

Pentlow Nursing Home Limited

Pentlow Nursing Home

Inspection report

59-63 Summerdown Road
Eastbourne
East Sussex
BN20 8DQ
Tel: 01323 722245
Website: www.pentlow.co.uk

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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?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Pentlow Nursing Home is a nursing home in Eastbourne, providing care for people who require nursing care both long term and for a period of respite, they also provide end of life and palliative care. People's nursing needs varied, some had complex nursing and care needs, others required support with dementia and memory loss. Pentlow Nursing Home is based over two neighbouring buildings called Pentlow and Summerdown. There were 48 people living at the service at the time of the inspection including both privately and local authority funded.

The inspection took place on the 22 and 23 December 2014 and was an unannounced inspection.

Pentlow Nursing Home has a registered manager. A registered manager is a person who has registered with the CQC 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.

Summary of findings

We were able to enter the premises without challenge and had to make ourselves known to staff. Security at the service had not been maintained and this could leave people at risk with regards to their personal safety and belongings.

Individual risk assessments were in place for people's identified needs. However not all information in care plans had been followed, this included mouth care and the repositioning of people. Daily records and charts did not correspond; this meant it was difficult to assess how frequently care had been provided.

Medicine policies were in place to support the administration of medicines. We found not all medicines with a limited shelf life had been dated on opening to ensure that they were used within the required timescale.

MAR folders were used frequently throughout the day, with some pages falling out due to rips in the paperwork. Not all guidance was in place with regards to 'as required' medicines.

Safeguarding adults training had taken place and staff understood their responsibilities to report any concerns if they suspected abuse. Safeguarding and accident/incident forms had been completed by the registered manager when required and the local authority and CQC had been notified appropriately and in a timely manner.

Personal evacuation plans had been written for people, these included specific information regarding equipment, support measures and assistance required. Plans were in place to deal with an emergency or evacuation of the premises.

Staffing numbers were calculated by hours of care required for each person. This was worked out across the two buildings by the use of a dependency tool completed by the nurses. This was reviewed weekly as people's needs changed. Staff told us that they were very busy and there were times when they felt that there should be more staff, especially at meal times.

Recruitment processes ensured staff employed were suitable to work and had the appropriate skills and qualifications to undertake their allocated role. Further training opportunities were available for staff to ensure on going development. Staffing numbers were reviewed and people's needs assessed by the use of a dependency tool. This was reviewed and amended weekly.

People were satisfied with the way care was provided. Staff told us they felt that training opportunities were good and they were encouraged to undertake further training. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was in progress and mental capacity assessments were completed for people.

People who required support or encouragement to eat were not adequately supported at meal times. We received positive feedback regarding the standard of meals provided. Although there seemed to be confusion regarding how menu choices were collated and how many days in advance menu choices were completed. People's likes, dislikes and special requirements were catered for, and the chef was able to provide alternative meal choices if requested.

Pentlow and Summerdown buildings were adapted neighbouring domestic properties which had restricted storage areas for equipment and laundry. This meant that communal bathroom and shower rooms had been used to store items used for moving people, spare equipment, rubbish bags and laundry. This meant that access to these areas could be restricted. On-site maintenance was available throughout the week, with on-call maintenance workers available out of hours. Both buildings had communal areas which were nicely decorated with access to a rear garden in good weather.

We asked people if they felt staff were caring, some people indicated that whilst the majority of the staff were caring and kind, this was not universal. However, overall people were happy with their care. Staff were seen to speak to people in a kind caring manner. People's dignity was maintained and doors were closed when care took place. Signs were placed on doors informing people not to enter as care was in progress.

People's religious and spiritual needs were documented in their care files. Staff told us how they met people's religious needs, this included end of life needs. To facilitate the provision of end of life and palliative care the service had close links with the local hospice and palliative care team.

There was a comprehensive activities schedule, with activity co-ordinators working seven days a week providing group and one to one activities.

Summary of findings

There was a complaints policy and information regarding the complaints procedure was available. Previous complaints had been investigated in accordance with the service policy and procedures.

