Pinewood Nursing Home

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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

Pinewood Nursing Home provides care and support to up to 30 people, which includes older people, people living with a physical disability, sensory impairment and some people living with dementia. Accommodation is provided over two floors and the home is set in its own grounds and is situated in the rural village of Chidham, West Sussex. At the time of inspection, there were 28 people living at the home.

There was a registered manager 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.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. Staff felt supported by the management, through supervision and appraisal. Staff monitored people's health and took prompt action to address any concerns. People had access to healthcare professionals and appropriate referrals were made for guidance or additional support.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the provider to be meeting the requirements of DoLS. We found the registered manager understood when an application should be made and how to submit one The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's preferences and likes and dislikes were documented so that staff knew how people wished to be supported. Complaints were dealt with in line with the provider's policy.

The registered manager was active in monitoring the care that people received and there were systems in place to monitor and audit the service. People, their relatives and staff felt able to raise issues or concerns with the manager, and were confident they would be listened to.

People could express their views and discuss any issues with the provider, registered manager or staff. The culture of the service was homely and family-orientated.

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 protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Staff understood how consent should be considered and supported people's rights under the Mental Capacity Act.

People were offered a choice of food and drink and were supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

Is the service caring?

Good

The service was caring.

Positive, caring relationships had been developed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans provided information so that staff could support people in a person-centred way.

People were asked for their views and experiences of the service. A range of activities were provided according to people's preferences.

People knew how to make a complaint if necessary and were confident any issue would be addressed.

Is the service well-led?

Good

The service was well led.

People gave their feedback about the service provided through regular meetings and by communicating their views through questionnaires sent to them by the provider.

Staff were supported to question practice and were asked for their views about Pinewood Nursing Home at regular supervisions and through staff meetings.

Regular audits took place to measure the quality and safety of the service provided. The registered manager was approachable and proactive.

Pinewood Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 27 June 2016. The inspection team consisted of an inspector and an Expert by Experience, who had experience of services for older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We also looked at notifications sent to us by the provider. (A notification is information about important events which the service is required to tell us about by law). We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for five people. We looked at training and recruitment records for four members of staff including one nurse. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

During our inspection, we spoke with nine people who used the service three relatives and one visitor to the home. We also spoke with the provider, the registered manager, the administrator, the cook, the head housekeeper, one nurse and six care workers.

The service was last inspected on 5 August 2014 when no concerns were identified.

Good

Is the service safe?

Our findings

People were supported by staff to be safe and people told us they felt safe at the home. Comments from people included: "I am very happy here and have no concerns". "Yes I feel safe here, I am well looked after" and "The staff are all so kind, I know they will keep me safe". Relatives had no concerns about the safety of their loved ones.

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. One member of staff said, "I would report any concerns to one of the nurse staff or to the registered manager". Staff had received training in safeguarding and knew they could contact the local safeguarding team or CQC if they had any concerns. Staff were able to name different types of abuse that might occur such as physical, mental and financial abuse.

Risks to people and the service were managed so that people were protected. Before a person moved to the service, an assessment was completed. This looked at their support needs and any risks to their health, safety or welfare. Risk assessments were kept in people's plans of care and these gave staff the guidance they needed to help keep people safe. We saw a range of risk assessments in place and these included risk assessments regarding falls, moving and handling and pressure ulcer prevention. For each risk identified, guidelines were in place to describe how to minimise the risk and provided information for staff on the support that people required. In the guidance on how to move people safely, the equipment to use was clearly documented. We also saw that preventative measures were used to reduce the risk of people developing pressure areas. These included the use of pressure relieving equipment such as mattresses and cushions and regular support to change the person's position.

