

Pinehurst Care Home Ltd

Pinehurst Care Home

Inspection report

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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:

Pinehurst Care Home is a 'care home' without nursing and is registered to provide accommodation and support for 23 people. At the time of our inspection, there were 21 people living at the service. People living at Pinehurst were older people, some of whom were living with dementia.

People's experience of using this service:

Risk assessments had not been carried in relation to people's individual needs and the environment in general. Equipment was not always checked and ensured it was working correctly.

The service did not comply with the Mental Capacity Act 2005 and mental capacity assessments had not been undertaken. For those people being restricted in their lives at Pinehurst, Deprivation of Liberty Safeguards had not all been applied for.

There was a lack of oversight of the service. Regular monitoring of the service had not been carried out to identify any improvements that were needed. There was a lack of service user involvement with people's views of the service not recently requested.

Systems of governance and oversight were not sufficiently robust to have identified the issues we found in relation to practices, systems and record keeping at the service.

The building needed repair, redecoration and refurbishment in some areas to ensure people were able to live in a safe and comfortable home.

Staff were safely recruited and undertook training to do their jobs properly. Staff did not always receive regular supervision.

There were adequate staff to meet people's needs. People spoke positively about the staff and said they were kind and caring. Positive relationships had been built between staff and people and their families. People were treated in a non-discriminatory way and encouraged to maintain their independence.

The service worked with local healthcare professionals when required and support people to remain at Pinehurst at the end of their lives.

People enjoyed the food they ate at Pinehurst and received their medicines safely. Activities took place, but these were not always related to people's individual interests and hobbies.

The registered manager was visible at the service and encouraged an open atmosphere. They were

respected by staff. They were aware of the service failings from this inspection and were motivated, passionate and keen to improve the service for people to enjoy living in.

More information is in the full report.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment, the need for consent and good governance; one breach of the Care Quality Commission (Registration) Regulations 2009 relating to failing to provide notifiable incidents, and one recommendation about improving activities for people living with dementia.

Rating at last inspection:

At the last inspection, the service was rated Good in all areas and as an overall rating (23 September 2016).

Why we inspected:

This was a planned comprehensive inspection based on the last report rating.

Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvement needed and meet the breaches of regulation. We will continue to monitor the intelligence we receive about the service. We will return to re-inspect in line with our inspection timescales for Requires Improvement services. 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

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 ●

Pinehurst Care Home

Detailed findings

Background to this 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:

This inspection was carried out over two days by an adult social care inspector. On the first day, an expert by experience accompanied the inspector (an expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service). On this occasion, the expert by experience had experience of caring for a person living with dementia.

Service and service type:

Pinehurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service also provides day care for people within the local community. This is not an activity regulated by the CQC and not considered as part of this inspection.

The service had a manager registered with CQC. A registered manager is a person who has registered with the CQC to manage the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We visited on 20 March 2019 and 3 April 2019. The first visit was unannounced.

What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required to send us by law. The registered manager had completed a provider information return (PIR). This form asked the registered manager to give us some key information about the service, what the service did well and improvements they planned to make.

During the visit the inspection team spoke with 14 people living at the service. A number of people who lived at Pinehurst were unable to speak with us because they were living with dementia. We therefore carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of those people who were unable to speak with us about their life at the service.

We spoke with: the registered manager, seven staff including senior care workers, care workers and the cook, five visiting relatives and friends, and two visiting health care professionals.

We looked at three people's care records in detail and sampled other records. These included: risk management records; mental capacity assessments; medicine records; food menus; staff recruitment, training and supervision records; accident, incident and complaints records; audit and quality assurance reports; infection control and statutory notifications.

Is the service safe?

Our findings

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

At the last inspection safe was rated as good. At this inspection, the rating has deteriorated to requires improvement