People told us they felt involved in the on-going development of the service. There was a comprehensive format for meetings and auditing within the service. Audits included actions and had been signed to show when these had been completed. Some audits including care documentation and medicines had not identified some areas which required improvement.

Issues raised and discussed in meetings had been acted on and addressed appropriately. For example requests for specific meals to be included on the menu, or for certain activities or trips to be organised.

Staff understood their role and responsibilities and were clear how their decisions, actions, behaviours and performance affected the running of the service and the care people received.

We found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now correspond with the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

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 not always safe.

Although people told us they felt safe, security at the service had not been maintained and this could leave people at risk with regards to their personal safety and belongings.

Some areas of medicines needed to be improved to ensure they were safe. Appropriate medicines guidance was not in place for all people.

Staffing levels were assessed and maintained. Staff felt that they were very busy especially at meal times.

A contingency plan was in place to deal with an emergency.

Requires Improvement



Is the service effective?

The service was not always effective.

Some people were not adequately supported at mealtimes to encourage them to eat and drink sufficient amounts for their needs.

People were able to make choices at meal times and for those people who required special diets this information was provided to the kitchen staff.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was in progress and mental capacity assessments were completed.

The service had close links to a number of visiting professionals and people were able to access services when they requested.

Requires Improvement



Is the service caring?

The service was not always caring.

People were not always involved in decisions about their care and welfare.

Staff took the time to speak to people and visitors in a kind and caring manner. People had praise for the kindness and caring nature of some staff at the service

Advanced care plans were complete when appropriate. The service had links to the local hospice and palliative care team to support people receiving end of life care.

Requires Improvement



Is the service responsive?

The service was not always responsive.

Accurate records had not been maintained to ensure that people got all the individual care and supported they needed.

Requires Improvement



Summary of findings

There was a comprehensive activity schedule. With regular group and one to one activities taking place.

Complaints had been investigated and actions documented.

Is the service well-led?

The service was not always well led.

There was a system in place to assess the quality of service provision. Audits had not identified poor documentation on mouth care and repositioning charts.

Notifications were reported appropriately and in a timely manner.

The registered manager confirmed a vision for the home which they were promoting through supervision and on-going training of staff.

Requires Improvement



Pentlow Nursing Home

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 checked 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 22 and 23 December 2014 and was unannounced.

The inspection team consisted of one inspector and one 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, in this case elderly and dementia care.

Before the inspection we looked at information provided by the local authority including contracts and purchasing (quality monitoring team). We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, safeguarding's, complaints and information received from members of the public.

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.

During our inspection we observed interaction between staff and people living at Pentlow Nursing Home. We did this by observation in communal areas, and spending time talking to people and visitors across both buildings. We spoke to eleven people who lived at the service, eight relatives, friends and other visitors. We spoke to 14 staff; this included the registered manager, deputy manager, registered nurses, carers, senior carers, agency staff, quality manager, administration, maintenance employees, members of the housekeeping team and the chef. We spoke to a visiting GP and contacted visiting professionals after the inspection to gain further feedback about the service.

We looked at care documentation for eight people and looked at computerised and paper records, risk assessments and associated daily charts and records, activities, nutrition and medicine administration records (MAR) charts.

Records including staffing rotas, training records and five staff recruitment files were seen. We read minutes of meetings with people and staff, menu's, and records relating to the management of the service such as complaints, accident/incident reporting, maintenance, policies and audits.

We last inspected Pentlow Nursing Home on 26 June 2013 where no concerns were identified.

Is the service safe?

Our findings

We asked visitors and people whether they felt safe at Pentlow Nursing Home. Visitors told us, that staff did not go and see their relative on a regular basis. And, "At lunchtime there's no one around to help they are all busy with the lunches." People living at the service said, "I definitely feel safe here." And, "I feel safe, staff look after us." However we found that not all practices ensured people were safe.

Medicines policies and procedures were in place to support staff in the administration of medicines. We observed medicine administration rounds in each building. Systems were in place to ensure re-ordering, safe disposal and temperature monitoring for medicines. Medicines with a limited shelf life should be dated on opening as medicine effectiveness can be affected after specified timescales. We found medicines with a limited shelf life in both buildings that had not been dated on opening. We discussed this with the registered manager and nurses during the inspection, and were told this had been traced back to agency nurses who had opened medicines without adding dates. Nurses administering medicines were seen to be interrupted while giving out people's medicines. This was distracting and could lead to mistakes being made, and delayed the administration of medicines. Nurses told us that the repeated interruptions made medicine administration a long process.

