HC-One Limited

Pitchill House Nursing Home

Inspection report

Pitchill House
Salford Priors
WR11 8SN
Tel: 01386 870092

Date of inspection visit: 5 February 2015
Date of publication: 24/03/2015

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

Overall summary

This inspection took place on 5 February 2015 and was unannounced.

Pitchill House Nursing Home is a two storey residential and nursing home which provides care to older people including people who are living with dementia. Pitchill House is registered to provide care for 52 people. At the time of our inspection there were 41 people living at Pitchill House.

At our last inspection in August 2014 we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the care and welfare of people, the number of suitably qualified and skilled staff and cleanliness and infection control. The provider sent us an action plan telling us the improvements they were going to make by December 2014. At this inspection we found improvements had been made.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

Summary of findings

All of the people we spoke with told us they felt well cared for and felt safe living at Pitchill House. People told us staff were respectful and kind towards them and staff were caring to people throughout our visit. Staff protected people's privacy and dignity when they provided care to people and staff asked people for their consent, before any care was given.

Care plans contained accurate and relevant information for staff to help them provide the individual care and treatment people required. We saw examples of care records that reflected people's wishes. We found people received care and support from staff who had the clinical knowledge and expertise to care for people.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained, qualified and experienced staff.

Systems were in place to make sure people were not placed at risk of infections through cross contamination. Staff knew how to keep people safe and wore personal protective equipment when required.

Systems and processes were in place to recruit staff that were suitable to work in the service and to protect people against risks of abuse.

Staff understood they needed to respect people's choice and decisions. Assessments had been made and reviewed to determine people's capacity to make certain decisions. Where people did not have capacity, decisions had been taken in 'their best interest' with the involvement of family and appropriate health care professionals.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no applications had been authorised under DoLS for people's freedoms and liberties to be restricted. The registered manager had recently contacted the local authority and referred to them a number of applications for people to ensure people's freedoms were not restricted unnecessarily.

Regular checks were completed by the registered manager and provider to identify and improve the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People told us they were pleased with the service they received. If anyone had concerns, these were listened to and supported by managers or staff and responded to in a timely way.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People received care from suitably qualified staff and staffing levels were determined according to people's needs. Where people's needs had been assessed and where risks had been identified, risk assessments advised staff how to manage these safely. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines from staff at the required times and there were systems in place to reduce the risk of infections within the home.

Good

Is the service effective?
The service was effective.

People and relatives were involved in making decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards. People were offered choices of meals and drinks that met their dietary needs and systems that made sure people received timely support from appropriate health care professionals.

Good

Is the service caring?
The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs. Staff had a good understanding of people's preferences and how they wanted to spend their time.

Good

Is the service responsive?
The service was responsive.

People's and relatives were involved in care planning reviews which helped make sure the support people received met their needs. Staff had up to date information which helped them to respond to people's individual needs and abilities. There was an effective system in place that responded to people's concerns and complaints.

Good

Is the service well-led?
The service was well led.

People and staff were complimentary and supportive of the management team. There were thorough and effective processes in place such as regular checks, meetings and quality audits that identified improvements. Where improvements had been identified we saw evidence that actions had been taken.

Good

Pitchill House 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 5 February 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience who is a person who has experience of using or caring for someone who uses this type of service.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority who provided us with information they held about this location. The local authority was aware of the concerns identified at the last inspection and had no additional information to share with us.

We spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI) in the assisted living unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Some people had limited communication so we spoke with four people who lived at Pitchill House to get their experiences of what it was like living at Pitchill House. We spoke with four visiting relatives, seven staff, this included nurses, care staff and domestic staff (these are defined in the report as staff). We spoke with the assistant operations director, registered manager and deputy manager. We looked at three people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records.

Good

Is the service safe?

