

Mrs D C Curtis

Pinehurst Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 25 May 2017.

Pinehurst Rest Home is registered to provide accommodation, care and support for up to 12 people. At the time of the inspection there were ten people living at the home. There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Our previous inspection of the home, completed in November 2015 found the provider had breached two regulations. Shortfalls were identified in the management and storage of medicines and maintenance of the premises. Immediately following that inspection the provider wrote to us informing us they had taken corrective action to ensure compliance with the regulations. At this inspection we found the provider was compliant with the regulations.

People were being well cared for and told us they felt safe living at the home. Staff were aware of what constituted abuse and the actions they should take if they suspected abuse. Relevant checks were undertaken before new staff started working at the service which ensured they were safe to work with vulnerable adults.

Staff had the right skills and training to support people appropriately. People told us they felt there were enough staff available on each shift to care for them well. Staff felt well supported by the management team and received regular supervision sessions and appraisals.

Pre-admission assessments were completed prior to people moving into the home. People's risks were assessed and plans developed to ensure care was provided safely. Accidents and incidents were monitored to ensure any trends were identified to enable action to be taken to safeguard people.

Medicines were handled appropriately and stored securely. Medicine Administration Records (MAR) were signed to indicate people's prescribed medicine had been given.

People were referred to health care professionals as required. If people needed additional equipment to help them mobilise and keep them safe and comfortable this was readily available.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. Staff had an understanding of the Mental Capacity Act 2005 (2005) and how it applied to their work. Records showed appropriate mental capacity assessments had been carried out.

Staff ensured people's privacy and dignity was protected. People received personalised care from staff who were responsive to their needs and knew them well. Staff created a relaxed atmosphere which resulted in a calm and friendly culture in the home.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider sought feedback from people and changes were made if required.

People told us they felt the service was well led, with a clear management structure in place. Relatives told us they were always made to feel welcome at any time.

There were systems in place to drive the improvement of the safety and quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were supported by sufficient, suitably experienced and qualified staff.

Medicines were managed safely and stored securely. People received their medicines as prescribed.

Staff demonstrated an understanding of the signs of abuse and neglect. They were aware of what action to take if they suspected abuse was taking place.

Is the service effective?

Good ●

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to a range of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff were aware of people's preferences and took an interest in people and their families to provide person centred care.

People and relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good ●

The service was responsive. People had personalised plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought. They felt they could raise a concern if required and were confident that these would be addressed promptly.

Is the service well-led?

Good ●

The service was well led. Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a positive open culture.

The provider had audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Pinehurst Rest 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 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 comprehensive inspection took place on 25 May 2017 and was unannounced. Two CQC inspectors conducted the inspection.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home. We requested written feedback from a selection of health professionals who visited the home on a regular basis.

During the inspection we met and spoke with the majority of the people living at Pinehurst Rest Home. We spoke with the owner, the manager, two members of care staff and a visiting relative.

We observed how people were supported and looked at three people's care, treatment and support records in depth. We reviewed the medication administration records and medicine systems. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records, policies and audits and staff meeting minutes.

Is the service safe?

Our findings

People who were able to told us they felt safe living at Pinehurst Rest Home. One person told us, "It's better than home...been a good move".

At the last inspection completed in November 2015 we found some shortfalls in the premises environment. A carpet on the ground floor had become stretched and rucked and could pose a trip hazard for people. At this inspection we found the provider had arranged for a new carpet to be laid which provided a safe surface for people to mobilise on.

At the last inspection completed in November 2015 we found shortfalls in the management and storage of peoples medicines. At this inspection we found there effective medicine management systems had been put in place to ensure people has adequate supplies of their medicines at all times. Corrective action had been taken regarding the storage of medicines which meant medicines were stored securely and safely in accordance with the regulations.

People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded. People were able to tell staff if they needed pain relief, which was recorded as required.

Care staff had received training in medication administration and administered the medicines to people. The manager showed us the new automated medicine system that was due to be used in the home following the inspection. They told us the system should work well in their small home and would ensure people received their medicines correctly and safely. We checked the Medication Administration Records (MAR) which showed medicines had been signed for when given. There was a photograph at the front of each person's records to assist staff in correctly identifying people. MAR contained no unexplained gaps and staff had initialled each dose of medicine that was due, regular medicine audits had been completed.