Medicine administration records (MAR) folders were used frequently throughout the day, with some pages falling out due to rips in the paperwork this meant that they were at risk of being lost. MAR charts were required for the safe administration of medicines as they are a record of the medicines prescribed and administered in accordance with the prescribed instructions. MAR charts had a list of signatures and names of staff members responsible for administration and included information about people's allergies and photographs for identification, if a sheet became lost this could mean people would not receive their medicines safely or as prescribed. Guidelines were seen for 'as required' medicines. These are known as PRN medicines. These are prescribed medicines and are to be given according to the prescription 'as required'. Not all people receiving medicine as PRN had guidance in place to

ensure that these were consistently given. This placed people at risk of not receiving medicines appropriately and did not ensure that medicines were given in a safe and consistent way.

People were not protected from the risk of unsafe medicine practices. This was a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On arrival at Pentlow we were able to access the Pentlow building and had to make our presence known to staff. This was before the receptionist had come on duty. Visitors expressed similar concerns about main doors for both buildings not being locked after 5pm and before the receptionist came on duty. A sign was displayed which stated that to gain access after office hours visitors should ring the bell. However, visitors confirmed that the door had sometimes been on the latch when they have arrived after this time. This meant that security at the service had not been maintained and this could leave people at risk with regards to their personal safety and belongings. Improving security is an area that needs to be improved upon.

We looked at how the service managed risk. Care files included risk assessments. When a risk was identified charts had been put in place, for example, mouth care and repositioning charts. Moving and handling risk assessments had been completed and copies of these were in people's rooms to inform staff of equipment or number of carers required. This meant staff were aware of how to move people safely and what equipment was required.

Staff completed accident/incident forms when issues had occurred and CQC had received notifications from the registered manager when incidents/accidents or safeguarding concerns had been identified. Safeguarding's had been reported to the local authority for investigation in a timely manner. Staff received a handbook and had computer access to all the organisations policies and procedures as well as paper copies being available in the service. Staff were aware of the whistleblowing policy, and told us that they would be happy to raise any concerns with the registered manager if they arose.

The provider had plans in place to deal with emergencies. Personal evacuation plans had been written for people, these included specific information regarding equipment,

Is the service safe?

support measures and assistance required. As the service consisted of two neighbouring buildings, in the event of an emergency people could be moved to the other building. Fire alarm testing took place regularly. A fire risk assessment report had been completed for both buildings by an external professional. It had raised one concern regarding the number of staff working at night if evacuation had been required. However, this had been addressed by a plan put in place to ensure staff from the 'other building' being available to assist in an evacuation situation.

Pentlow Nursing Home had allocated maintenance workers. A member of maintenance was available during the day, and on-call evening and weekends. Staff were able to report faults or repairs via a log book or by telephone in an emergency. Certificates were seen for water system and legionella checks, personal appliance testing as well as equipment servicing and maintenance documentation.

Safeguarding adults at risk training had taken place. Staff demonstrated a good understanding on how to recognise and report concerns. Staff had access to appropriate contact information to report concerns directly to the local authority. Two staff told us they carried cards with telephone numbers and information regarding safeguarding to ensure they had the contact information to hand should they need to raise a concern if they suspected abuse. Others knew where to access this information if required.

The provider followed thorough recruitment processes that ensured staff employed were suitable to work and had the appropriate skills and qualifications to undertake their allocated role. Appropriate checks took place to ensure nurses had the correct professional qualifications.

Staff told us they were very busy but people's needs were met. One said, "It can be a challenge getting everything done, but it is okay, if we work as a team." Another explained, it could be very busy especially at lunch times

and added, "Some days more people need help, or they are upset and you don't have the time to sit with them. It's just the way it goes depending on how they feel." Staffing numbers were calculated by hours of care required for each person. This was worked out across the two buildings by the use of a dependency tool completed by the nurses. The registered manager told us this was reviewed and amended weekly taking into consideration changes to people's care requirements. People who currently required one to one care had this provided independently of the tool, as this was provided over 24 hours by agency care staff. This meant that regular staff were available to continue providing care to others. We looked at the dependency tool for the day of the inspection and saw that the number of care hours recorded on the tool were met by the staffing on duty.