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed Regulations may or may not have been met.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Not all the premises were suitable for people's needs and put people at risk of harm. There were areas of the home that needed refurbishment and posed a risk to people. For example, carpets were not flat on the floor and rucked which presented a trip hazard. There was also a decking area at the back of the service which was rotten and unsafe for use. Access to the garden at the back of the home was not possible except by going to the lower ground floor and through the staff room to exit the building. However, people did not use this area because it was unfit to walk on due to rotten wood and was not secure.
- People were also unable to access the front of the service as it was adjacent to a busy road, formed a car park and there was nowhere to put any tables and chairs in a safe place for people to sit. This meant people were restricted to the service and were unable to leave the home. Two people were particularly unhappy about this and expressed a desire to "walk around, get some exercise and have some fresh air". One further said, "It's not fair, we want more freedom and be able to sit in the garden ... there is nowhere to sit out." Another person said, "I did escape once, though didn't I?" The registered manager agreed to take immediate action and inform the provider of the people's wishes. On our second visit, arrangements had already been made to fit a secure decking area at the front of the home with direct access from the conservatory. This meant people could sit out and enjoy the weather.
- People used pressure relieving mattresses to prevent skin damage. However, these were not monitored to ensure they were either working correctly or on the appropriate setting for the person's most recent weight. People also used bed rails which were not regularly checked to make sure they worked properly.
- Regular checks on the water temperature of baths and sinks was not monitored.
- Staff identified some individual risks and acted to minimise them. For example, one person was at risk of falling and the care worker knew how to support the person in the safest way with the equipment required. Another person living with dementia was at risk of leaving the building unaccompanied. Staff used effective distraction techniques to support this person. However, whilst staff knew what to do in their hands-on practice, the care records did not always have the risks clearly identified and the correct action to take.
- Where accidents, incidents and falls had occurred, action was taken to minimise the risk of reoccurrence. For example, one person left the building unnoticed and increased monitoring and systems were put in place to prevent this happening again. This analysis was not recorded in care records. Staff knew the action to take as they knew people so well and therefore the impact on people was minimised.

The lack of assessment of people's risks being identified, monitored and managed meant people were at risk of being unsafe and their freedom not respected.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; staffing and recruitment

- People felt safe and were happy living at Pinehurst. One person said, "I feel safe, anything I want you ask and they will do it for you." Another said, "I feel safe."
- People who were living with dementia were not always able to raise concerns directly. Staff knew people very well and recognised their behaviours and non-verbal communications to interpret what they needed. For example, one person was agitated and pacing in the corridor. Staff instantly knew they were upset and sat and chatter with them to reduce their anxiety.
- The registered manager and staff were aware of their roles in protecting vulnerable adults and knew the process to follow if they had concerns. Staff had undertaken training and there were policies and procedures in place to support this. The registered manager was in the process of arranging further training for themselves and senior care staff from the local authority. There had been no safeguarding alerts in the last 12 months.
- New staff were safely recruited and had the necessary pre-employment checks in place before they started work. However, the registered manager had identified the process needed to be updated and new paperwork put in place. This would make the records more up to date and include more detail, such as information relating to gaps in employment history.
- Sufficient numbers of staff were employed to ensure people had their needs met fully. The service did not use a dependency tool to demonstrate the levels of support people required related to the number of staff on duty. The layout of the building also needed to be considered as there were people's bedrooms on all four floors of the building. However, people and relatives said there were enough staff on duty. One person said, "I ring my bell and staff come quickly". Two visitors said, "There are generally enough staff, you seldom have difficulty finding someone if you need them" and "There are always staff around."
- Staff also said there were enough staff and were happy with the levels on duty. The registered manager worked with the care team delivering hands on care practice, particularly when there were gaps in the staff rota.
- There had been periods of shortfalls in the staff numbers due to people leaving the service. However, these had all been covered with permanent staff and the registered manager. New staff had recently been employed.

Using medicines safely

- Medicines were managed by a senior care assistant who had recently taken over the role. On our first visit, they had identified some practices which they had felt were not safe and needed improving. For example, labels were not used for expiry dates on eye drops and skin creams and there were no guidelines for staff to follow on medicines that people might need as and when need (PRN). They had also found medicines had previously been taken from the monitored dosage system and put into pots.
- On our second visit, management of people's medicines had been reviewed and we found them to be safe and well managed. The senior care worker had organised secure lockable medicine storage on each floor of the home which meant medicines were more safely dispensed and recorded by staff. Only staff trained in medicine administration gave out medicines. Medicine administration charts had been recorded appropriately.

Preventing and controlling infection

- The home was clean and tidy but there were some pocket areas in the home that smelt of malodour, such as one person's bedroom and in the conservatory. These were discussed with the registered manager who told us they would take action.

- Staff wore personal protective equipment, such as gloves and aprons when necessary.
- There was a designated laundry room with appropriate equipment for maintaining infection control.

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

At the last inspection effective was rated as good. At this inspection, the rating had deteriorated to requires improvement

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met

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

- The service had a welcoming and homely atmosphere. However, there were areas of the home which needed refurbishment and updating (refer to safe section).
- The premises needed some updating and decoration, such as furniture and fittings in communal areas and bedrooms. This made the home look tired in places. A visitor said, "It looks shabby in places".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- We found the service was not acting within the principles of the MCA. MCA assessments had not been undertaken. Not all MCA assessments and DoLS applications had been completed for those people that required them. DoLS applications not been completed for those people who required them. One of these people had left the building unnoticed on two occasions and had to be returned by their family member. Another person was agitated, and we saw them trying to open the front door to leave. The registered manager had some DoLS ready to complete but they had not yet been sent to the authorising authority. They were aware of this shortfall in their practice. Following the inspection, the registered manager said they had sent the DoLS applications in.