There was a system of body maps in use to ensure people's prescribed creams would be applied correctly. The body map guided staff on where to apply the prescribed creams. The manager told us all creams were replaced each month.

Staff demonstrated a good knowledge about the procedure for reporting allegations of potential abuse. They were aware of the provider's policy for safeguarding people, which included relevant contact details for the local authority. Training records confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

There was a system in place to ensure people's risks were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care records of three people. This was so we could evaluate how people's care needs were assessed and care was planned and delivered. People had their needs assessed for areas of risk such as mobility, malnutrition, moving and handling and pressure area care. Records showed if people's health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

The manager told us they had a stable staff team and being a small home they knew on a day to day basis how many staff they would need on each shift to maintain people's safety. People and staff told us there were sufficient numbers of staff to support people safely. During our visit staff did not appear rushed and people told us they received help and support when they needed it. Staff spent time chatting to people who lived in the home, ensuring they were comfortable and had a hot or cold drink of their choice. Staff rotas confirmed the required number of staff were present on the day of our visit.

Accidents and incidents were documented, with summaries of analysis and immediate action completed so that any trends would be highlighted and preventative action could be taken. For example, records showed a person had rung their call bell and was found on the floor having fallen from their bed. The manager arranged for a risk assessment and bed rails were put in place after consulting with the person and their family. The person was then safely accommodated in their bed without falling from it.

Staff recruitment records showed the provider had recruited the staff in accordance with the regulations and that staff were recruited safely and effectively. The provider had obtained the relevant employment checks before staff had worked unsupervised at the home. This showed that people were protected as far as possible from staff who were known to be unsuitable.

There were plans in place to ensure the safety of the premises, including regular servicing of equipment. There were up to date service certificates for electric portable appliance testing, emergency lighting, fire alarms, call bell alarms and safety certificates for the lift and lifting equipment such as hoists. The gas safety certificate was dated Nov 2015, we discussed this with the manager who confirmed a recent gas test had been completed and passed as safe for use but they had mislaid the certificate. During the inspection the manager contacted the independent gas company and requested a duplicate certificate. Records confirmed a full water system check including legionella testing had been completed and the premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

The provider had made arrangements to deal with emergencies. People had a personal evacuation plan completed for them which gave staff basic guidance on how they would need supporting in the event of an emergency. We recommend people's personal evacuation plans provide further detail regarding how much support people require in order to be mobilised safely around the premises. Shortly following the inspection the manager wrote to us and confirmed people's personal evacuation plans had been amended to include the required information.

Is the service effective?

Our findings

People told us they received good care at Pinehurst rest Home. One person said, "All the staff are very good, I'm just waiting for my tablets, they will bring them to me in a minute, they will help me with anything".

People received care and support from staff who had the appropriate training. We reviewed the training schedule which showed staff received regular training in all the core subjects such as, safeguarding adults, infection control, fire prevention and mental capacity. Additional training such as dementia and end of life care was also offered. Staff told us they felt well supported by the management team and received appropriate training to enable them to carry out their role effectively. Staff said they particularly enjoyed the training that was given by an independent training provider as it was delivered in small groups on a face to face basis. One member of staff said, "The training has been really good...I've completed both Epilepsy and Parkinson related training which all made a lot of sense and was delivered really well".

Recently recruited staff had completed the Care Certificate which is a nationally recognised induction training programme. There was a system of regular supervision, review and appraisal for staff. We reviewed three members of staff's supervision and appraisal records. These had been clearly written and encouraged and supported staff to develop within their role. The manager spent time observing staff carrying out their role and provided constructive feedback at the end of the observations.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. The manager had a system in place to ensure that people who required a DoLS had an application in process with the local authority.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people's care were carried out in their best interest where people lacked the ability to give their consent. Staff training records showed that staff undertook regular training and competency assessments in the Mental Capacity Act 2005. Staff demonstrated they had a basic understanding of the Mental Capacity Act 2005 and issues concerning consent.