One staff member said, "Staffing ratios don't take into account people's needs, it's not consistent". However, we saw staffing levels had been maintained to meet the needs of people in accordance with the weekly dependency assessment completed. Staffing rotas seen for a three week period showed agency staff had been used to cover for sickness during day and night shifts. We spoke with agency staff who had previously worked shifts at Pentlow Nursing Home and one who was previously a permanent staff member at Pentlow and now did regular agency shifts. The registered manager confirmed that regular agency staff were used when possible to ensure consistency of care.

Call bell responses were logged and could be audited. Most people we spoke with did not have any concerns regarding their call bells and felt staff responded in an acceptable time frame, they told us, "They come as quickly as they can." And, "They don't always come as quickly as I would like, but other people need attention." Lunchtimes were again expressed to us as a very busy time, when staff were assisting people and may not be able to respond as quickly.

Is the service effective?

Our findings

People had a range of nursing needs. Some people required full nursing care, whilst others were more independent, but required support with dementia and memory loss. Visitors said that they were satisfied with the care provided telling us, “My Mother has been bedridden for 3 years, but no bed sores.” And, “I’m happy with the way she is moved, they use the hoist.” Another told us “In the time Mum has been here, I could not fault it, she has had everything she needs, staff are brilliant, I can go home and know she is safe.”

There were designated dining areas in each building; however we did not see people eating in the dining room in the Summerdown building. People ate their meals in the dining room in the Pentlow building, the lounge or their rooms. In the dining room people were offered clothes protectors before the meal was served, one person who needed help to eat was supported appropriately, the environment was pleasant and calm and people appeared to enjoy their meal. Some people were not adequately supported at mealtimes to encourage them to eat and drink sufficient amounts for their needs. People who ate in their rooms due to their medical condition, or by choice received their meals on a tray. Both main course and cold pudding were served together. Many people in their rooms required encouragement or support to eat, some people had meals on an over-bed tray but they had fallen asleep and therefore the meal risked becoming cold. Trays of food were taken away with portions uneaten. One person was sat in the lounge in an armchair with their lunch on a chair table in front of them. They were not eating their meal. The nurse saw this and asked a member of care staff to assist which they did. Within minutes the staff member returned and told us that they had offered assistance but the person had said they did not like the meal, no alternative was offered. Care documentation for this person showed they had recently been admitted to the service, initial assessments had highlighted that they had a poor appetite and required encouragement to eat.

People were not always protected from the risk of inadequate nutrition and hydration as they did not always get the support they needed. This was a breach of

Regulation 14, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were effective systems in place to liaise and refer to other health professionals when needed and to support people to access services, for example people said, “Last week I asked about an appointment as I thought I may have a chest infection and they got the doctor.” And, “If you have to go to hospital they will come with you and help you.”

Staff told us they felt that training opportunities were available and they were encouraged to undertake health and social care diplomas. The provider had dedicated staff for arranging training and logged when this had taken place. Staff felt that training opportunities meant they were trained to provide effective care. We were told, “I am doing Speech and Language Therapy (SALT) training, which will be really helpful.” Another told us, “Training is good you could approach the manager if there was something you felt you needed, or that would be good for the job.” The provider had a range of required training for staff to complete; these were updated every three years.

New staff completed a period of induction; this included shadowing staff to ensure that they felt confident and competent to provide effective care. Staff told us that a number of new care staff had been employed. Shadowing involved supporting new staff and, “Showing them the ropes.” At induction new staff were provided with information regarding the “6 C’s” these included care, compassion, competence, communication, courage and commitment. Staff were expected to incorporate these into daily practice. Staff were reminded to adhere to the ‘6 C’s’ and used these to measure the standard of care provided. Staff told us they discussed these in supervision and how they could be incorporated into every day practice.

A supervision and appraisal programme was in place. We were told by the administrator that they were in the process of devising a revised system for supervision and appraisal. Currently the supervision schedule had not been achieved; however, steps were in place to ensure that supervisions were scheduled for everyone in the near future. Staff we spoke with told us that they had received supervision within the last three months and felt supported

Is the service effective?

to discuss any training or support needs. Staff knew that they could speak to the nurse in charge or the registered manager at any time and we saw staff doing this throughout the inspection.

Staff worked with external health and social care professionals to support people with health and social care needs. We heard staff talking to a variety of health care professionals on the day of the inspection visit. This included a chiropodist and GPs, other services accessed regularly included physiotherapists, SALT teams and dietetic services. We spoke with a visiting GP who told us that they were happy with the care provided at Pentlow. The service also had links with the local hospice and tissue viability services. People were able to have health care services arranged for them by staff, or use a private service if they preferred.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding and knowledge of the Mental Capacity Act 2005 (MCA). The MCA protects people who lack capacity to make certain decisions because of illness or disability. The DoLS ensure any restrictions to their freedom and liberty have been authorised by the local authority as being required to protect the person from harm. Training had been attended by the registered manager, one nurse and three care staff. The registered manager was aware of the correct process for completing a DoLS assessment and had recently made an application for a DoLS referral for one person and were awaiting a decision regarding this. A plan was in place to implement further training for all staff and MCA/DoLS training was to be included as essential training in the future. There were relevant guidelines available for staff to follow.

All care files included an assessment of people's mental capacity. People had been asked whether they wished to be involved with care plan development and could state whether relatives were involved. There were 'do not attempt resuscitation' forms in people's files. These had been discussed with people or their relatives if appropriate.

People told us they enjoyed the meals offered. We were told by staff that people were asked two days in advance what their meal choices were. However, people we asked told us they were sometimes asked for choices over a number of days and they found this difficult. For people with dementia or memory loss they were unable to

remember what they had ordered. People said, "The menu comes round and we fill it in for the week." "We choose a whole week in advance." And, "They ask about food for the week. I don't have what I don't want." The chef told us generally meal choices were requested two days in advance, however, if people changed their mind staff could come to the kitchen and request an alternative. Kitchen staff were happy to provide something particular if requested. However, occasionally they needed to ask people further ahead for meal choices. The week of the inspection was Christmas week so it had been important to find out what people wanted over the Christmas period.

When people first moved to the service or for those on respite kitchen staff would visit them to ask about preferences and particular likes or dislikes. The chef gained regular feedback from people and meals were discussed at resident meetings to see what people wanted or had enjoyed. Menus were on a four week rolling rota. The chef was aware of people's individual likes, dislikes, allergies and dietary needs. This included pureed, soft or vegan meals required for people due to their medical condition and nursing needs. Allergen information was in place for all ingredients and food items used in the kitchen including those externally sourced. There was a list of ingredients and their related allergens to ensure people with allergies or food intolerances had appropriate meals provided. We saw that gluten free food including Christmas pudding had been sourced to ensure that everyone was able to eat the meal they wished over the festive period.

Both Pentlow and Summerdown buildings were adapted premises. Storage was an issue due to a lack of cupboards and space for items such as equipment, laundry trolleys and rubbish bags. The registered manager confirmed that they were limited in storage space. Maintenance staff confirmed that this made the moving of equipment around the home a challenge. There were the added complications caused by the service being made up of two neighbouring buildings and not adjoining. Communal bathroom and shower rooms had therefore been used to store items used for moving people, spare equipment, rubbish bags and laundry. This meant that access to these areas could be restricted. However, the registered manager told us staff were reminded daily to ensure that all communal areas of the service were kept clutter free and items removed regularly to ensure people could use bathrooms and showers when they wished.

Is the service caring?

Our findings

We received mixed feedback from people when we asked if staff were caring. Some people said that whilst the majority of staff were caring and kind, this was not universal. We were told, “The staff here are very good to us, the majority anyway. If they have to give us a bath or give us a wash, some can be quite unpleasant, telling me you’ve got to do this or that, but some are quite pleasant.” And, “I think there are some people who are very kind and helpful, and do their very best. If I have a poor relationship with one individual I don’t want that to dominate things.” We were also told, “Most staff are good.” Others had praise for the kindness and caring nature of staff at the service. They told us, “They are nice people here, good humoured and cheerful. Without exception likeable people. I get the feeling they do care.” And, “The staff are wonderful, very kind and caring.” “The most important thing is the staff, so friendly and so helpful.”