Our findings

At our inspection in August 2014, we found concerns with the quality of the care people received, such as, a lack of information and guidance for staff to be able to support people safely. We could not be sure people were protected from the risk of infection because steps had not been taken to minimise the risks to people. We also found concerns with regards to the number of suitably skilled staff available and how those staff were deployed in the home to meet people's individual care needs. We asked the provider to send us an action plan outlining how they would make improvements in each of these areas. When we inspected Pitchill House this time, we found improvements had been made.

We followed up our concerns to check people received care and support from suitably skilled and qualified staff. People and relatives of people we spoke with felt they received their care when they needed it, however there were occasions when people did not always receive the support when they wanted it. From talking with people, we found where people had waited for assistance, it was an isolated incident rather than a regular occurrence. One person we spoke with said, "I am well looked after, they come mostly but sometimes they are delayed."

Staff told us that whilst they felt there were enough staff to meet people's needs safely, there were times when they felt they did not have time to sit and talk with people as they wanted. One staff member said, "We are so busy on this area in the mornings, we don't stop. We don't have time to sit and chat with people." All of the staff we spoke with said they supported people safely and people received the care they needed, when they needed it. Our observations on the day showed staff were busy, yet staff supported people and cared for people at the pace they required. We saw staff responded to people's call alarm bells with minimal delay.

The registered manager explained how staffing levels were organised and deployed within the home. They told us they used a dependency tool which identified individuals care needs and they completed staff rotas to meet those needs. The registered manager said they used this tool, "As and when people's needs changed" so it was kept under regular review to make sure staffing levels continually supported people's changing needs.

The registered manager told us they were not reliant on agency staff because they had recruited to all vacancies. The registered manager said, "They are our own staff now and we know their strengths. We have excellent staff, but some staff need to be better organised." The manager told us they were, "Rotating staff so they had the best skill and experience mix of staff to support people, whilst keeping continuity of staff." The registered manager told us if occupancy levels within the home increased, the staffing levels would be reviewed and levels adjusted to support the needs of the people.

We followed up concerns from the last inspection regarding infection control and found the provider had increased the number of housekeepers since the last visit. Domestic staff were retrained and understood the importance of safe infection control measures to reduce the risk of cross infections. We spoke with one staff member who explained the laundry process and how they made sure risks were minimised. We saw staff had access to and wore personal protective equipment (PPE) when required. Staff spoken with told us they changed their PPE each time they provided personal care to people to minimise infection risks.

Assessments and care plans identified where people were potentially at risk and actions were identified to manage or reduce potential risks. Since our last visit, staff spoken with understood the risks associated with people's individual care needs, for example moving and handling, pressure care management and behaviour management. For example some people had behaviours which required staff to be more attentive to people's needs or people who needed repositioning regularly to prevent skin damage. Staff knew how to help people to remain calm and the importance of repositioning people. One staff member said, "We have charts to document and monitor specific behaviours, what triggers this and how to deal with it."

People told us they felt safe living in the home. One person said, "I am happy to talk to staff on any issues I have." We asked staff how people at the home remained safe and protected from abuse. All the staff we spoke with had a good understanding of abuse and how to keep people safe. Staff completed training in safeguarding people and knew what action they would take if they had concerns about people. For example, one staff member told us, "I would

Good

Is the service safe?

record it and report it to the nurse or the managers." The manager, deputy manager and nurses we spoke with knew how to make referrals in the event of any allegations received so people were protected from harm.

People told us they received their medicines when required. We looked at five medicine administration records (MAR) and found each medicine had been administered and signed for at the appropriate time. Staff told us a photograph of the person kept with their MAR reduced the possibility of giving medication to the wrong person. Nurses administered medicines to people and nursing staff completed medication training which meant their knowledge kept up to date to make sure they administered medicines in a safe way. The management of MARs were checked regularly by the nurses and manager to make sure people continued to receive their medicines as prescribed.

All staff spoken with told us the provider had undertaken employment checks before they started work at the home, for example, references and security checks to check that staff were suitable to provide care to people.

Good

Is the service effective?

Our findings

People told us the service they received was good and they usually received care and support from staff when needed. One person told us, "I am well looked after but sometimes they are delayed." Another person said, "I have a buzzer [call alarm] and they come mostly, sometimes delayed but I don't mind if people come and tell me."