There were also environmental risk assessments in place, such as from legionella or fire. The provider employed a maintenance person who had carried out regular testing and equipment maintenance. Any defects were recorded in a maintenance book and defects were signed off as they were completed. There was a policy and procedure in place as well as a contingency plan for dealing with any emergencies. Each person had a personal evacuation plan which detailed how they would safely leave the premises and what support would be required. The provider also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager used a dependency tool to ascertain the level of dependency for each person. The results were then used to determine the overall staffing levels. In order to meet peoples needs the following staff were employed each day: From 8am to 4pm there were two nurses on duty. From 4pm to 8am there was one nurse on duty. In addition from 7am to 2pm there were six care staff from 2pm - 5pm there were 5 care staff, from 5pm to 7pm there were 4 care staff, from 7pm to 8pm there were 6 care staff and from 8pm to 7am there was 2 care staff. The homes staffing rota for the previous three weeks confirmed these staffing levels were maintained. In addition to the care staff the provider employed 16 non care staff, which included two

chefs, kitchen assistants, cleaners, laundry staff, an activities co-ordinator, a maintenance person and administrative staff. The registered manager who was a qualified nurse and some non-care staff who had dual roles (admin and care duties) were available for additional support if required. Many of the staff had worked in the home for many years and there was good continuity in the staffing. People, relatives and staff said there was enough staff on duty to meet people's needs.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. A member of admin staff maintained a record of each nurse's registration with their professional body to ensure that they were legally able to practice as a nurse. Staff told us they did not start work until all recruitment checks had been completed and said their recruitment had been thorough. These measures helped to ensure that staff were safe to work with adults at risk.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. The registered manager told us only staff who had completed training and who were deemed competent were authorised to administer medicines. She told us staff received regular training and competency assessments to ensure medicines were ordered, received, administered and disposed of safely. We observed the lunchtime medicines being dispensed and we saw they were signed off by a member of staff once they had been administered. There was also a clear protocol for administering any 'as required' (PRN) medicines . This meant that medicines were managed so that people received them safely.

Good

Is the service effective?

Our findings

People told us the staff who supported them were good. Comments from people included: "The staff are very good, they know what I like and don't like". "I am really happy here, all the staff are lovely". And "I cannot fault anything, they (staff) can't do enough for you". A visiting hairdresser who regularly visited the service told us "They give good quality care, the staff are very attentive. My mom was here and I could not fault the care she received". People were also positive about the food provided. One person said "It's good, plenty of choice." Another told us "The food is excellent, very good, no complaints. There is a nice variety".

During the inspection, we undertook a tour of the home. Accommodation was provided over two floors and there was a passenger lift to provide easy access. There were assisted bathrooms on each floor and a dining room and lounge on the ground floor. The home had an enclosed courtyard garden with a pleasant seating area. Access to the gardens was through the lounge and dining area and some people had access to the gardens from their rooms. The registered manager told us that people were involved in the choice of furnishing for their rooms; they were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were homely with appropriate furnishing.

Staff spoke positively about the training they received. One member of staff told us "The training is very good" and another said "If I need to have any updates or refresher training the registered manager will let me know and book it for me". Staff training included safe moving and handling, infection prevention and control, safeguarding. Fire, food hygiene, MCA and DoLS, medicines, assisted feeding and end of life care. Each member of staff had a training record and this identified when each staff member was next due their refresher training. This helped to ensure that all training was up to date. Nursing staff told us they were supported by the provider and registered manager to keep their skills up to date and to maintain their registration with the Nursing and Midwifery Council (NMC). Recent training for nurse staff included the use of syringe drivers This is a system for managing an individual's symptoms by delivering liquid medicine by means of a pump system.

All new staff were given an induction which included working alongside experienced staff so they could get to know the people they would be caring for. The registered manager told us that new staff were expected to complete the recently introduced Care Certificate. This covers 15 standards of health and social care topics, which is a national qualification. The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed 36 care staff and 31 had completed or were currently completing additional qualifications such as health and care diplomas. Staff confirmed they were encouraged and supported to obtain further qualifications.