One visitor told us they had raised an issue regarding the care but this had been resolved. Another said, “At first we had to report a few things, waiting for nurses to go and see to her. Now they care for her ok.” Another said, “My relative is supposed to be turned, it doesn’t happen. When you mention it, it becomes perfect but it’s not maintained.”

Staff did not always respect the choices and decisions people made. We spoke to care and nursing staff who worked day and night shifts at the service. Agency staff said they had been told by permanent staff there was expectancy that night staff supported at least four to six people to get up before the day shift take over. Night staff documented in the diary who they had supported. There was no evidence to confirm that those people got up early wanted to do so. We spoke to staff and the registered manager who confirmed that there were people who always woke and liked to get up early. However, we were told by three day staff that if night staff did not get enough people up this impacted on the day staff. The registered manager told us there was no expected quota of people to be get up to be completed by night staff, and people should be supported to get up when they wished, and staff would be reminded of this. This is an area that needed to be improved to ensure care was person centred and not task led to fit in around staff.

The service had three dignity champions who had received further training. Dignity champions are trained to challenge

poor care and act as role models to educate and inform staff working alongside them. We were told they encouraged and supported staff to ensure that people living at the service who had dementia or memory loss received safe, effective care. For people who did not have a next of kin, advocacy services had been used and information was available for people who may require advocacy involvement. Staff spoke in a pleasant and kind manner to people, stopping to chat in the lounge area and talking to visitors, knocking on bedroom doors before entering, and using ‘care in progress’ notices to prevent people entering rooms and maintaining people’s dignity. People told us staff treated them in a dignified way when providing personal care. “They preserve your dignity, they always use curtains and screens and they’re very gentle.”

Visitors told us they felt able to visit at any time and that they were aware that agency staff were sometimes used but did not highlight this as a particular problem telling us, “Most of the time I know the people who come in. By and large the nucleus of staff are long term. At holidays we tend to see more agency staff.”

People were asked on admission whether they wished to be involved in the planning and reviewing of their care plan, which they then signed or verbal consent gained. People who requested not to be involved, a family member of next of kin had been included if this was requested. We spoke to a relative who told us that their mother did not wish to be involved in changes to their care planning, however they did, and they felt that staff kept them up to date when they visited.

We saw that signs were hung on people’s bedroom doors which stated care was in progress; this informed other staff, visitors and people and helped to maintain people’s dignity and privacy. Staff spoke to people in a kind and caring way. Stopping to chat in the lounge area and talking to visitors.

One person liked to have their hair styled regularly and told us staff helped them with this. Another told us they liked to wear skirts and staff helped them choose a matching outfit when they got dressed in the morning. People’s religious and spiritual needs were taken into account responded to and documented in their care files. Staff told us how they met people’s religious needs, this included end of life needs. We were told examples of how this had been facilitated after a person died in accordance with their

Is the service caring?

wishes in their advanced care planning. There were visits to the service by representatives from religious groups, this included one to one visits as requested by people, others went out with family regularly to attend services.

The service provides end of life and palliative care and to facilitate this had close links with the local hospice and palliative care team. Information was available regarding

advocacy services, living wills and religious/spiritual support as required by the individual. Advanced care plans were completed by staff when appropriate, with information provided regarding people's wishes after they pass away, for example who to contact, funeral arrangements and specific religious requirements.

Is the service responsive?

Our findings

Three visitors expressed concerns about the recommendations of other health professionals had not being acted on, for example mouth care guidance given to the service by Speech and Language Therapy (SALT) department and physiotherapy instructions had not being followed. We were told, “My (relatives) mouth care is not being done as required.” And, “The physio from the NHS left instructions on how to position (relative) it was there for 2 weeks without being used.” Lack of mouth care was raised by more than one visitor with the second telling us that even though glycerine had been specifically recommended for mouth care by external professionals, none had been available since November.