The consent to care and treatment not being sought in line with legislation and guidance meant people's

human and legal rights were not upheld and they were not involved in decisions about their care and that their human and legal rights may not be upheld.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in the MCA and had some knowledge of how it applied to their practice. People were always asked for consent before staff gave any personal care or support. If people refused, they left the person and returned later.
- People's needs had been assessed before they came to live at the service to ensure their needs could be met fully and each person had a care plan in place
- People and their relatives were involved in the planning of their care and their wishes respected. One relative told us how closely they were involved in the planning of their family member and how they worked in liaison with the registered manager.

Staff support: induction, training, skills and experience

- Staff were trained and had the necessary skills to meet people's individual needs. This included induction and follow up training.
- For staff newer to care, they undertook the Care Certificate (considered best practice induction training).
- The registered manager carried out regular spot checks and competency checks on staff, but these were not recorded. They had also got behind with the supervision of staff. This meant staff were not receiving feedback on their performance and if any training needs were identified.

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

- People received nutritious and appetising meals which met their needs and preferences. They had a choice of meals and these were presented in an appealing way. People were happy with the food served and the cook had an excellent knowledge of people's likes and dislikes. They catered for people's individual choices and made alternatives if requested. One person said, "Yesterday it was fish pie which I hate, so they gave me cauliflower cheese". The cook made a nutritious smoothie for one person who did not want to eat lunch.
- Where people required a pureed diet due to a choking risk, the cook ensured the foods were separated so the person could experience the differing food tastes.
- The cook was active at lunchtime and helped serve lunch to people, so they knew if people had eaten their food.
- People had jugs of water and juice to drink throughout the day which were replenished and always within reach.
- Afternoon tea was served in bone china cups and saucers which people enjoyed. The cook said this was a regular occurrence for people to have. They also provided 'afternoon tea' for two people who enjoyed this activity.

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

- Staff worked as a team to provide care for people. They worked well together and enjoyed their jobs. One care worker said, "We are a really good team, we get on well, we work really well together."
- Staff were kept updated about people's changing needs by verbal handovers and written communication.
- Where necessary, specialised advice from healthcare professionals was sought appropriately. The service had an effective relationship with the local GP's surgery and the community nursing team. A community nurse said the service seeks advice when required and acts on any guidance given.

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

At the last inspection caring was rated as good. At this inspection, the rating remained 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

- People were cared for and supported by staff who knew their needs, personalities, likes and dislikes well. Staff were able to tell us about individual people they supported and the care they required. Two people said, "Staff have a kind heart, they are all good, I'm very lucky" and "Staff are very kind, I can't say anything wrong about the girls."
- Staff had built up positive and caring relationships with the people and their relatives. They spent time with people such as a family would. For example, staff sat and ate lunch at the tables with people and participated in the lunchtime experience. One person said, "They're (staff) are a right lot here ... they are all good girls."
- Staff were friendly, kind and caring to people and spent time with them. A relative said, "They (staff) are caring ... they will divert (my family member) when I leave to avoid them getting upset."
- Staff knew what people wanted before they had to ask and people were treated as individuals with their own choices and preferences on how they spent their day. For example, several people wished to be cared for in bed and stay in their bedrooms which was respected. One person said, "I don't want to get out, I like to stay in my bed where I am comfortable" and another said, "They ask me if I would like to go into the lounge, but I am quite happy to stay in my room."
- People and relatives knew the registered manager well. They promoted an open culture for people, staff, relatives and visitors. One relative said, "I see the manager most times I visit, they are very accessible."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff understood the importance of the Equality Act 2010. They ensured people were protected against discrimination due to any characteristics which are protected under the legislation.
- All people were treated equally, and staff respected people's individual beliefs.
- People and their families were fully involved in their care where they were able to.
- Where people had difficulties with verbal communication, staff were able to pick up on their nonverbal communication, behaviour and gestures. For example, one person was pacing the corridor and staff recognised this person needed personal care.
- Staff respected people's privacy and dignity and their independence was promoted.

Is the service responsive?

Our findings

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

At the last inspection responsive was rated as good. At this inspection, the rating had deteriorated to requires improvement

People's needs were not always met. Regulations may or may not have been met

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

- People received care and support in a way that was responsive to their needs.
- Before people came to live at the service, they had an assessment of need carried out to make sure Pinehurst was the appropriate place for them to live.
- Each person had a care plan in place which contained some useful information relating to their health, care and support needs. However, some of the care plans had not been reviewed recently and people's needs had changed. For example, one person's behaviour had become a challenge to themselves and others. Whilst staff were aware of the appropriate action to take, these details had not been recorded to ensure safe and consistent practice. Details of people's history, interests and hobbies was not always recorded. The registered manager was aware the care plans needed updating and was looking at a different system to record people's care and support needs. This would improve and expand the recording of the information required.
- People's communication needs were identified and where people communicated in other ways, details were in individual care plans. Where people wore hearing aids and glasses, these were worn, clean and working properly.
- People were able to take part in activities which were more group based. One care worker carried out the activities and the plan was displayed in the home.
- Activities were carried out in house, such as arts, crafts, singing and quizzes. Outside entertainers also visited. Some people lacked stimulation and appeared bored during the day by wandering around the building. There was a lack of hobbies and interests related to the individual needs of people, for example those living with dementia.

We recommend that the service seeks current guidance and advice for activities suitable for people living with dementia.

Following the inspection, the provider confirmed they had employed a second activities person for five days a week. This would enable the service to extend the range of activities available and enable more focus on resident's individual preferences.

Improving care quality in response to complaints or concerns

- People were encouraged and enabled to share their concerns or complaints. The registered manager had received one complaint which they were dealing with appropriately and was ongoing.
- Staff and relatives said they had confidence that the registered manager would listen and act on any

feedback relating to improving the service.

End of life care and support

- People cared for people at the end of their lives. The registered manager was positive about wanting people to remain at Pinehurst for as long as possible as it was their home.
- Local healthcare professionals were involved when people were at the end stage of their lives and worked together to support people and their relatives at this difficult time.
- There were two people living at the service who had been on an 'end of life' pathway in the past. However, their health and well-being had improved, and they were not now considered to be end of life.

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

At the last inspection Well-Led was rated as good. At this inspection, the rating had deteriorated to requires improvement

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection, there has been a change of manager who had registered with the Care Quality Commission (CQC) in July 2017.
- The registered manager was clear about what their role involved and what was required of them to lead the service. However, they were aware they had not had oversight of the service for the last few months and that the necessary records, systems and practices relating to the running of the service had lapsed and were not up to date. The service had some checks in place, but these were not sufficiently robust to have identified the shortfalls found throughout the service during the inspection (already highlighted in the report). Many of the records dated back to 2017. This meant the service was unable to monitor and improve the quality of care delivered. This shortfall had predominantly been due to personal concerns of the registered manager, non-related to the service. The provider had not identified this as a risk and put systems in place to manage the service more closely during this period. The registered manager responded to feedback throughout the inspection and openly showed where the deficits in leadership were. They were committed to improving the service and working on a plan to effectively embed systems back in to the service to ensure safe care delivery.
- The providers lived some distance away but carried out visits to the service. The registered manager said these had not been regular recently due to ill health. They chatted with people and looked at some records, but these were not detailed or comprehensive. The registered manager had made the providers aware of many of the concerns relating to the safety of the building. However, these were not routinely recorded on a service improvement plan (SIP) for both the provider to monitor. The SIP would clearly identify the areas in the service requiring improvement.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance.

- Not all important information about the service had always been forwarded to CQC as required by the provider's registration. For example, CQC had not been informed one person had left the building on one occasion and the Police had been contacted.

Failing to notify CQC of the notifiable incidents required by law was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager had previously worked at the service for several years before leaving to undertake experience elsewhere. There was no deputy in place to support the registered manager and when they were off duty, the senior care worker on duty took charge of the service. The registered manager was on call continuously when not at the service and responded to concerns, issues and emergencies themselves with no back up. A senior care worker said, "They (registered manager) could do with more support." The registered manager said they were in discussions with the provider to organise for a person to support them in the running of the service.
- Health and safety checks relating to the service had been carried out, such as fire checks and hot water checks. Maintenance and servicing of equipment had been carried out as required. However, the records and certificates confirming these were poorly organised and hard to find.

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 relatives told us the service was well run and one relative said, "The manager has everything under control ... is very accessible ... has her finger on the pulse."
- The registered manager promoted an open culture and was approachable. Staff told us they felt supported and respected by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their families had been asked for feedback in the past, but a formal process had not taken place in the last 12 months.
- Staff meetings were not regularly held which meant staff were unable to discuss concerns and issues related to the running of the service and people living there.
- The service engaged with the local community to build relationships with partner agencies. Local links had been encouraged.
- The service had good links with local healthcare services and worked with them to achieve best outcomes for people.
- People and relatives knew the manager very well who was visible and took part in hands on care. One person said, "(Registered manager) is very kindly."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the Care Quality Commission of the notifiable incidents required by law. Regulation 18 1, 2
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not follow the guidelines of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards Regulation 11, 1,2,3
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure people who use services and others were protected from unnecessary risks inside and outside of the premises. Regulation 15 (1) (a,b,c,d,e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure there was oversight

of the service and that the governance was sufficiently robust to have identified the issues found on inspection.

Regulation 17, 1,2