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

People can only be deprived of their liberty to receive care and treatment 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). We checked whether the service was working within the principles of the MCA, and DoLS. The registered manager and staff understood their responsibilities in this area. We saw that capacity assessments were contained in people's care plans where required. The registered manager told us that a number of applications had been submitted to the local authority's DoLS team but these had not yet been assessed.

The registered manager told us that people living at Pinewood Nursing Home were able to make day to day decisions about their care and treatment. We observed people being consulted about their care and support needs. Staff told us they would always respect people's decisions and if they had any concerns they would speak to the nurse on duty or to the registered manager. This meant that people were able to exercise as much choice as possible in their day to day lives.

Staff received regular supervision and staff and records confirmed this. The registered manager kept a record detailing past supervisions and appraisals for all staff. The registered manager told us that supervisions included a discussion of the staff member's training needs/wishes, a record of any issues discussed and any agreed actions. Staff told us that the meetings were useful. The registered manager and senior staff regularly worked alongside staff most days and they had regular conversations with staff and observed staff practice. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the provider, nurse staff or the registered manager. Staff said they were able to discuss any issues openly and felt that communication was good with everyone working together as a team.

We spoke to people and staff about the meals provided. People told us the food was plentiful and good. We spoke to the chef who had a list of all people living in the home. This list contained information on any special diets, such as pureed, mashed or soft diets. There was also information if anyone liked small or large portions or if anyone needed fortified meals. At breakfast time a cooked breakfast was provided for those who wanted it. There was also porridge, cereals and toast and people could choose what to eat. Lunch was the main meal of the day and there was a four week rolling menu. It had two choices for main course and dessert, with options to have an alternative such as a baked potato, omelette or salad. Wine was offered with the meal and water and squash was also available. People sat at tables of two or more with clean fabric table cloths, serviettes and flowers. One person used a plate with built up edges to facilitate independence in eating. We observed how some people were assisted and encouraged to eat by staff. They allowed people to eat at their own pace and staff paid close attention to their needs. Supper was a snack type meal such as soup, egg on toast or sandwiches. Meals reflected people's own preferences and choices. People told us they enjoyed the meals and at lunchtime we saw freshly cooked food, which looked appetising and had been served in generous quantities. The provider employed a member of staff who did regular tea rounds. Each day after lunch this person asked each person what they would like for supper and for their lunch the following day. The chef said, "Although people tell us their choices in advance, this is just a guide, people changed their minds all the time but it really does not matter, people can eat what they like".

People had access to healthcare professionals to ensure that their health needs were met. Each person was registered with a local GP. Each person's care plan contained information about people's health care needs and medical conditions. There were contact details of the person's GP, dentist and optician. Appointments with any other health care professionals were through GP referrals. We saw that details of people's health appointments and messages were placed in the diary or communication book to remind staff to arrange or attend any appointments as required. A record of people's health visits were kept in their care plan. This meant people's health needs were assessed and care and support planned and delivered in accordance

with their individual needs.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said, "All the staff are lovely." Another said, "They are all so good and friendly, they are full of goodwill." People said the staff respected their privacy and dignity and they were treated well by sthem. A visitor told us, "The staff 'ooze' care. They really mean it, it's a home. People are treated like people and staff are always nice to them. They know the individuals very well.'

The registered manager told us they had three dignity champions whose role was to ensure that staff respected people's privacy and dignity. The dignity champions had a meeting each month where they discussed any issues that had been brought to their attention or they had observed. They reported back to the registered manager who would then take forward any issues and discuss them with all staff at the staff meetings.

We saw staff knocked on people's doors and waited for a response before entering. When staff approached people, we saw them engage with them and check if they needed any support. Staff were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and going out into the local community.

Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed positive interactions between staff and they engaged positively with people throughout our time at the home. For example we saw one person who wanted to go out into the garden, a staff member guided the person to a suitable spot in the garden, asked if they were comfiortable and brought them a cold drink. The staff member told the person they would be back to check on them in a short time. Throughout our visit we saw staff showing people patience and understanding. People were confident and comfortable with the staff who supported them. Staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required. We observed one person asked for staff to provide support. The staff member took the time to explain to the person that they were already helping someone but that they would return soon. We saw that the staff member quickly returned and the person was not overlooked or forgotten.