Staff were aware of people's dietary needs and preferences and their food was prepared for them in a manner which was safe for them to eat. For example, if people needed their food to be cut into smaller pieces staff supported them with this or if they needed a 'soft' diet their food was mashed to ensure it was soft and safe for them to swallow. Snacks, biscuits and fruit were available throughout the day and we observed staff offering people hot or cold drinks and a variety of fruit juices. People told us they enjoyed the food, one person said, "The food is good, I have a big breakfast and normally just want a sandwich for tea but it is all nice". Another person told us, "I don't eat a lot, never have but what I have is nice, I mainly have breakfast then snacks".

The majority of people living at Pinehurst Rest Home were able to eat their meals independently and they chose to eat in the dining room with others or have their meals in their bedrooms. Some people required their food and fluid to be monitored to ensure they were eating and drinking enough to prevent the risk of malnutrition or dehydration. There was a system in place for staff to record the amount of food and fluid people ate during the day. The system included target fluid amounts for people, which meant staff could see how much people needed to eat and drink to remain healthy. Some records had not had the person's target fluid amounts recorded. We discussed this with the manager who confirmed they would raise this at the team meeting that night and ensure staff completed the records correctly.

People meals and snacks were prepared and cooked by appropriately trained care staff. People's dietary needs were assessed, with people having their food prepared for them in a manner which they required, for example fortified meals with added cream and cheese. We observed staff encouraged people to drink regularly to reduce the risk of dehydration.

People were able to move freely around the home and told us they enjoyed spending time in the lounge with others, but it was also important to be able to have some quiet time to themselves in their bedrooms. Bedrooms were personalised with their own furniture and bed linen and pictures and photographs. We asked people if they were comfortable in their bedroom and they replied, "Oh yes, very".

There were systems in place to monitor people's on-going health needs. People had access to a range of healthcare professionals based on their health and social care needs. Records showed people received care from community nurses, opticians, GP's and chiropodists.

Is the service caring?

Our findings

People we spoke with gave positive views on living at Pinehurst Rest Home and told us they liked the staff that cared and supported them. One person told us, "The staff are all lovely. I was sitting out in the garden yesterday, I'll probably go out again later".

People were supported by staff who knew them well, and responded to them in a caring and sensitive way. We observed good interactions between staff and people, they showed they knew people well and what made them happy. Staff were attentive to people and spent time with them, checking they had everything they needed. Staff used people's preferred names and engaged in friendly chat and conversation. People responded well to staff and staff spoke to people in ways which showed they valued and cared about them.

Staff spoke fondly of people and were able to describe what activities they liked to take part in. This showed staff knew the people well and provided support and care in an individualised manner. One person told us how the staff ensured they got their daily newspaper every day.

People were given enough time so that they could continue to do things for themselves with staff on hand if they needed it. Staff encouraged people in a friendly and supportive way. We asked people if staff respected their privacy and dignity, they all said they did, for example, people's bedroom doors were closed when they were being supported with their personal care needs. People saw visiting healthcare professionals in their own bedrooms, so their dignity was maintained and privacy respected. Staff knocked on people's doors before they entered and called people by their names when speaking with them. People's care records were kept securely in a lockable room and no personal information was on display.

People were involved in decisions about how they spent their day. For example, people were offered choices about where they would like to sit, whether they would like to watch the television or would they prefer to listen to the radio. If people preferred to spend time in their bedroom they were supported to do so and staff were aware of people's preferences.

Records showed people and their relatives were involved in decisions about their care when their care plans were reviewed on a monthly basis. People's care plans included details about their life history. This section explained the history of the person, their likes and dislikes, what they had achieved in their life, what was important to them and what hobbies they had enjoyed. This information was useful for staff to get to know the person well and provide activities they enjoyed.

Is the service responsive?

Our findings

We requested the views of visiting GP's and Healthcare Professionals and received positive written feedback from them, comments included, 'Requests for home visits have been appropriate and the care of their patients has been of good quality, caring, effective and safe'; and, 'They always put their residents first and will contact us if they have any concerns...all staff in the home are able to discuss a patient we may be dealing with and they are very aware of each individual and know their likes and dislikes'.

People received personalised care and support based on their individual preferences, likes and dislikes. Assessment and care records covered a range of areas including; medicines, mobility, nutrition and mental capacity. The assessments showed people and their relatives had been included and involved in the process wherever possible.

