Pinxton Manor Limited

Pinxton Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 and 10 June 2016 and was unannounced.

There is a requirement for Pinxton Manor Nursing Home to have a registered manager and a registered manager was in place at the time of this 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.

The service is registered to provide nursing and residential care for up to 40 people, including some people living with dementia. At the time of our inspection 37 people were using the service.

People were supported by staff who were kind and caring. People's choices and decisions were respected. Most of the time care and support respected people's privacy and dignity. People's independence was supported.

People received responsive and personalised care from staff who understood them. People were supported to engage in enjoyable interests and activities, either with other people or in activities that could be started and stopped to suit people's choices. People were asked for their views and people knew how to raise concerns or make suggestions.

The registered manager had taken steps to make sure people were cared for safely. Sufficient numbers of staff were deployed to meet people's needs. Any risks to people were identified and assessed and monitored. Medicines were well managed and safely stored and administered.

Staff sought people's consent before they provided care and support. Some people were subject to restrictions and the provider had identified where their support needed to be reviewed. This ensured the principles of the Mental Capacity Act (MCA) 2005 were followed.

People were supported to enjoy mealtimes and received sufficient food and drink that met their nutritional needs. Staff were supported through supervision and training and demonstrated knowledge of people's needs. Staff received training in areas that were relevant to the needs of people using the service. People were supported to access other health care services as required.

The registered manager was viewed as being open and approachable and involved in the day to day management of the service. The registered manager was supported in their leadership by motivated and supportive staff. Records were maintained and checks on the quality and safety of services provided to people using the service were completed.

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 cared for safely and risks, including risks from medicines were identified and managed. Sufficient numbers of staff were deployed and recruitment processes to ensure staff were suitable to work with people using the service, were followed.

Is the service effective?

Good

The service was effective.

Staff received training and support to enable them to care for people effectively. People enjoyed their meals and received sufficient nutrition. People received support from external health professionals when required. Policies and procedures were in place to support the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Most care and support was provided in a way that respected people's privacy and promoted their dignity. People's views and opinions were respected and people were involved in their own care.

Is the service responsive?

Good

The service was responsive.

People received personalised and responsive care and support and their preferences were understood and respected by staff. People were asked for their views and understood how to make a complaint or offer feedback.

Is the service well-led?

Good

The service was well led.

The registered manager led with an open and inclusive style and improvements and developments to the service were based on

good practice. Staff were motivated and understood their roles and responsibilities. Checks were completed on the quality and safety of services.

Pinxton Manor 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 visit was unannounced and took place on 7 and 10 June 2016. The inspection was completed by one inspector who was accompanied on 7 June by a specialist professional advisor with experience of nursing care.

We reviewed relevant information, including a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked whether we had received notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with six people who used the service. We spoke with four care staff, the maintenance person, one domestic staff member, the registered manager and the regional manager. We looked at four people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Pinxton Manor Nursing Home. One person told us, "There's always help if I need it." People we spoke with told us they would talk to staff if they had any worries. One person said, "I'd be happy to talk to any of the staff." Families we spoke with told us they felt their relatives were cared for safely and staff also shared this view. One staff member told us, "People are totally safe here."

Records showed and staff told us, they received training in safeguarding. Staff we spoke with understood how to report any safeguarding concerns. Staff told us how they would identify any sings of potential abuse and told us they would report concerns to their manager and the local safeguarding team. Staff recruitment files showed that staff employed at the service had been subject to pre-employment checks. These helped to ensure staff were suitable to work with people using the service. For nurses, the provider had checked their registration with the Nursing and Midwifery Council (NMC) was valid. The provider had taken steps to reduce the risk of abuse to people using the service.

People we spoke with were satisfied with the arrangements in place for the management of their medicines. One person told us, "I can always have a paracetamol if I have a headache." We observed staff administering medicines to people. Staff checked people were available to take their medicines before preparing them and stayed with people to ensure medicines were taken. This helped to ensure medicines were administered and managed safely. We saw medicines administration records (MAR's) were updated after people had had their medicines. Staff we spoke with told us this system helped reduce the risk of medicine administration errors because the process was clear and easy to use. We reviewed a recent external audit of medicines management completed by the local clinical commissioning group where the service had achieved a score of 99%. The service were taking action on the one area of improvement required which was to obtain the signature of a pharmacist when any medicines were given covertly by being mixed with food or drink. This demonstrated the provider took appropriate action.

Temperatures were monitored and were within the correct temperature range for the safe storage of medicines. The provider's medicines policy and procedures provided staff with guidance to follow for the safe management and administration of people's medicines. We saw the Staff who administered medicines had completed up to date training. People's medicines were administered, managed and stored safely.

Risks to people's health and wellbeing, as well as risks were identified with people's involvement and steps taken to reduce risks where possible. One relative told us, "Staff help [my relative] dress, they pop in at night and make sure [they] use their walker." Another relative told us staff made sure their relative always had softer textured food to reduce risks from choking. Risk assessments were in place for when people had been assessed from risks such as falls or pressure areas. People at risk of malnutrition had their weight monitored and if people lost weight referrals had been made for specialist advice. These actions helped to ensure any risks to people were identified and well managed.

People told us staff were available to provide support when they needed it. People's comments included,

"[Staff] do come quickly, there's help if I need it," and, "Staff come quickly; Some come running if I need them." One family member told us, "[Staff] are always talking to [my relative]." Another family member felt meal times were busy and sometimes staff were busy if a number of call bells went off at the same time. Staff we spoke with told us there were enough staff to meet people's needs and that senior staff and the registered manager would always help out during any busy times. During our inspection we saw staff had time to meet people's needs, including providing time with people and to engage them in enjoyable conversations and activities. We saw staffing levels were planned based on people's needs and that these were reviewed and updated by the registered manager. This demonstrated the staffing levels were sufficient to meet people's needs.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to help people effectively. One person told us, "Staff know if I'm poorly." Records confirmed that staff training was regularly provided in areas relevant to people's needs. Staff told us they had the training they needed to provide care to meet individual people's needs and that training was kept up to date.

We saw people were asked for their consent about their care before staff provided assistance and support. One person told us, "Staff always ask me if I want my hair done." We observed staff asking people whether they required any help and support throughout the day. For example, one member of staff asked, "Have you finished with your dinner?" before removing their dinner plate and offering pudding. This showed that the staff checked people were happy to have support before they provided it.

Staff told us they felt well supported by the registered manager and other staff members. One staff member said, "We've got a good team; we all work together and I know where to go for support." Records showed staff had regular supervisions and staff confirmed they could approach their managers for support in between supervision meetings. In addition, staff meetings were held on a regular basis. This showed that staff were being supported to develop their skills and knowledge to provide care and support to people using the service.

We observed that people were supported to enjoy their lunchtime meal. One person told us, "I can't grumble about the food at all; There are three choices and always something I like." Another person told us they were always offered a choice of meals and told us they were always asked, "What would you like?" We saw that fresh fruit salad and biscuits were available as snacks for people and people were supported to have plenty to drink. Kitchen staff had a good knowledge of how to increase people's nutritional intake and were aware of people's food allergies and how to support people with any special dietary requirements. For example, people who required special diets to manage their diabetes were offered puddings made with sweeteners rather than sugar. We saw aids and adaptions were used to help people maintain their independence with dinning. For example, plate guards were used to help keep food on some people's plates and lidded cups were used for drinks where people found a tea cups or mugs could spill too easily.

We saw that external health and social care professionals were involved in people's care and people saw a range of other health professionals as appropriate. People told us they could see the GP or other health care professionals when they wanted. This meant people received appropriate care and support for their health and care needs.

Where people did not have capacity to make a decision we saw arrangements were in place so that any decisions relating to their care followed the principles of the Mental Capacity Act 2005 (MCA). 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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made 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). The provider had identified and submitted the relevant applications where people required an assessment and authorisation for a Deprivation of Liberty. Assessments had not been completed at the time of our inspection; therefore the outcomes to these applications were unknown. We also saw that mental capacity assessments and best interest decision making processes were followed when specific decisions were being considered. For example, strategies for staff to follow when people were anxious.

Good

Is the service caring?

Our findings

People we spoke with told us they felt staff respected their privacy and promoted their dignity. Staff told us they asked people if they could shut the blinds in their bedroom if assisting with personal care. They also told us how they would make sure a people's clothing covered them appropriately whilst assisting them to move. Some people received their medicines in their own bedrooms; however one person was asked if they wanted their eye drops administered while they were at the dinner table. Although this person agreed, the person could have been offered more privacy if they were given the choice to have their eye drops administered in their own bedroom. We spoke with the nurse and regional manager regarding this. They confirmed they would expect staff to administer medicines, such as eye drops, in people's own bedroom to promote their privacy and dignity and they told us they would remind staff of this practice.

People told us they enjoyed spending time with staff and they felt staff were kind and caring. One person who was spending time in their room told us, "[Staff member] came and put the [name of film] on for me this morning; it's one of my favourites." We saw staff asked people how they felt throughout the day and one person told us, "Staff always ask if I am okay." One family member told us, "I can't fault the staff at all." Another relative told us, "They are very caring." Throughout our inspection we saw staff were cheerful and kind to people. We heard staff speaking kindly and smiling with a person about their meal, they said, "Is it nice? Good, I made it for you." Another staff member spoke warmly with a person and complimented them on their clothing, they said, "They look lovely." Another member of staff spoke with us about how they enjoyed getting to know a person who had recently moved in. They told us they, "Keep popping in to see them and waving and smiling." Staff built up warm and positive relationships with the people they cared for.

Care plans were written to support people's involvement in their care. For example, people's memories and experiences from when they were younger had been recorded so as to help staff understand the person more. One family member told us, they had been invited, along with other family members to be involved in a review their relative's care plan. People we spoke with told us they had been involved in recent decisions over the refurbishment of the service, including choosing the colours used in their bedrooms. People's views were listened to and people were involved in their care and support.

People were supported to maintain their independence and we observed that after assisting a person to safely reach a recliner chair, the staff member gave the chair controller to the person. This meant they were able to independently adjust the chair themselves into a position that suited them. People were also supported to maintain their independence in other areas, for example, people were given their medicines so they could take these themselves.

Good

Is the service responsive?

Our findings

One person told us staff provided responsive care to them. They told us, "I only have to say, 'can you wash my skirt,' and it's done and ready for me to put on." Staff were flexible and adapted their approach depending on what people, including those people living with dementia. For example, staff engaged one person who had been walking around in a conversation. This interaction prompted the person to ask for help using the bathroom and the staff member supported them. Afterwards the staff member helped the person choose an important item to have with them and we saw that this made the person happy and contented. Other staff spoke of sitting with a person who enjoyed plaiting the staff member's hair. This demonstrated the staff responded to people's needs in a personalised and responsive way.

Some people were supported by a member of staff to spend time outside in the garden. We could tell from the conversations people were having that they were enjoying themselves. People had kiwi fruit, melon and grapes to eat while they read and reminisced about trips to the seaside when they were younger. Inside, we saw a jigsaw had been placed out on a table for people to add to as they pleased. At other times staff engaged people with games and baking cakes. We saw another person happily checking the tables were set ready for lunch. Staff supported people with enjoyable pastimes and for those people living with dementia, activities that could be started and left as suited each person had been placed around the communal areas.

From the care plans we reviewed we could see how the care and support provided was responsive to people's needs. Staff were provided with guidance on how best to engage people whose behaviour, may at times, provide some challenges. For one person, staff were guided to maintain eye contact and give reassurance and acknowledge how the person felt. Daily records showed staff identified any changes in people's health and took actions in response. We observed staff knew a person felt unwell and we saw they worked as a team to make regular checks on the person.

We saw meetings were held with people and their families and people were asked for their views on the quality of services provided. One relative told us, "Any worries, concerns or suggestions can be bought up at meetings." They also told us if they could not attend in person they felt they could send a letter containing their views. Meetings had been used to discuss people's views, preferences and choices over the refurbishment project. We could see people had been consulted about the plans to introduce new ideas for some of the communal areas as well as the recent changes to the management team. One family member told us, "I've been asked for my views and we've spoken about choosing new curtains." People's views were listened to and acted on.

People were supported to maintain relationships that were important to them. Family members told us they were made to feel welcome when they visited and that friends were also supported to visit people. One family member told us friends also brought along their pet dog which their relative enjoyed seeing.

People told us they had no reason to complain, however they would feel confident to should they need to. One person told us, "[Staff] ask me if I am satisfied. I should tell them if there's something wrong and I would

complain if I needed to." One family member told us, "I have nothing at all to complain about." Another family member did tell us they had talked with the registered manager regarding some issues and these had been resolved to the person's satisfaction. The provider had a complaints policy in place so that any complaints raised were dealt with within a set timeframe. We saw that any concerns or complaints were recorded and investigated. In addition any compliments were also recorded and shared with the staff team. We saw procedures were in place for people to raise any concerns and people told us they were able to share their views.

Good

Is the service well-led?

Our findings

Pinxton Manor Nursing Home is required to have a registered manager and a new registered manager had been in place for six weeks at the time of our inspection. The registered manager had worked at the service previously and was therefore well known by people, families and staff. Providers and registered managers have responsibilities to send in written notifications when required to tell us about any important changes, events or incidents at the service. We found that written notifications for some recent incidents had not been completed as required. In addition, notifications had not been received for other incidents prior to the registered manager being in post. We discussed these incidents with the registered manager and found they had been resolved with the inclusion of other professionals, including the local authority and clinical commissioning team as required. Since the inspection the registered manager has sent through written notifications as required.

People using the service knew the registered manager and told us they would be happy to talk to them about any issue. One person told us, "I've spoken to [registered manager] today." The registered manager had support from a regional manager and senior staff members as well as a stable staff team. Throughout our inspection we saw the registered manager and regional manager both spending time talking to people, their families and staff. This showed that the management team were available for people to discuss any ideas, suggestions or issues.

Staff working at the service understood their roles and responsibilities. Staff had lead roles, such as being responsible for accident and incident report analysis and continence promotion. Staff spoke highly of working at the service, some of their comments included, "I'm loving what I'm doing and really enjoy the interaction," and, "We've got a good team, we all work together." Staff also told us they felt the registered manager was open and approachable. Staff members told us, "[Registered manager] is fair and approachable. I can go to [them] with anything and [they] will keep it confidential," and, "You can approach [registered manager] with ideas and [they] support you to go ahead with them. They give you encouragement to go ahead and succeed." This showed that the service was being developed with an open and approachable leadership style that involved, valued and motivated staff.

We spoke with the registered manager and regional manager about the service and their ideas behind the current refurbishment. They told us the ethos of the service was for people to be fully involved in their care. To support this, the staff were encouraged not to wear uniforms and to wear smart everyday clothes with bright coloured tops. The regional manager told us this practice was based on studies in dementia care settings which supported the idea that people living with dementia responded and could distinguish people more through bright colours rather than everyone looking similar in the same uniform. The regional manager was also attending a conference, the week after our inspection, with leading speakers in dementia care. The regional manager was motivated to bring other good practice based ideas into the service to support people living with dementia. Some of the plans already in discussion with people, families and staff included creating a shopping street scene along corridors to add interest and reminiscence activities. Another good practice initiative that had already been introduced was painting people's bedroom doors a colour they liked and so could recognise their room. Further ideas to support people living with dementia

were in development, including memory boxes next to people's bedroom doors, again to aid recognition; and more visually contrasting tableware to help people distinguish more clearly the table settings and their meals. Staff were positive about the developments, one staff member told us, "We're doing up the home, it's lovely to see it re-vamped. The [registered manager] has big plans, they put their heart and soul into everything."

We reviewed records relating to the care people received and how the home was managed. Records had been maintained and were up to date. The registered manager and regional manager spoke about current changes to care plan records. Plans were being made to transition care plans onto a computer based system that would work alongside the already established computer based medicines administration systems. Systems were also in place to check on the quality and safety of services. For example, we saw records of maintenance checks completed on emergency lighting and equipment such as wheelchairs and people's beds. This meant that systems were in place to check on the quality and safety of care provided.