We saw everyone was dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a communication book for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of

people's personal information.

People had regular meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Minutes of meetings were kept and these showed that people were able to share ideas and put their views forward on how the home was run.

Good

Is the service responsive?

Our findings

People said they were well looked after and that if they wanted anything all they had to do was ask. One person said, "The staff are very good. I can get up and go to bed when I want, no one pressurises me to do anything." Another said, "I can make my own decisions and staff respect this." Relatives told us the staff were responsive to people's needs and that they were kept informed of any changes in their relatives care needs.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. Relatives told us they can visit at any time.

Before accepting a placement for someone, the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. The assessment included details of the reason for admission and information about what support was needed and what the person could do for themselves. This assessment formed the basis of the initial care plan.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans identified the support people needed and how support should be given. Information in care plans included information such as 'I would like you to know', 'My life so far', 'Routines that are important to me', 'Things that may worry or upset me,' and 'What makes me feel better'. We saw care plans were in place for moving and handling, mobility, personal care tasks, daily routines and routines at night, diet, nutrition and hydration and skin integrity. These care plans detailed what people could do for themselves, what support was required from staff and details of how this support should be given. For example, one person had a plan for personal hygiene. It explained that the person was able to wash and dress themselves but may require assistance if breathing was laboured. It stated that the person only wished to be supported by a female carer.
Care plans were reviewed at two monthly intervals or sooner if required. The reviews were recorded and changes were made to each person's care plan as required. For example, on the 7 January 2016 the review for one person's nutrition and hydration care plan stated that, the person's Malnutrition Universal Screening Tool (MUST) indicated that the person was at risk. It alsoindicated the person had a good appetite so it was agreed, at present, there was no need for food and fluid charts to be completed. A further review on the 8 May 2016 stated that the person's weight was stable, but they were now at a high risk of de-hydration. Therefore, fluid charts were implemented so that the person's fluid intake could be monitored. These regular reviews showed us that people's care plans were kept up to date and reflected the person's current care needs. Staff told us that the care plans reflected the current support people needed.

Staff said that people could express their wishes and preferences and these would always be respected. We saw from minutes of relatives' and residents' meetings that people had expressed a wish for Wi Fi access to the internet, so people could keep in contact with relatives who lived far away. .The provider explained that there was poor internet reception where the home was located However, they had contacted an

Information technology (IT) specialist who would be coming to the next relatives and residents meeting in July to discuss options.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Daily records compiled by staff detailed the support people had received throughout the day and night. Staff recorded the time and details of the support given and these followed the plan of care.

Before commencing a shift staff attended a handover meeting. The purpose of the meeting was to share information about people's care and support needs to ensure continuity of care. The discussions during the handover meeting were relevant and focused on the care needs of people. They involved the exchange of up to date information, such as changes in people's care and visits from health and social care professionals. This ensured staff provided care that reflected people's current needs.

The provider employed an Activities Co-ordinator (AC) from Monday to Friday and they organised a range of activities for people which included: visiting entertainers, bingo, arts and crafts, garden parties, afternoon teas, quiz, nail painting, memory box, Pets as Therapy (PAT) dog, collage and balloon tennis. There is also a garden party being planned for the summer. The AC said "We do a range of activities depending on what people want to do". On the day of our visit the hairdresser was in attendance and the AC was offering manicures to people. One relative said "I wish there were more activities available during the day". However people we spoke with and records of relatives/residents meetings did not support this comment.

