SCC Adult Social Care

Pinehurst Resource Centre

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 inspection took place on the 13 December 2016 and was unannounced.

A registered manager was in post. 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.

Pinehurst Resource Centre provides accommodation and personal care for up to 50 people who require nursing or personal care. On the day of our visit there were seven people living at the service. This was because the provider is closing the service, therefore not accepting new admissions for permanent placements. The provider was offering respite care for people and there were two people using this facility.

People's medicines were not always recorded accurately. We found errors in the recording of medicines on two occasions. The provider had, since our inspection, implemented daily audits of the medicine administration records (MAR) that would identify any omissions of signatures.

People and their relatives told us they felt the home was safe. They told us that staff were extremely kind and they had no concerns in relation to not being kept safe. Staff had received training in relation to safeguarding and they were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse.

Staff had received training, regular supervisions and annual appraisals that helped them to perform their duties. New staff commencing their duties undertook induction training that helped to prepare them for their roles.

There were enough staff to ensure that people's assessed needs could be met. It was clear that staff had a good understanding of how to attend to people's needs.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way.

People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks. The registered manager logged any accidents and incidents that occurred and discussed these with staff so lessons could be learnt.

The provider ensured that full recruitment checks had been carried out to help ensure that only suitable staff worked with people at the home.

Staff supported people to eat a good range of foods. Those with a specific dietary requirement were provided with appropriate food. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private. People took part in a variety of activities that interested them. People's relatives and visitors were welcomed and there were no restrictions of times of visits.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People's preferences, likes and dislikes were recorded.

If an emergency occurred or the service had to close for a period of time, people's care would not be interrupted as there were procedures in place. There was an on-call system for assistance outside of normal working hours.

A complaints procedure was available for any concerns and this was displayed at the home. Complaints received had been addressed and resolved to the satisfaction of complainants within the stated timescales of the procedure.

Quality assurance audits to ensure the care provided was of a standard people should expect had been undertaken. Any areas identified as needing improvement were attended to by staff.

Staff informed that they felt supported by the registered manager and they had an open door policy and were approachable.

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's medicines had not been recorded for two administered medicines but overall medicines were managed safely.

Staff were aware of the signs of abuse and the process to be followed if they suspected abuse.

There were enough staff deployed to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out appropriate checks to ensure staff were safe to work at the home.

Is the service effective?

Good

The service was effective.

Where people's liberty was restricted or they were unable to make decisions for themselves DoLS applications had been submitted.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

People were involved in choosing the food they ate and their preferences and dietary requirements were met.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

People told us they were looked after by 'excellent' and caring staff.

People's care and support was delivered in line with their care plans. People's independence was promoted.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them.

Is the service responsive?

Good

The service very was responsive.

Where people's needs changed staff ensured they received the correct level of support.

Activities were appropriate to the needs of people and they were able to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

People and their relatives had opportunities to give their views about the service.

Staff felt well supported by the registered manager.

Staff met regularly to discuss people's needs, which ensured they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

Pinehurst Resource Centre

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 was 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 was an unannounced inspection that took place on the 13 December 2016. The inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete 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. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

As part of the inspection we spoke with four people, the registered manager, the provider's senior manager, six members of staff and three relatives. We looked at a range of records about people's care and how the home was managed. We looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records, four recruitment records and internal and external audits that had been completed.

We last inspected Pinehurst Resource Centre on the 6 January 2014 where we found the service was compliant with the standards inspected.

Good

Is the service safe?

Our findings

People told us they received their medicine on time and there had never been an issue with having their medicines. One person told us, "I always get my medicines when I need them." Staff told us that they had received medicines training and that they had a competency test undertaken annually. Records confirmed this.

People's medicines were not always recorded accurately. We looked at the Medicine Administration Records (MARs) for people. The MARs had been completed but we noted some missing signatures. We looked at the medicine audits maintained by the registered manager and noted that these had been identified in the audit and had been addressed. However, we noted that there were omissions of signatures in the MAR records for two people on one day. Medicine stocks showed that there were no excess of medicines. We discussed this with the registered manager who took immediate action. The registered manager had, since our visit, forwarded a plan that detailed the action they were to take to further address this. Medicine audits were to be undertaken at each handover meeting.

All medicines received into the service were clearly recorded and records of medicines returned to the pharmacy were maintained. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. Care records contained a Medication Profile. This provided staff with the information that they needed to administer people's medicines in a safe and personalised way. They listed the medicines people were taking, the dosages and the reasons for taking the medicines and their effect. Care plans contained information on how people wished to take their medicines. One person's records stated, "When given to me in my hand, I am able to take my medication."

People felt safe living at the home. People and their relatives told us that the staff were friendly, nice and caring. One person told us, "The staff here are excellent, they never upset me or treat me in a bad way."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The PIR informed that they ensured staff received ongoing training and the safeguarding policies were in place. We found this to be the case. Staff were aware of the different types of abuse and the processes to be followed for reporting actual or suspected abuse. One member of staff told us, "I would report all suspicions of abuse to the registered manager. I would also contact the local safeguarding authority to report my concerns if I did not believe that action had been taken, but I know the registered manager would take the appropriate action." Staff told us they had training in safeguarding adults and training records confirmed this. Safeguarding incidents were documented and demonstrated that safeguarding was being reported to the safeguarding team.

People, relatives and visitors had access to information about safeguarding and how to stay safe. There were information leaflets about abuse available throughout the home. These included the contact details for the local authority adult social care team and were written in a way people could read and understand through the use of words and pictures.

People were kept safe because potential risks had been identified and assessed and staff knew what the risks were and the appropriate actions to take to protect people. The PIR informed that they continually review the risk assessments to ensure that they reflected changes in people's needs. We found this to be the case. Care plans contained risk assessments and included risks in relation to falls, moving and handling, nutrition and pressure care. One person was identified to be at risk of falls due to their mobility, respiratory problems and that they may forget that they could become unsteady. Staff monitored transfers and the person used a wheelchair if going further than a few steps. Risk assessments were regularly reviewed to ensure that they were still effective.

People were cared for by a sufficient number of staff to meet people's care needs safely. We observed that staff were able to take time to attend to people's needs. When people asked for help staff were able to respond quickly. During discussions the registered manager told us that there were the minimum of four staff on duty throughout the day for seven people, and sometimes there were five. The night duties were covered with three waking night staff. This was confirmed during discussions with staff and relatives and the viewing of the duty rota for the previous four weeks.
Staff told us there were enough staff to meet people's needs and that they were able to spend more one to one time with people.

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The provider had told us in their PIR that all pre-employment checks on staff were conducted and we found this to be the case. The provider had obtained appropriate records as required to check prospective staff were of good character. These checks included obtaining a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. A staff member confirmed they had been asked to provide references and they underwent a DBS before they started work.

Interruption to people's care would be minimised in the event of an emergency. The provider informed us in their PIR that a continuity plan was in place that documented the procedure to be followed in the event of a disaster and we found this to be the case. The provider had an emergency contingency plan that provided guidance to staff about how the service was to be operated in case of an emergency, such as fire or loss of gas and electricity. The provider had identified suitable locations for people to go to in the event of an evacuation. Staff told us they had read and understood this document and that they had the emergency telephone contact numbers to use. Staff had undertaken fire training so would know what to do in the event of a fire and we saw equipment available for staff to enable them to evacuate people from the building. A fire risk assessment had been carried out in and equipment was being regularly checked.

Records contained personal emergency evacuation plans for each person (PEEPs.) One person was living with dementia and had problems with their mobility that would prevent them from safely evacuating the building themselves. Their PEEP identified that they 'may be aware of the alarm sounding' but will require the support of one member of staff and a wheelchair to support them quickly to a fire exit, and to provide reassurance. Staff were aware of the emergency procedures at the home and how to safely evacuate all people.

Staff knew the procedures for reporting accidents and incidents. Where people had incidents and accidents staff aimed to learn and improve from these and to reduce the likelihood of reoccurrence. Accidents or incidents were recorded and monitored at the home. Staff knew the procedures for reporting accidents and incidents.

Good

Is the service effective?

Our findings

People and relatives told us they believed all staff had been trained because they were very good at what they did. One person told us, "I don't doubt that they have been trained, they are all excellent at what they do." Relatives told us that staff were trained and confident in everything they did.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The provider told us in their PIR that all staff received the necessary training and that training was monitored through the use of a training matrix. We found this to be the case. Staff told us that they had received training which included medicines, safeguarding, moving and handling, first aid, food hygiene, health and safety and infection control and training records confirmed this. One member of staff told us that training was always available to them, they stated "It is brilliant training. We've had so much." Another member of staff described what they had learned from a particular training and how it helped them in their role. They told us that the dementia training enabled them to understand people's behaviours, to make eye contact when communicating with people and to allow people time to respond.

People were supported by staff who had supervisions (one to one meeting) with their line manager. The provider told us in their PIR that staff had regular supervisions and an annual appraisal and we found this to be the case. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Records confirmed that these were taking place.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider told us in their PIR that MCA assessments were carried out and we found this to be the case. Care plans contained evidence of compliance with the Mental Capacity Act (2005). One person was unable to make the decision to remain at Pinehurst. A MCA assessment identified that they lacked the mental capacity to make this decision as they were, 'unable to weigh up the pros and cons of being in a care home.' There was a record of a best interest decision that had involved relatives, healthcare professionals and staff and the decision was made for the person to remain at Pinehurst in their best interests. An application had been made to the DoLS team to gain authorisation for this. MCA assessments were decision specific. Where one person lacked the mental capacity to consent to having bed rails, an MCA assessment was carried out and a best interest decision documented that it was in their best interests to have bed rails in place to keep them safe. The DoLS team had been informed of this.

Staff told us people made choices about everything they wanted to do. One member of staff told us, "We always offer choices to people. For example, they can choose their bedtimes and the clothes they want to wear. They can choose what activities they want to join in with." We observed people making choices and staff respected these.

People told us they liked the food and that they always had enough to eat and drink. We noted throughout the day that people had hot and cold drinks of their choice and fresh fruit was freely available. People were complimentary about the food provided and the choices of menus on offer. One person told us, "The food here is excellent, it is better than a hotel. Staff will always make you something else if you did not like what was on offer." There was a choice of freshly home cooked meals every day. People's dietary needs and preferences were documented and known by the staff. For example, they knew who required pureed food and this was prepared by staff in the kitchen. This demonstrated how people's nutritional needs were being met.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. The provider told us in their PIR that people had access to all healthcare professionals such as the GP, chiropodist, opticians and we found this to be the case. People told us they saw the GP whenever they needed to and they also saw other health care professionals and records confirmed these took place. Staff responded quickly to ensure people got treatment when they needed it. Staff noticed the changes in one person's presentation and changes to their breathing. The person was quickly admitted to hospital and they received treatment for a chest infection.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives told us that staff at the home were good and very helpful. One person told us, "Staff are very caring people, they will do anything for you." Another person told us, "Staff talk to me in a nice way."

Staff told us they treated people as individuals. They told us that people were involved in making decisions about their care and support and we saw this happened in practice. The provider told us in the PIR that their philosophy was that people in the home should be respected at all times and treated as individuals with their own beliefs. We found this to be the case. Staff talked to people in a respectful manner and interacted in a way that demonstrated care and understanding. Staff would often gently place their hand on people's arms when talking with them, asking them if they would like anything such as a drink or a snack. There was lots of laughter and jovial discussions between people and staff.

People were supported by staff who knew them well. The provider told us in their PIR that staff had been working at the home for several years and had built up a long standing rapport with people. It also said that people had competed a 'life history' document which staff familiarised themselves with. We found this to be the case. Care records contained very detailed life histories and lots of information about people's personalities, their interests and backgrounds. One person had a love for animals. Staff were aware of this and this person's bedroom was decorated with pictures and ornaments of animals. Staff told us they got to know people through reading care plans and having discussions with people about their past lives. One of the activities undertaken was reminiscence, and along with the people's 'life history books' gave them a clear picture about people's past lives and their current needs.

Records contained information on how staff should communicate with people. One person's records stated, "(Person) is a very sociable person and will initiate conversation by asking how you are." It also stated they found socialising important and liked to discuss the news and said what their favourite newspaper was. One member of staff told us, "You build a bond with every person and also their relatives. If someone shows as not being happy then you spend more time with them."

Staff demonstrated a good understanding of how to maintain people's privacy and dignity. A staff member told us, "I always cover people up by putting a towel over them. If they wear glasses or hearing aids I make sure I put them in so that they can see me and hear what I'm saying. It's important not to rush them, take your time and speak to them." Staff also told us that they attended to the personal care needs of people in the privacy of bedrooms and bathrooms with the doors and curtains closed. During our visit we observed this practice taking place. One person required hoisting during a transfer. Two members of staff carried out this activity. They talked to the person throughout the process and used a screen that ensured the person's dignity was maintained.

There were relaxed and positive interactions between people and staff. Staff were sensitive to people's concerns. One person had been worried by our presence but staff reassured them throughout the day. Staff had a special relationship with people that showed compassion, care and kindness. People and staff told us

that they enjoyed each other's' company and would be something they would miss when the home closed.

People's culture was respected and promoted by staff. People told us that they were supported by staff to practice their religious beliefs. One person told us that a church representative visited regularly to provide a religious service. Another person told us, "If I want to go to Church and my daughter is not available, someone from here takes me there.''

People were encouraged to be as independent as they were able to be. Staff told us that they encouraged people to do as much as they were able to for themselves such as washing and dressing. Records contained information on how to support people to be independent. One person's records stated, "(Person) is able to wash their face, hands and upper body. They are able to brush her teeth with prompting, guidance and support." Staff later demonstrated that they were aware of this which showed that they were encouraging people to be independent.

People lived in an environment that was homely and met their individual needs. People's bedrooms were personalised with televisions, photographs and personal belongings. The environment was very clean with easy access to people's bedrooms and communal parts of the home. There were pictures, posters and memorabilia displayed throughout the home that helped people to remember their past, such as a full traditional tea set and cake stands.

Relatives told us they were made to feel welcome and were able to visit the home at any time. One relative told us, "You always get a warm welcome from staff and you are offered a drink as soon as you come into the home."

Good

Is the service responsive?

Our findings

People told us they took part in the activities they chose to do. They told us that activities took place every day and they enjoyed doing them. People and their relatives told us they knew about their care plans and they had regular discussions with staff. One person told us, "My family are involved with my care plan and they talk to me about it."

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like. In addition to group activities people were able to maintain hobbies and interests, with staff support. There was an activity person employed at the home who provided activities for people. These included music, reminiscence, quiz, games and visiting external entertainers. One person's records stated, "I like country and western music, and anything lively." This person took part in musical activities within the home. Their care plans also stated that, "I like animals and I love watching them or holding them." We saw photographs of this person enjoying taking part in a visit to the home from a local farm where they were able to hold and stroke animals.

The provider told us in their PIR that people and their family members assisted with completing and updating their care plans and we found this to be the case. People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. People's routines were listed in care plans, one person's records stated, "I like to rise early. I like to have a cup of tea and a biscuit around 7:30. After breakfast I sit and watch television." Daily notes confirmed that this person was having a cup of tea each morning. When we arrived for our inspection, this person was sitting watching TV having had their breakfast which demonstrated that they were receiving their care in a way that fitted in with their routine. Another person's records stated, "(Person) will often stay up late if there is something of interest on the television." Daily notes indicated that they sometimes stayed up late. People's needs were reviewed regularly and care records were updated when things changed to ensure new needs were met.

Care plans were person centred and the information about people was comprehensive. This information was being regularly reviewed to ensure information about people's needs was up to date for when they transitioned to a new placement. Records contained a 'Summary of Needs' which provided information on the needs most important to people.

Care plans were very detailed about people's needs, preferences and routines. One person's records stated, "I like a choice of a few outfits. I like using bubble bath but I don't usually wear perfume." Another person's records stated, "I have always taken care to look presentable. My mother was very particular about me looking smart when I was young." On observation this person was looking smart when we saw them on the day of inspection. This showed that people were receiving care that reflected what was in their care plans.

People's needs were responded to. Due to the planned closure of the home the provider had a programme in place where they fully supported people to have a smooth transition to their new placements. Staff visited the new care homes for people and had a full handover with staff about people's individual needs.

They viewed the person's new accommodation with the person and advised on how the person liked their bedroom to be set up, so it reflected their current room.

People and their relatives knew how to raise concerns and make complaints. People told us they would talk to the registered manager or staff if they needed to make a complaint. One person told us, "I have no need to make any complaint, I am perfectly happy living here with good staff." A relative told us, "I do know what to do if I need to complain. I did have some issues and I was listened to and it was resolved to my satisfaction'' Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been four complaints during the last twelve months and these had been investigated thoroughly and people and their relatives were satisfied with their responses. This demonstrated that the service was open to receiving complaints and concerns and would resolve them in the timescales set by the provider.

We saw the complaints procedure was displayed that the service. This included the timescales for the provider to fully investigate the complaint. It also provided the details of the independent ombudsman should people not be satisfied with the outcome of the investigation of their complaint.

Good

Is the service well-led?

Our findings

People and relatives were complimentary about the registered manager and how well led the service was. They told us that the registered manager was always at the home and available to talk to them.

Staff told us that they felt very supported by the registered manager who they said was relaxed and inclusive. One member of staff told us, "The registered manager has an open door policy. The door to their office is never closed. I feel very supported by the manager on both professional and a personal basis. We have been kept informed about the closure of the home and our role in this process."

Staff told us that meetings took place regularly and they were encouraged to have their say about how the home could be improved. One staff member told us, "We have staff meetings and monthly unit meetings." Another member of staff told us, "Management are really approachable." They also said, "We have a team meeting. We've talked about taking people out and give them choices of where they want to go. We took them to a lovely place by the sea that someone suggested."
Records of these meetings were maintained at the home. Agenda items included people's needs, training and the planned closure of the home. People and their relatives were involved in regular meetings at the service. They told us that they had been kept up to date about the impending closure of the home.

Quality assurance systems were in place to monitor the quality and running of service being delivered. The provider told us in their PIR that quality assurance systems were in place to improve practice and address issues in a timely manner. We found this to be the case. There was a governance structure in place to monitor the delivery of service provided to people. A tracker outlined every aspect of each person's care, when it had been reviewed or updated. Audits covered areas such MCA, consent, reviews, life stories, care plans and NHS funding. Records that we looked at were up to date which indicated that these personalised audits were ensuring the quality of the care that people received. Due to the circumstances at the home, audits were now focussed on each individual to ensure every aspect of their care was ready to support them to find new placements. The last audit covered areas such as health and safety, fire and medicines. It recorded any issues found and what steps had been taken to address them. They identified parts of the home that needed painting and this had been done. The registered manager told us that audits took place on health and safety, the environment and medicines.

The representative of the provider told us that people and their relatives received weekly updates in relation to the progress of the closure of the home. Staff continued to provide a high standard of care to people during this time, and they acknowledged people's and their relatives' concerns about the closure. We noted that staff morale remained high during our visit and that people continued to receive care in a professional and respectful manner.

Policies and procedures were in place to support staff. These included medication, safeguarding, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us they had read the policies and procedures that provided guidance to them in their roles.

There was a whistle blowing policy available to staff who told us that they had read and understood the policy. The provider had addressed two whistle blowing concerns without any delay, and they had been concluded at the time of our visit. This showed that the provider took all concerns seriously to ensure the safety and wellbeing of people was maintained.

Staff told us they reported all incidents and accidents to the registered manager and these would be discussed during staff meetings to identify patterns and to prevent them being repeated. An electronic system documented all accidents and these were analysed by management and measures were put in place to protect people. One person had fallen as they had had tried to sit on their chair and missed. Staff checked them for injuries and assisted them up with a hoist. The person was unharmed. The family were informed and a risk assessment was carried out by management which established that the person was able to continue to transfer independently.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the service. We found that when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.