Staff told us they completed an induction and received training to support them in ensuring people's health and safety needs were met. This included moving and handling, health and safety and infection control. We saw staff put this training into practice. For example, staff moved people safely and understood how to use equipment which suited people's individual needs.

Staff told us they had completed 'dementia awareness' training which helped them care for people living with dementia, although some staff said they wanted to develop their knowledge further because the numbers of people living with dementia at Pitchill House had increased. The registered manager told us they would arrange this to help staff further develop their skills and knowledge in caring for people with dementia. Staff said they were supported to work towards additional qualifications and to maintain their professional registration. The provider had recently introduced 'Touch ambassadors' whose purpose was to support to staff with their training, but also provide further training and support for staff whose training scores did not exceed expectations. Staff told us they had regular supervision meetings and annual appraisals which gave them opportunity to discuss any concerns they had.

We found staff understood and had knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what this meant for people. Staff ensured people's human and legal rights were respected. The registered manager understood the requirements of the Mental Capacity Act and made sure people who lacked mental capacity to make certain decisions were protected.

The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and told us they had recently submitted a number of applications to the 'Supervisory Body' to make sure people's freedoms were effectively supported and protected. The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act and the specific requirements of the DoLS. Staff told us how they gained consent from people that they provided care to. For example, one staff member said, "You can't force anyone. If they don't want it, you can always go back and try again." Another staff member said, "Some people don't have capacity, we try and encourage people to make small decisions for themselves."

People told us they enjoyed the food and we saw they were offered a variety of drinks during our visit. Comments people made were, "They usually ask in the morning what you want for lunch", "The food is good" and, "I have never had it so good." Staff told us if people did not want any choices on the menu, alternatives would be provided. People who had risks associated with eating and drinking had their food and drink monitored to ensure they had sufficient to eat and drink. Where risks had been identified, care plans were in place to minimise the risk and provide guidance to staff. Staff completed food and fluid charts and people were weighed regularly to make sure their health and wellbeing was supported. Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that continued to meet their needs.

People who had difficulties with eating, drinking or swallowing had been reviewed by the Speech and Language Therapist (SALT). Some people had pureed food and thickeners in their drinks to help reduce any potential risks to their health. Records showed people received care and treatment from other health care professionals such as their GP, SALT and dieticians. Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained.

Good

Is the service caring?

Our findings

People we spoke with were happy living at the home and satisfied with the care they received from staff. People received care from staff who knew and understood their personal history, likes, dislikes and how they wanted to be cared for. Staff gave people choices about how and where they spent their time. For example one person liked to go out for walks but was unable to go out unescorted. During our visit we saw the person went out on several occasions for a walk with a staff member. We also saw staff spent time with another person who wanted to walk around the gardens. One person we spoke with told us a staff member had spent time with them, painting their nails which they enjoyed.

We saw staff had a good understanding of people's individual communication needs and involved people who had limited communication skills. Staff interacted positively with people and understood people's communication methods. For example, staff looked for nonverbal cues or signs in how people communicated their mood, feelings, or choices. Some of the signs people expressed showed they may be in pain, be anxious or did not want something. Staff told us they understood what to look out for. For example, we saw a staff member playing cards with a person in the lounge. Another staff member approached them and said there was another person who wanted to join in the game, and, was it okay with them. The person said yes, and both people played cards together and became involved in mutual conversation. The staff member told us that the person who joined in was new to the home and was restless and they thought this would reduce this person's anxieties.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. Staff were friendly and respectful and people appeared relaxed with staff. Staff supported people at their preferred pace and helped people who had limited mobility move around the home. We saw staff were caring and compassionate towards people, engaged them in conversations and addressed people by their preferred names.

During lunchtime we completed a SOFI to see how people were cared for and to see if the mealtimes were an enjoyable experience for people. People were able to sit where they wanted for their meal. Some people chose to sit at the dining table while others preferred to eat in the lounge area. People eating in the lounge were provided with small tables so they could eat comfortably. People who were assisted to eat their meal were able to eat at their own pace and were not rushed by staff. People enjoyed their meal and comments they made included, "This is good," and "Oh, crackling with the pork, that's great."

Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity and we saw staff spoke to people quietly and discreetly. When people needed personal care, staff supported people without delay and took people to their rooms to carry out any personal care needs so that it was carried out discreetly. Staff knocked on people's doors and waited for people to respond before they entered people's rooms. Staff spoken with told us they protected people's privacy and dignity by making sure all doors and windows were closed and people were covered up as much as possible when supported with personal care. One staff member said, "I always explain what I am doing and I let them do what they can."

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked. One person said, "My [person] comes to see me and I can go and visit them" and a relative we spoke with said, "I come here every day."

Good

Is the service responsive?

Our findings

At our last inspection we found staff did not always provide the personalised care people required. This time, we found improvements had been made. People we spoke with told us they received the care and support they needed from staff who had the knowledge to support them as they wanted.

The registered manager told us improvements had been made following the last inspection and they were continuing to update everyone's care plans, but prioritised those care plans that were the most outdated. Pre assessments of care were completed before people moved to Pitchill House. The registered manager told us this assessment helped them to determine whether Pitchill House was right for that person and whether the home had capacity to meet their needs. When people moved to Pitchill House, temporary care plans were put in place so staff had the necessary information to support people. Detailed care plans followed with the involvement of the person, family members or advocates once the person had settled in which ensured the care plans met the person's needs.

We looked at three people's care files. Care plans and assessments contained detailed information and staff we spoke with said they had the information to meet people's needs. The care plans we looked at had been reviewed and updated when people's needs changed. Care plans informed staff about what people liked and how people wanted their care delivered in a way they preferred. We looked at three care plans in detail. Plans included people's likes and dislikes, life histories and preferred choices. From talking with staff we found staff had a good understanding about people's needs and how they supported them to meet their needs.

Staff told us the home had recently introduced a 'resident of the day' programme. This meant one person's care records were reviewed daily by a nurse with people's involvement and any family member's or advocates. A relative we spoke with said they had been involved in a care planning meeting and records showed family involvement was sought and formed an essential part of people's care planning. A staff member said, "It's better now, last time we had to do 11 or 12 care plans ourselves. Now, whoever is the nurse on shift does the review." The staff member told us all care plans were reviewed, including updating risk assessments, but if a care plan required an urgent review, this was completed without delay.

Staff received a handover at the start of each shift which helped them to respond to people's immediate needs. Staff said it was useful to know if people had any concerns or health issues since they were last on shift. Speaking with staff showed us they knew people's care needs which meant they continued to provide the care and support people required.

The home provided a weekly planner of activities for people within the home, however on the day of our visit the activity organiser was not on duty, so planned activities for the day did not take place. During the morning the television was on in the main lounge, however people in the lounge area showed little interest. People told us they did not want to watch it but were unable to change the channel. We saw some people were involved and had some stimulation during the day. For example, people enjoyed conversations with other people and staff, some people read the newspaper and two people were accompanied by staff to go outside for regular walks.

Relatives and residents' meetings were advertised for people to attend so they had an opportunity to talk about any issues or concerns they wanted to raise. Minutes of these meetings had been kept and we saw concerns people had raised had been acted upon, for example, one person's room required redecoration. Staff told us the person was involved in the choice of colours, the choice of furniture and how they wanted their room set out.

People who used the service told us they had not made any complaints about the service they received. People said if they were unhappy about anything they would let the staff know or talk to the manager. One person said, "I would let my [relative] sort things out." Information displayed within the home informed people and their visitors about the process for making a complaint. Staff knew about the complaints procedure and said they would refer any concerns people raised to the nurses or managers if they could not resolve it themselves.

We looked at how written complaints were managed by the service. The registered manager told us the home had received written complaints in the past 12 months. We looked at examples of these complaints and found they

Good

Is the service responsive?

had been investigated and responded to in line with the provider's own policies and procedures. There was information available in the home for people and relatives about how they could make a complaint. The registered manager told us complaints were taken seriously and the assistant operations director told us they reviewed them regularly to ensure appropriate measures and learning was undertaken. The assistant operations director told us people had the opportunity to raise complaints directly with the provider if they wished. We saw one complaint was currently being investigated by the operations director who told us they would respond once their investigations were completed.

Good

Is the service well-led?

Our findings

The registered manager joined Pitchill House in July 2014. Since January 2014, there had been two managers [one not registered] who had managed this service. The registered manager and assistant operations director told us they recognised people, relatives and staff had gone through a period of instability and change, particularly with the management of the home and how this could negatively impact on people living at the home and staff. The assistant operations director and the registered manager were consistent in what they identified had been the key challenges faced by the service. They told us, "Staffing, it's difficult to recruit nurses and care staff in this location." We were told that a successive and persistent recruitment exercise with support of the local and wider community had recruited the right numbers and calibre of staff.

The assistant operations director said, "The manager had done a lot of work in terms of recruitment and the agency use is reduced almost to zero which helped people receive continuity of care." They also told us, "The home is moving forward and I have seen a lot of improvements" however it was recognised further work was still required to maintain the drive for change and continued improvement. The assistant operations director told us a new registered manager had been recruited and was going to replace the current registered manager in February 2015 who was moving to another service within their organisation. The assistant operations director said the provider had worked very hard to find the right manager who showed a, "Good ethos about care, leadership, with a consistent approach and calm demeanour who can lead from the front." A series of 'resident and relatives' meetings were planned to keep all of the people who used the service and their family involved in the changes so people knew who to approach if they had concerns.

We spoke with staff and asked them what is was like to work at the home. Staff we spoke with said, "It's a good place to work" and "I enjoy it, it's just very busy." Staff gave us examples of how the quality of care people received had improved since our last visit. One staff member said, "We have resident of the day now, that's made a big difference." This staff member told us it had reduced the pressure on staff who completed care plan reviews and it meant people had a care plan that accurately supported the care they needed. Staff told us they were supported by the registered manager and they found the manager was fair, open and listened to and acted upon concerns staff raised.

The registered manager and infection control lead told us about the improvements in infection control and staffing. The registered manager said, "Last time you came I was horrified. We have increased our housekeepers to five and introduced an infection control lead." The registered manager said staff received infection control training and staff revisited infection procedures so they knew how to minimise risks to people. The registered manager told us they did a daily walk around with the infection control lead to identify concerns which ensured prompt action was taken if required. They told us the daily walk around helped them to identify any other potential issues, but also to talk with people who used the service and staff. They also told us they had an open door policy which meant people, staff and visitors could talk to the manager without appointment.

The registered manager, deputy manager and senior staff each had their own responsibilities, such as managing staff, infection control, deployment of staff and management of medicines. Each one we spoke with explained their roles and responsibilities and knew what was expected of them. Staff told us there had previously been inconsistencies in the management of the home, however staff we spoke said things had improved in the last few months, such as minimal use of agency staff. Staff said if they had any problems or concerns, the registered manager was approachable, supportive and listened to their views. Staff told us they knew about the whistle blowing policy and had no concerns raising issues that put people at risk of harm.

The registered manager and the provider undertook a programme of audits checks to monitor the quality of the service. Where these checks identified areas for improvements, we saw action plans were in place to address and monitor the improvements required. For example, infection control audits identified kitchen areas and laundry rooms required updating and reorganising to help reduce risks of infections. We saw new shelving and cupboards were in place which helped keep items clean, tidy, secure and away from potential risks and hazards. Staff were made aware of the changes and they knew what they needed to do to minimise any potential risks to

Good

Is the service well-led?

people's safety and wellbeing. The registered manager told us these audits were monitored by the assistant operations director who completed further checks and followed up on action plans to ensure actions had been taken.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the registered manager.