoke positively about people and supported a person to do activities that he liked, such as gardening. The person had expressed he was happy living there". Another healthcare professional told us, "The residents I met with seemed well cared for and happy. I observed some interactions with residents in the lounge that maintained the resident's dignity, when being asked about toileting".
- A person said, "The carers are a lovely bunch and care for me very well. I love it here. I have a twin bedroom because my husband is coming in here once he has got out of hospital. His bed is waiting for him, and so am I!"

## Is the service responsive?

### Our findings

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

RI: People's needs had not always been clearly recorded in an organised way that ensured they were understood and met. Regulations were now being met but improvements will need to be embedded in practice to ensure they are sustained.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the previous inspection we found care records were not always up to date, relevant and accessible and did not show how people were involved in their care.

- At this inspection we found the new manager and registered provider had taken sufficient action to be compliant with this regulation, however the improvements will need to be embedded in practice to ensure they are sustained.

- The manager told us the service was "Starting a clean slate", re-assessing people's needs with appropriate input from the individuals, their families and external professionals.

- Care reviews were being arranged for each person living at the home, involving an occupational therapist, physiotherapist, speech and language therapist and other healthcare professionals.

- We saw a new and clearer structure for care plans was being introduced to record people's needs as they were re-assessed.

- During our visit we did not see an activities list and many people were not aware of any planned activities. However, one person told us, "We have exercises on a Monday, I don't join in, I don't like exercise!" They added, "They don't mind if I don't join in". We observed staff engaged in one to one interactions with two people, playing dominoes and doing nail care.

- The manager had identified that the provision of meaningful activities could be improved and had plans to develop this aspect of the service. An example of this was people were now being encouraged to help with baking if they wished to do so. A person told us, "I help to wash up in the kitchen, I do like to help when I can." A kitchen member of staff confirmed "(Person) likes to be busy, she ran a B&B and had a busy time in the past. I am happy for her to help me".

- Another person told us, "I help the maintenance man to do the garden. We've been picking up the leaves and shredding the twigs and leaves. I do like to help and the staff are very helpful".

They also said, "I get a paper delivered and I collect it from the reception every day, the manager organised it for me".

Improving care quality in response to complaints or concerns

- A complaints procedure was available in the entrance hall and was being updated. The manager had plans to introduce more alternative formats, such as large print and picture symbols, to assist the communication of information to people who had a range of needs.

- There was also a complaints logbook which contained no entries. The manager confirmed there were no records of complaints available for the past year.

- People and relatives we spoke with told us they had no complaints and were comfortable to raise any

concerns if they had them.

#### End of life care and support

- There was a section within the new support plans where end of life wishes, any advance decisions and arrangements could be recorded. These were to be completed and updated as part of the ongoing reviews of people's care and support. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.

# 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

RI: ☐ Service management and leadership had been inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care. Regulations were now being met but improvements will need to be embedded in practice to ensure they are sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspection we found quality assurance systems were still not robust and consistently applied in order to assess, monitor and improve the quality and safety of the service.
- Before this inspection, CQC had not received the requested 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 the improvements they plan to make.
- The previous registered manager left the service in December 2018. The new manager told us they would be applying for registration.
- During this inspection we saw that a new system of quality assurance audits and recording was being implemented. This included, for example, medicines, care plans, maintenance checks and equipment safety, and staff training.
- The new manager had identified there was a lack of records required to be held by the service, including those relating to staffing, people's care and service management. The manager told us the service was "Starting again" on quality assurance audits and processes.
- There was a plan of on-going improvements being made to the home environment.
- Staff supervision and spot checks were taking place.
- An external company had been employed to update the service policies and procedures.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their visitors were complimentary about the standard of care and the way the home was run. The staff and management were helpful and a cohesive team spirit was evident. A relative told us, "It all seems to work well, in my opinion".
- Staff told us, "The previous manager lost interest, but we've turned a corner now"; and "We like the new manager, she's a breath of fresh air". A member of staff said they were aware of the need for the team to "Get back on track again" and "Do our bit". They told us, "In the short time the new manager has been here, it has changed massively". The manager was approachable and, "People don't mind helping out".
- We observed the changes happening within the management and governance of the service had not had a negative impact on people living in the home. There was a calm atmosphere in the home and people appeared settled, comfortable and relaxed. A member of staff confirmed this and commented, "You deal with your own problems".



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

- A person commented, "The new manager is very nice, she pops into my room most days and we have a chat. That's nice as I don't get out of my room much, it's my choice, I like my own company". A relative told us, "The management and carers have been very nice to me and my Mum". They said, "I know I can speak up if needed, but I don't have any criticisms". Another relative commented, "We all love it here; the staff are really nice. The manager is great, she keeps us informed of any issues".
- The new manager was promoting an open and inclusive culture within the service. They maintained a presence within the home and had an open-door policy for people living there, staff and relatives. The manager told us they were being well supported by the provider and the registered manager of the provider's other care home.
- A staff meeting had taken place and staff said the manager listened to them and was open to suggestions for developing and improving the service. Staff told us they felt the team worked well together and, "As a whole, it's so much better".
- The manager was introducing a key worker system to enhance one to one engagement with people and promote more shared responsibility within the staff team.
- The manager had plans to restart an annual survey questionnaire to provide further opportunity for people, staff, relatives and other professionals to give feedback about the overall quality of the service.

Continuous learning and improving care

- There was a clear on-going service development plan and some actions had already been completed, such as improved rota planning and increased day time staffing; and an improved mealtime experience for people with more choices offered.
- Quality assurance monitoring visits were starting to take place between the provider's two services, which promoted learning and sharing of good practice.
- A member of staff told us, "The manager has a lot to deal with and has explained that improvements will take time".
- A healthcare professional told us, "There has been a recent change of management at Pinewood and although I have only met the new manager once, I know they are keen to review care, bring fresh ideas and continue to work on further improvements to the service".
- Another healthcare professional told us, "The home has not engaged with me for a long period of time, however I went in to meet the new manager and I can already see the difference".

Working in partnership with others

- A healthcare professional told us, "The manager has engaged with training that we are offering and with other opportunities for joint working, which were not forthcoming previously. I have only met the manager and deputy manager on one occasion but I was impressed at the time of my visit".