There was a quarterly newsletter which is put together by staff at the home. The newsletter provided information about what had been happening at the home and gave information about future events. We saw copies of the newsletter and they contained pictures of people enjoying activities and there were also pictures of new residents and staff. The newsletter also contained a 'Residents Spotlight' that provided an interesting insight into a different person each month. People we spoke with said they enjoyed reading the newsletter and felt it provided a good insight into day to day life at Pinewood Nursing Home.

People and relatives understood how to make a complaint. Information on how to complain was displayed in the entrance of the home. People told us that they had not had cause to complain and if they had any concerns they would speak with the provider or manager and were confident that any issues would be quickly resolved. One person said they had any concerns they would speak with the provider or registered manager and were confident that any issues would be quickly resolved. One person said they had a problem with obtaining the correct size of continence aids but, this had been quickly sorted out. The registered manager kept a complaints file where any complaints would be recorded. We looked at this file and there had been no complaints recorded in the last six months. Staff were aware of the complaints procedure and said they would support anyone to make a complaint if they so wished. The registered manager said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Good

Is the service well-led?

Our findings

People told us the registered manager and all the staff were good and were around to listen to them. Comments from people included: "The staff are always asking me if I am OK". "The staff always have a chat with my relatives when they visit". and "My daughter visits me every week and I know she keeps an eye on how I am doing" Relatives confirmed the provider, registered manager and staff were approachable and said they could raise any issues with them. They told us they were consulted about how the home was run and were invited to meetings.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. Staff said the provider was in the home every day and they could speak with them if they had any concerns. The registered manager operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. Staff said they were confident the registered manager would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions to improve the quality of the service. They said the registered manager was approachable and had good communication skills and that she was open,transparent and worked well with them.

Staff said the registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and to make comments and suggestions about any changes. The registered manager said she held regular meetings with the nurse team, care staff and non-nursing staff. These meetings enabled people to put their views forward on how the home was operating and said they felt their views were listened to. The provider told us that, following a recent meeting, it was pointed out that staff on long shifts would benefit from a slightly extended break. We were told they were discussing this with the registered manager to see how this could be implemented.

We asked staff about the provider's philosophy. Staff said that this was to provide people with the best care possible and to ensure people's privacy and dignity was paramount. The registered manager said staff at Pinewood Nursing Home worked hard to ensure people got the best possible care. It was clear from speaking to the provider, registered manager and staff that they were passionate about the job they did.

The registered manager kept her skills up to date by attending regular training. She told us she had recently attended updated safeguarding training and had attended a care conference. The registered manager said she also regularly kept up to date with developments on the CQC website. She told us she would feedback any relevant information to staff so they in turn could gain knowledge. This meant that staff were kept informed of new developments, learning and best practice.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; nutrition and hydration, financial audits, health and safety, care plan monitoring, infection control, audits of medicines, audits of accidents or incidents, pressure sore/wound audits and concerns or complaints. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

There were regular meetings carried out for people, relatives and staff. These meetings enabled people, relatives and staff to make comments and influence the running of the home. We saw copies of the minutes of these meetings and they included information on the topics discussed, together with any actions needed and by whom. The minutes of the previous meeting are discussed so that people are kept up to date with how topics have been dealt with.

People, relatives and staff were supported to question practice and asked for their views about Pinewood Nursing Home through quality assurance questionnaires which were sent out by the provider each year. The registered manager collated responses and made changes where appropriate. For example people had wanted to be able to have more showers. The provider has responded and is having another wet room installed in one of the bathrooms downstairs to facilitate this.

The provider has enrolled on a scheme where anyone can provide feedback on the care and support provided by completing a short feedback form. This is a pre-paid, self seal feedback form where anyone can rate the service and make suggestions to improve the service. Feedback can be anonymous and the provider has received feedback from eight people so far which have all been very complimentary about the service provided. We also saw a suggestion box in the entrance to the home where people, relatives and staff could make suggestions for improvements. The provider told us this was rarely used as people normally spoke to him, the registered manager or staff.

Records were kept securely. All care records for people were held in individual files which were stored in a locked cabinet. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose