Care Quality Commission

Complete Care Homes Limited

Pinfold Lodge Nursing Home

Inspection report

6 Sheep Dyke Lane
Hunmanby
North Yorkshire
YO14 0PS
Tel: 01723 891069
Website: completecarehomes.net

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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

Overall summary

This inspection was carried out on 06 November 2014 and was unannounced. The previous inspection was carried out on 12 September 2013 CQC had no concerns at that inspection.

Pinfold Lodge is owned by Complete Care Homes. The home is registered to provide care for up to 34 older people with physical disabilities and personal care or nursing needs. It is situated in the village of Hunmanby just outside Scarborough. There was a registered manager in place at the time of our inspection although they were due to be leaving a short time after the 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 2008 and associated Regulations about how the service is run. Senior staff within the organisation were already in the process of recruiting a new manager.

Summary of findings

We found that this service was safe and people told us that they felt safe living in the home. Staff were recruited safely and checks were made before staff were employed to ensure that they were considered suitable people to work with people who used the service.

There was sufficient staff with appropriate skills and knowledge on duty to meet the needs of the people who used the service. Staff received supervision from more senior staff which enabled them to discuss any matters pertinent to their work and to develop personally. This was not always done regularly but was an area the senior staff were working to improve. There was a full training programme in place and staff reported that they were able to access appropriate mandatory and additional training.

The staff spoke kindly to people and treated them with respect which was reflected in the good relationships between staff and people who used the service we observed during our inspection.

Staff were able to explain how they would safeguard people and if necessary how they would report any incidents that may have caused people harm. We saw that staff had received training in safeguarding vulnerable adults. This meant that staff awareness around safeguarding was good and if any situation arose where someone was at risk of harm staff would know what to do. We found medicines were managed appropriately ensuring that people received their medication safely.

The registered manager was following the principles of the Mental Capacity Act 2005 and had made applications in respect of people being deprived of their liberty where required.

The environment was well maintained and decorated and the building was fully accessible and appropriate for people using the service. The environment included alterations to ensure anyone with a dementia related condition could navigate easily around the building. Activities were designed to provide meaningful and enjoyable occupation during the day. Bedrooms were personalised and people had brought personal items and photographs to decorate their rooms.

There was an effective quality assurance system in place which helped in the development of the service and making changes and improvements.

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?

Good

This service was safe and people who used the service and their relatives told us that they felt safe.

Safe recruitment practices had been followed and appropriate checks had been made into the suitability of staff who worked at the service.

Staff told us that they understood how to safeguard people and could tell us about different types of abuse. Training records showed that staff had received training in safeguarding vulnerable people.

We found that medication was stored, recorded and administered safely in line with current guidance.

The manager was following the principles of the Mental Capacity Act 2005 and was aware of how to make an application to request authorisation of a person's deprivation of liberty. This had been done where required.

Is the service effective?

Good

This service was effective because it had taken account of the needs of people with dementia related conditions when planning and maintaining the environment. Staff had been trained in relevant areas such as dementia awareness.

Staff who came to work at this service received an induction which was then followed up by other more specific training.

Staff were supervised by more senior staff although this was not always on a regular basis.

People were supported to access a nutritious diet and where necessary, supported to eat and drink.

Is the service caring?

Good

This service was caring. Staff treated people with kindness and respect. Staff were cheerful and friendly and they knew everyone's individual needs.

One person told us, "You fight for everything when you have Alzheimer's but in here they do the fighting for you."

Staff supported people to maintain independent skills and to build their confidence in all areas.

Is the service responsive?

Good

This service was responsive to people's needs and people's care files were person centred.

Staff acted promptly when someone needed access to a healthcare professional and followed those visits up when necessary.

There was a full programme of activities which were designed to be appropriate for the age range and abilities of people who used the service.

Is the service well-led?

Good

This service was well led. There was a registered manager in post with a consistent group of staff. Vacancies on the rota were covered by the existing staff team.

Summary of findings

There was a quality assurance system in place which led to service improvements where appropriate.

The manager had made statutory notifications to the Care Quality Commission where appropriate.

Pinfold Lodge 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.

An unannounced inspection of this service was carried out on 06 November 2014. The inspection team was made up of an inspector, an expert-by-experience with experience in adult social care and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was also a qualified nurse. The specialist advisor was a qualified nurse and an expert in clinical governance with experience of working within acute and community settings. There were 28 people living at Pinfold Lodge on the day of the inspection.

Prior to the inspection we reviewed all the information we held about this service including notifications we had received. Before the inspection, the provider completed a Provider Information Return (PIR) which we used to inform our inspection. 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 looked at care plans for six people who used the service, records relating to the management of the service, observed the administration of medication and checked the management of medicines looking at medicine administration records (MAR). We reviewed three staff files and the daily rotas.

We spoke with six people who used the service, five relatives and the registered manager and interviewed six care, nursing, domestic and activity staff.

Is the service safe?

Our findings

This service was safe. People who used the service and their relatives told us that they felt safe. One person told us, "I feel safer than I did at home. There is someone around if you fall." A relative told us "There were a couple of incidents regarding an unsafe sling when the usual one was in the wash but after I raised it, it was resolved immediately." We observed that people were kept safe because there were sufficient staff to support people in every area of the service on the day of our inspection. This was confirmed when we looked at the staff rotas. On the rotas we saw that each day was covered by the registered manager, their deputy or a senior member of staff.

We reviewed three staff recruitment records and saw evidence that safe recruitment practices had been followed. This was confirmed by all the members of staff we spoke with, who told us that they had attended a formal interview and provided information regarding their work history. They also confirmed that they had not started work until their Disclosure and Barring Service check had come through and their references had been verified.

Staff told us that they understood how to safeguard people and could tell us about different types of abuse. We saw from training records that staff had received training in safeguarding vulnerable people although for some staff this has been some time ago and they may have required an update in knowledge. Staff were able to give us direct examples or respond to presented scenarios that demonstrated they had the knowledge to identify and alert someone to the possibility of abuse. There had been five safeguarding alerts made to the local authority by staff at Pinfold Lodge. Two were related to the poor condition of people arriving at the home from either hospital or another service. One was related to incorrect paperwork being given to ambulance staff. The fourth was regarding a carer's attitude towards people who lived at the home and the last was relating to staff querying a person's response to medication which was found to have been prescribed incorrectly by the prescriber. All of the alerts resulted in action being taken by the service. The responses showed that the service was pro-active and vigilant in monitoring people and staff. Actions taken included seeking immediate medical assistance, reviewing policies and procedures, appropriate and timely reporting of incidents to the relevant agencies and appropriate internal procedures regarding staff. There was a safeguarding policy in place and the service was appropriately following local safeguarding protocols.

We observed staff providing physical support for people throughout the day and any procedures to be undertaken were carefully explained to the person prior to the procedure being carried out sensitively and safely. This meant that people who used the service could be confident that staff were aware of how to keep them safe. Safety checks of equipment had been carried out and were up to date.

Accidents and incidents had been recorded. These were also checked by the registered manager who completed an accident pattern tool. The completed forms were succinct and included actions taken such as training needs identified and training organised. This showed the manager and staff were learning from these events and making improvements.

When we reviewed care and support files of people who used the service we saw that risks to people's health and wellbeing had been assessed and where a risk was identified, there was information to inform staff how to manage the risk. We saw that appropriate moving and handling risk assessments had been completed for people and that the appropriate equipment was in place. When people had presented with any medical needs staff had sought professional input from the appropriate health and social care services. These risk assessments were reviewed on a monthly basis. We could see that risks to people's health were managed well by staff.

We looked at how medicines were managed at Pinfold Lodge and inspected medicine administration records. Trained staff dealt with medicines for people who used the service. Medicines were stored in a locked trolley and the trolley was stored in a locked medicines room. We found that medicine was stored, recorded and administered safely in line with current guidance. However we did note that the creams and lotions cupboard was not locked and the creams were not dated when opened. We checked the controlled drugs (CD) and found that correct procedures had been followed. A monthly check was carried out on the CDs but this was not recorded in the CD book. Fridge temperatures and room temperatures were checked and recorded.

Is the service safe?

Medication training was done by all staff administering medication and checks were carried out by the manager on a monthly basis. These checks were fully recorded. There was a medicines management policy in place but this had been written in 2009 and was last reviewed in 2012 so may have needed an update. Any errors in medication administration were fully recorded in the person's care file and on an accident form. We saw evidence that if there were any discrepancies or errors, medical assistance had been sought immediately. There were no major errors recorded since the last inspection.

Is the service effective?

Our findings

We reviewed three staff files and saw that when staff started work at this service they received an induction. They then went on to complete further mandatory training. The staff files we looked at confirmed that training in safeguarding, fire safety, moving and handling people, food hygiene and health and safety had been completed by most staff. Specific training relating to people's medical conditions had also been completed including dementia awareness, palliative care, mental health, deprivation of liberty and wound care. To support the staff and ensure they had up to date training, the registered manager monitored the training needs of all staff. This was also discussed regularly at staff meetings. This meant that staff were able to highlight further training needs when appropriate. However, we noted when looking at the training matrix that a very low number of staff had completed first aid and mental capacity/deprivation of liberty training. This may have impacted on the response to incidents and the level of understanding of staff relating to capacity. One member of staff told us "I am doing my National Vocation Qualification (NVQ) training. I want to better myself and improve people's social interaction from the minute they arrive here".

When we interviewed staff they told us that they had attended supervision sessions although these were not always regular. Each member of staff was supervised by a more senior member of staff in order to ensure that the responsibility for staff supervision was shared. The manager had highlighted supervision frequency as an area for improvement and senior staff were developing a more robust system at the time of our inspection. However we saw that there was an inconsistent approach; some staff had not had any supervision in 2014 and others had three or four sessions. When we spoke with staff they told us that the manager was very approachable and the senior staff were always happy to discuss any issues. Staff felt enabled to discuss any work related matters and personal development with senior staff which would enhance their practice. We also saw evidence that where staff were struggling or needed support this was given through both formal and informal channels.

We could see that the service was appropriately decorated. There were further improvements being undertaken on the day of our inspection. People's bedrooms were decorated in a style that was appropriate for them. We asked people if they were able to navigate around the building safely and they told us they were. There were several communal areas for people to use and these were equipped accordingly. A maintenance programme was in place and we saw that much improvement work had been carried out within the home since our last inspection. There were only a small amount of people using the service with a dementia related condition at the time of our inspection and the staff were considering how to make the environment easier to navigate as part of the improvements. This included signs indicating toilets, bathrooms and people's rooms. Rooms were bright and airy and flooring was plain and level. This meant that the environment was adapted appropriately for people with a dementia related condition.

We observed mealtime in the dining room and saw people receiving support from staff to eat and drink in their own rooms and in lounge areas. On the day of our inspection people were eating various meals according to their personal choices from a menu. Staff were friendly and encouraging with everyone and were ensuring that people had clean clothes protectors and feeding aids in place before the food arrived. The food was warm and fresh looking. Staff checked that everything was to their liking and offered sauces and drinks. People who used the service made comments to us including "I find the food very good, there is always a choice and they're always coming round with drinks", "I prefer to stay in my room. I choose what I have. If I want a drink in between I ring my bell" and "I choose what I want for dinner, it's a fairly good menu. The food is quite good and you get plenty to drink." People were given sufficient to eat and drink. Although the menus had not been checked for nutritional balance by a professional, the chef explained that they used common sense to get a balance of food groups across the day. We saw evidence that all staff had completed food hygiene training.

If someone was assessed as being at risk of malnutrition through use of a nutritional risk assessment staff had made a referral to the dietician. People who were identified as at risk of choking had then been assessed by the Speech and Language therapy (SALT) team. The SALT team were then able to risk assess the person and give guidance about the types of food or the way food should be prepared in order to minimise any risk. Staff were aware of people's specific needs which were recorded in the person's care plan and that information was passed to all staff.

Is the service effective?

When we examined care and support plans we saw that people's health needs had been reviewed and people had been referred for specialist support. We saw examples such as visits to the GP and a physiotherapist. This meant that people were supported by staff to access specialist healthcare when it was necessary.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. We saw several applications had been made to the local authority for deprivation of liberty safeguards to be put in place. The manager was aware of how to make an application. When we spoke with care staff they were not always clear on the process for DoLs and mental capacity assessments. However, the registered manager was aware of this as a training need and was looking at ways staff knowledge could be improved at the time of our inspection. There was a policy in place regarding DoLs and MCA.

Is the service caring?

Our findings

We observed that staff interactions with people were good. The staff were cheerful and friendly. People told us that they were happy to talk to any of the staff if they needed to discuss anything. Staff and people who used the service knew each other by their first names and appeared relaxed in each other's company.

One person who used the service told us "The staff are very caring" and another said, "The nurses listen to you, although the carers are sometimes just here to do a job." A relative told us "I feel fully involved with the care and the planning." Another commented "They are a good bunch of girls looking after the residents and caring well for them. They are flexible in their approach and see what people need." Our observations confirmed that people felt well cared for and relaxed within their home environment.

Each person had their own room and we saw staff knocked on the door before entering ensuring that people had their privacy maintained. Staff responded to peoples wishes positively and spoke to them in a respectful manner. They were compassionate and supportive to people and worked in a discreet way when they were providing support such as personal care.

We observed staff giving people information about what was going to happen to them. For instance, we saw a member of staff explain what was going to happen throughout the rest of the day. This was done in appropriate language and with enthusiasm. The staff member listened when the person asked repetitive questions and answered each time carefully and sensitively. When we spoke with staff they told us about the ethos of the home and the importance of listening to each individual. One staff member told us "I try to involve people in what is happening in the home. It's important to keep people stimulated and involved."

We saw that people who used the service and their relatives had been involved in setting up and reviewing care plans. One person who used the service told us "My son and daughter brought me here and things are always discussed with them if there is anything to be decided." A relative told us "The care is very good although the staff haven't always got time to spend with individuals and there can sometimes be a post lunch gap when staff seem to disappear." Another relative also commented on this, but neither felt it was impacting on their relative getting the care and support they required. We discussed this with the manager who told us that they had recognised the issue and were looking at ways to ensure that staff were visible and available at all times.

There was an activity programme in place and during our inspection we observed several different activities happening. A game of bingo played after lunch in the lounge was lively and inclusive. Carers were assisting and encouraging people to join in and we saw that around 20 people joined in. Relatives were also encouraged to join in and staff were welcoming and friendly.

Two relatives commented to us that it was very positive that they were able to join their relative for a meal if they chose. One relative said "The food is marvellous. There is a very wide choice and its very good quality. More importantly I am able to enjoy a meal with my relative on a regular basis which is very important to me."

Is the service responsive?

Our findings

We saw that people's care files were person centred and kept up to date. There were separate care plans for each area of need. For instance in one person's care plan we saw there were completed documents regarding physical health, mental health, personal care, communication, continence, nutrition and pressure care. Each of the care plans included details of the person's care needs, the interventions required and the person(s) responsible for supporting the needs. This meant that people's care profiles included a wide range of information designed to assist staff to support them effectively. When people's needs changed this was clearly recorded. An activity assessment and care plan had also been completed to promote effective interaction with the individual. There was a record of activities participated in and details of the involvement of families.

Daily notes were up to date, detailed and respectful of the individual person. We noted that some care plans were handwritten rather than typed which may have caused problems if staff's handwriting was not legible. We also noted that not all the care plans we looked at were signed by the person or a family member. When we spoke with people about their care plans they were not always aware of the content. One person told us "I have never heard of a care plan, it must be something my son and daughter deal with." Another said "They keep everything in the office." A relative told us "I have felt fully involved in care planning for my relative." Although people were not always aware of their care plans, each one was individualised and gave detail of the person's wishes and preferences.

People were encouraged to maintain their family and other social relationships and we spoke with relatives of people who used the service during our inspection. They told us that they had been involved in helping write care plans. They also told us they were kept informed of their relative's wellbeing and any health issues or interventions.

We spoke with people and relatives about raising concerns and having involvement in developing and improving the service. One relative told us "There have been residents meetings where you can give feedback but it has been quite a while since one was held." Another relative told us "I think you could give feedback at the residents meetings or just make suggestions to staff." Records showed that the last resident meeting had been in August 2014 and topics discussed included activities, meals and personal care. Staff had asked for feedback and suggestions. Any actions taken following the meeting had been clearly recorded and this showed that the staff and the registered manager had responded pro-actively to any suggestions made.

People told us they would raise concerns or make a complaint if they wanted to do so and they felt this was easy to do. All those we spoke with felt that there would be a satisfactory response from staff. Complaints records showed that two complaints had been received since our last inspection. The complainants had received full responses including information about the action that had been taken. The investigations undertaken were seen to be very thorough and records showed whether the complainant was now happy with the outcome. Neither of the complaints we looked at were of a serious nature. A relative told us "I do complain when necessary. I usually see a response but if I didn't I am aware of how to take it further." Another relative told us "I do know how to make complaints although I don't have any concerns at the moment." A person who used the service told us "The manager has ensured that I know how to raise any concerns although I have never had anything to complain about."

Is the service well-led?

Our findings

There was a registered manager who had been in post at this service for one year. At the time of our inspection the registered manager was due to be leaving in a few weeks' time and recruitment had already started for a new manager. The registered manager told us that they had an open door policy for staff, people who used the service and visitors.

Staff told us that they liked the manager and that they were very supportive. They told us that they felt part of a team. People who used the service also told us that they liked the manager and that they saw them regularly around the home. One person told us "The manager is very good and her door is always open." Another told us "Whatever it is I will see the manager or one of the nurses and it gets done. The staff are very proud of what has been achieved and are anxious to continue all the things the manager has started when she leaves."

Regular staff meetings were also held for staff so that the manager could share information. Staff were encouraged to express their opinions and question practice and minutes showed that this happened in a constructive way on a regular basis. We observed staff approaching the manager during the day to ask for advice and guidance and they always got a polite response, including encouragement to make decisions for themselves, where appropriate.

When we spoke with the registered manager they were clear about the key challenges for this service and how they might address them. In the minutes of the resident meetings we saw that people had asked questions on a variety of topics and were given open and honest answers. They were able to make suggestions and give feedback about various elements of the service and the manager and staff responded to this very positively.

The manager carried out regular audits of the environment, equipment, care plans, risk assessments, training, activities and medicines to ensure the quality of the service. Some were completed monthly and others were done as regular spot checks at different times of the day. This enabled the manager to plan improvements and ensured consistency of the quality of support across a full 24 hour period.

There were monthly quality assurance visits from the general manager which looked at areas such as environment, staff files, and documentation. This ensured that the manager was aware of any potential improvements needed.

When we asked the manager to provide a range of documents to demonstrate how the service was run they were able to do so immediately and were able to sit and discuss them with us. They showed a good knowledge of this service and of the needs of people who used the service.

There had been five safeguarding alerts raised by the manager of this service and these had been investigated thoroughly and improvements made to prevent the same incidents being repeated. The registered manager had made all appropriate notifications to CQC as required by law.