The provider used recognised risk assessments tools to assess the risk of malnutrition, mobility and skin breakdown. People's assessed needs were then recorded in their care plans that were person centred and provided staff with guidance on how the person liked to receive their care and spend their day. Examples included, '[person] is able to choose their own clothing on a daily basis which is appropriate to the climate' and '[person] is hard of hearing but may be reluctant to wear their hearing aids. Staff to ask them if they require assistance with putting their hearing aids in'.

Care plans were reviewed each month or more frequently if people's care needs changed. The care plans included clear information on the medicines people were prescribed, what the medicines were used for and any possible side effects that may be experienced. Where care plans stated people needed specialist equipment such as pressure relieving cushions and mattresses, we saw these were in place. Where people required mobility aids these were left positioned so people could reach them easily.

People were weighed regularly depending on their health needs and records showed they were referred to their GP when required. If people were unable to be weighed on the conventional weighing scales staff ensured an alternative method was used to gauge the person's weight. This was completed by measuring the person's upper arm circumference and ensured their weight could continue to be monitored. Body maps were in place to record any bruising or injuries sustained by a person.

Staff were knowledgeable about people's needs and provided the support they required. Call bells were available in all rooms and were in easy reach of the beds, people told us they knew how to use the call bell, although they didn't often have to use it. Staff responded quickly to call bells and people were not left waiting for assistance for lengthy periods.

We spoke with the activities organiser who told us about the different activities they ran for people who lived at Pinehurst Rest Home, these included, arts and crafts, baking, reminiscence, bingo, films, board games, puzzles, gentle exercises, time spent in the garden and trips out into the town if people wished to go.

The provider had a clear complaints policy and process that explained how people could complain and what people could do if they were not satisfied with the response. We saw guidance on display in the home telling people how they could complain if they had any comments or concerns they wanted to raise. The information included the Local Government Ombudsman details and the local authorities. The service had not received any complaints since the last inspection. People told us they knew how to complain if they needed to.

The provider had received a number of compliments on their service, comments included, 'You do a great job, I know my Dad appreciated all your help and care, thank you'.

Is the service well-led?

Our findings

People told us they felt the service was well led with a clear management structure. People and staff described the culture of the home as, "Family, friendly and open". Staff said communication within the home was good and they could approach anyone for help and advice. There was a communication book that all staff read, completed and signed, this ensured staff were kept up to date with changes to people's care and support. Following the inspection we received positive written feedback from health professionals that visited the service which stated, 'We have a very good working relationship with the senior staff in the home, communication is very good'.

There was a system used to obtain the views of people and their relatives. Service satisfaction questionnaires were sent out to relatives and visitors who visited the home. The questionnaire covered a variety of areas concerning the home, such as, quality of care, friendliness of staff, cleanliness of home, response to phone calls, overall impressions and whether there was anything the home could do better. We reviewed the questionnaires that had been returned during 2017, nine completed questionnaires had been returned which were all completed positively. Quotes included; 'Meets expectations, very happy'; 'Continue what you are doing as it is great', and 'Atmosphere is friendly, homely and welcoming'. People living in the home completed the questionnaire three times each year. Once the completed questionnaires were returned they were reviewed and action taken on any negative concerns or queries. This showed there was a culture of continuous improvement in the service.

Full staff meetings were held and covered a variety of topics, they also offered some training and quizzes as a way to test the staffs understanding. Staff told us they found the meetings useful and felt comfortable to raise any queries or concerns or put forward any suggestions they may have. Minutes from these meetings showed staff were encouraged to discuss their views and opinions on the running of the service and put forward any ideas for different ways of caring and supporting people.

Staff were aware of the provider's whistleblowing policy, and felt comfortable to use should they be required to. Staff were knowledgeable about different independent organisations they could contact if they needed to raise concerns.

There was a programme of audits in place to monitor the quality of service provided to ensure people's care needs were met. These audits included, medication, care plans, infection control and falls. Where the audit had highlighted shortfalls, for example an overstock of medicines, records showed action had been taken to rectify the shortfall.

The provider had a range of policies covering topics, such as; staff recruitment, safeguarding adults, disciplinary and grievance and mental capacity. Staff signed to say they had read and understood the policies. The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. The manager told us they kept updated about changes in practice via email correspondence sent out by the local authority and the Care Quality Commission.