One person had a care plan which had been completed with guidance from the SALT team. This gave clear instruction with regards to how and when mouth care should be given. We looked at daily mouth care charts and daily records and found that information to identify when mouth care had been offered or taken place was not clear. Some staff used the mouth care chart to document and others used daily records. We looked at a series of days and found that despite being documented in two places mouth care had not been documented to show it had taken place in accordance with recommendations made by the SALT team, daily records and charts did not always correspond. Mouth care is essential to prevent oral infections, and to ensure people remained comfortable especially for those receiving nutrition by a feeding system, or with poor nutritional intake. Staff told us that mouth care may be declined. However, this had not been consistently documented to evidence when and if this had happened.

People who required regular repositioning as identified in their risk assessments to prevent pressure area breakdown had repositioning charts in their rooms. Care plans stated ‘requires repositioning three or four hourly’. We found that some information regarding repositioning had been documented on the daily charts and other times in the daily records. Therefore there was no evidence that repositioning had taken place in accordance with people’s care plan. We were told that no one had pressure sores that had been assessed as at risk and who required regular repositioning.

We spoke to a visitor regarding their relative who had an old injury, prior to their admission. There had been a lack

of information provided during the transfer from the previous service and the injury had not been communicated to Pentlow Nursing Home during the pre-admission assessment. We looked at the care documentation and found that staff had identified a concern which related to this previous injury within days of this person moving to the service. This had been reported to the nurse on duty at that time and documented in the daily records and daily notes. Photographs had been taken and put in the care records. We asked the nurse working on the day of the inspection about this old injury and what measures had been put in place. The nurse on duty had just returned from some time off and was not aware that there was an old injury that staff should be aware of. No care plan had been completed to inform staff or specific risk assessment in place to identify potential moving and handling risks in relation to this. This could put this person at further risk of injury.

People were not always protected from the risk of unsafe or inappropriate care as accurate records had not been maintained. This is a breach of Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were in place for identified needs with further information relating to nutrition, moving and handling in files in people’s rooms. For those who required them food, fluid and bowel charts were in people’s rooms, along with topical cream application, repositioning and mouth care charts.

Care plans were reviewed monthly and a care plan audit completed by the deputy manager. Care records were computerised with paper copies printed off when changes occurred, to ensure staff could access information at all times. Wound care folders and wound dressings were in files in the nurse’s office. These informed RNs of who had wounds and required dressings. Body maps were completed when injuries occurred; these were seen in people’s care documentation. People who had pressure relieving mattresses had this documented in their care files. Daily checking forms were signed to show equipment was appropriately set and working effectively. People had a

Is the service responsive?

named key worker and there was a resident of the day. Resident of the day included information and a review of care, and they were visited by a senior staff member to ensure that there were no issues or concerns.

People told us that activities were good and they were able to join in with these when they wanted. However, one relative told us their loved one was unable to leave their room and felt isolated. The relative was unaware if they received one to one visits when they were not there. People were supported to maintain relationships with friends and family. Visitors were always welcome at the service and people went out with their family for day trips and visits when they were able to. There was a comprehensive activities schedule. Activity co-ordinators were available weekdays and during the weekends to provide group and one to one activities for people. People told us that they asked for activities they liked. We were told by the activity co-ordinator how people's hobbies and activity requests had been met, including one person visiting a horse and another going fishing.

The service participates in the National Association for Providers of Activities for older people (NAPA) awards and challenges. NAPA is a registered charity and membership organisation for people interested in increasing activity opportunities for older people in care settings. There was a folder of activities and events in association with this showing events participated in. The full time co-ordinator told us about recent activities and those taking place over the festive period. These included a Christmas party, carol singing and visits by religious organisations. We saw that activities were taking place through the day and people

came to the main lounge in the Pentlow building throughout the morning and afternoon to participate. Activity staff went to see people in their rooms to see who would like to attend and chatted to people in their rooms and in communal areas. This gave the Pentlow building a lively atmosphere, with people sitting chatting together and enjoying the music, activity or television. The Summerdown building was much quieter and people who could be assisted to the Pentlow building to participate were supported to join in. People who remained in the Summerdown lounge told us they were happy to do so and preferred the quiet to do their own thing.

There was a complaints policy and information regarding the complaints procedure was available to people using the service. Information regarding complaints was displayed and included in the service user's guide/welcome packs. People told us that if they had a big concern they would raise this with the registered manager or speak to staff. We looked at previous complaints and saw that these had been responded to and investigated in accordance with the organisations policy and procedure for complaints. Investigations included staff statements and further information collated during any investigation, copies of responses sent to people, outcomes and further actions were clear.

People (in particular visitors) wanted reassurance that if they raised concerns with CQC during the inspection process they would not be identifiable. When asked to elaborate people did not express specific concerns. People told us they were reluctant to raise small issues with staff as they did not wish to be seen as 'difficult'.

Is the service well-led?

Our findings

People were aware of who the manager was at the service and most reported a good experience either before moving to the home or during their time there. We were told, “The manager came to see me at home, she sat for a long time and reassured me and asked lots of details about what I like.” And, “I speak to the manager regularly; her style is easy, friendly, open.” One visitor thought that everything was well organised and another commented on the proactive approach to managing some behaviours that challenge. “I think it’s very well organised, we’re going to have to get 1:1 in overnight, they are being proactive about it.”

People told us they felt involved in the on-going development of the service. There was a comprehensive format for meetings and auditing within the service, however poor documentation on mouth care and repositioning charts had not been identified. Medicine audits had not highlighted the need to ensure that guidance was in place in all MAR charts when people had prescribed PRN medicines. We were told by the registered manager that any issues which were identified during audits had been followed up on immediately and discussed with the individual concerned. We saw letters had been sent to staff to follow up on issues found during audits and investigations had taken place.

Regular staff, resident and departmental meetings took place and a staff, and a resident’s charter. Minutes from meetings included who would action issues and when these had been completed. A provider report had been completed in November 2014 and a quality service analysis report including information gained from relatives about the environment, day to day experiences of the service and staff. This information had been used to produce a graph of overall findings and conclusions. People newly admitted to the service had their feedback gained by seven day questionnaires, given to people after their first week at the service to check they are happy with the care provided. This information was analysed and any concerns discussed at a weekly Monday morning departmental meeting and followed up.

Monthly task checklist for both buildings had been completed, these were in place to double check that maintenance issues had been identified and addressed. Cleaning schedules, catering and laundry audits were documented and actions completed in a timely manner. A monthly maintenance task checklist was in place to ensure works required had been carried out and a walk around completed daily to identify unreported maintenance issues. The deputy manager completed a care plan and wound audit weekly. We saw that the registered manager carried out a complaints analysis and incidents reported to CQC and the local authority.

The provider had a set of values, this included the registered manager and deputy manager to act as effective role models and demonstrate compassion, dignity, choice and respect to develop and sustain a positive culture. Staff were taught the 6 C’s and these were discussed during supervision to remind staff of their responsibilities. The registered manager confirmed a vision for the home which they were promoting through supervision and on-going training of staff. Policies and procedures were available for staff, relatives and visitors to access if required. Staff received a staff handbook; this included the organisations whistle blowing policy. The registered manager told us they have an open door policy for staff, relatives, residents and visiting health professionals. Staff understood their role and responsibilities and were clear how their decisions, actions, behaviours and performance affected the running of the service and the care people received.

We looked at notifications which are completed by the provider to inform the Care Quality Commission (CQC) when certain incidents have taken place. These had been completed and referred on to the local authority appropriately. This demonstrates that the provider understands their role and responsibility to protect people living in the service. Information in relation to compliments and complaints received were shared with staff and discussed at staff meetings. This gave positive feedback to staff and provided an opportunity to improve service through learning and feedback.

There was an employee of the month/year award and there had been long service awards presented to staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
The registered person had not made appropriate arrangements to ensure proper and safe management of medicines.
Regulation 12(1)(2)(g)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs
The registered person had not ensured people received appropriate support for service users to eat and drink.
Regulation 14(4)(d)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The registered person had not maintained accurate, complete and contemporaneous records for all people.
Regulation 17(2)(c)