South Coast Nursing Homes Limited

Pentlands Nursing Home

Inspection report

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Date of inspection visit: To Be Confirmed
Date of publication: 20/01/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 28 and 29 September 2015 and was unannounced. Pentlands Nursing Home is a care home with nursing services and is registered to provide accommodation and care for up to 32 older people.

Pentlands Nursing Home is a large detached building with accommodation on two floors and a passenger lift to all the floors. The service currently provides a service to 32 people.

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 2008 and associated Regulations about how the service is run.

People told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. There were good systems in place to make sure that people were supported to take medicines safely and as prescribed. Risks to people had been assessed and plans put in place to keep risks to a minimum. There were enough staff on duty to make sure people's needs were met. Recruitment procedures made sure staff had the

Summary of findings

required skills and were of suitable character and background. Staff told us they enjoyed working at the service and that there was good team work. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively. Staff were supported by an open and accessible management team.

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. The registered manager had taken appropriate action and people were not restricted unnecessarily. Best interest meetings were held where people had limited capacity to make decisions for themselves.

People told us that staff were caring and that their privacy and dignity were respected. Care plans were person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met. People were supported to maintain their health and had access to health services if needed. People's needs were regularly reviewed and appropriate changes were made to their supportif required. People had opportunities to make comments about the service and how it could be improved.

There were effective management arrangements in place. The registered manager had a good oversight of the service and was aware of areas of practice that needed to be improved. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

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.

Medicines were managed safely.

Staff understood safeguarding procedures in order to protect people from harm and knew what action to take.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs.

Recruitment procedures ensured that staff were of suitable character and background to work in a care setting.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported to maintain good health and had access to relevant services such as a GP or other healthcare professionals as needed.

Requires improvement

Is the service caring?
The service was caring.

People told us that they were looked after by caring staff and warm, friendly relationships had been developed.

People and their relatives were involved in making decisions about their care and treatment.

People were treated with dignity and respect whilst being supported with personal care.

Good

Is the service responsive?
The service was responsive.

People received personalised care.

Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who had good oversight of the service.

Staff told us that management was supportive. There was a positive, caring culture at the service.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

There were opportunities to feed back their views about the service.

Pentlands 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 28 and 29 September 2015 and was unannounced. The inspection was carried out by three inspectors, a specialist advisor in nutrition and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and complaints made about the service. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR 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 used all this information to decide which areas to focus on during our inspection.

We looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at four care records, two nutritional records, recruitment records, the staff rota, notifications and records of meetings. We spoke with eight people who received a service and four visiting relatives. We met with the registered manager and deputy manager. We also spoke with four care staff, the chef, the activity coordinator and a hairdresser who was visiting on the day.

The service was last inspected in November 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People told us that they felt very safe and secure because, "The staff are always about". People said that call bells were answered within a reasonable time. Some people said it sometimes took longer to answer at night but that this was acceptable to them. We observed that when an alarm was triggered in one person's room, a member of staff came immediately. A relative told us that " I never have any worries about the staff, they are efficient and I trust them."

Staff had received training in safeguarding people, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected. Records showed that any incidents or accidents were logged and appropriate action taken. Where required, care plans and risk assessments had been updated following a management review of incidents. People's care plans included details of risks and there was clear information for staff about how to minimise risks and how to safely support people. Up to date risk assessments were in place regarding areas such as personal care and mobility. Some people had been identified as known to show distressed reactions and responses which could manifest as threatening, shouting or crying. Where this was the case, care plans included risk assessments about managing behaviour safely. Other professionals, such as a psychiatrist, were involved for advice and support.

All parts of the building were well maintained and the environment was clean and clutter free. There were up to date risk assessments in place for the environment. These included fire safety, slips and trips and hazardous substances. We observed staff using support aids to lift and transfer people and this was carried out competently and safely. Fire checks were not always completed in line with when the risk assessment stated it needed to be done. This was brought to the attention of the registered manager at the time of visit. The registered manager was aware they had not been carrying out these tests as regular as they should and had an action plan in place to meet this shortfall. The registered manager said she is appointing a fire marshall for the home whose role would be to check they were completed. The registered manager said she would then check this when she did her audits of the service quarterly.

There were regular health and safety compliance meetings with representatives of the provider and relevant staff to review practice and make sure the service was maintaining a safe environment. Overall, the environment was kept hygienic and clean and equipment was well maintained. Staff were seen to be using personal protective equipment, such as disposable gloves and aprons, where necessary. One member of staff was infection control lead and they were responsible for making sure the service was meeting good practice guidance. The service had up to date guidance on infection control in order to promote good practice.

Recruitment records showed that all the necessary background checks were carried out before new staff were able to start work. Records held evidence of a criminal records check, references and proof of identification. A staffing dependency tool was used to make sure staffing levels were safe and sufficient to meet the needs of people who used the service. The registered manager explained that this was reviewed weekly and whenever there was a new admission. The registered manager told us that agency staff use was rare and this was reflected in the rotas sampled.

People who used the service were unable to take their own medicines and relied on staff to make sure they took their medicines as prescribed. Each person who needed their medicine to be administered by staff had a medication administration record (MAR). MAR charts showed each medicine to be taken as well as the dose prescribed and time of day it needed to be taken. Staff signed the MAR after administration and we found no unexplained gaps in recording. MAR charts were regularly checked and audited by management to identify if there had been any errors. Records showed that where errors had been identified, appropriate action had been taken. Some people were on pain medication in the form of a patch which were controlled drugs (CDs).These needed to be stored and managed in a particular way in line with the Misuse of Drugs Act 1971 and associated legislation. We found the

Good

Is the service safe?

storage of CDs was safe and all medicines were accounted for and recorded correctly. CD usage was monitored by the service and the GP was consulted to make sure CDs were being used correctly and when needed.

Requires improvement

Is the service effective?

Our findings

Some people told us they could still make their own decisions, whilst others would refer to their family members. One person told us, "We make decisions together." Another person told us, "I don't like the hoist, I used to go to the lounge but found activities like Bingo to be boring." The person also told us they would go to the lounge when there was music, singing, and balloon exercises.

A relative told us, "They work very hard and are aware of my mother's needs, some have been here for years so they must enjoy their work" and another said, " I think a minority of carers need to remember that it is very important to replace items in their original place for a blind person,for example, clock, hairbrush or litter bin. It is also important to include her in the conversation and not talk over her head while they attend to their tasks – the majority understand this."

People referred to the food and said, "It was very good." One person told us "The food is very good, but I am the furthest from the kitchen and by the time I get it is cold. I wish they could get a hot trolley or something that ensured my meal was hot."

Staff received the support they needed to provide effective care. Staff members told us they received a suitable induction when they started working at the service including the Care Certificate. The Care Certificate aims to equip support workers withtheknowledge and skills which they need to provide safe, compassionatecare.This included two to three weeks shadowing other staff and attending training, such as moving and handling, medicines, infection control and safeguarding. There were also opportunities to attend specialist training such as dementia awareness. Staff records sampled received supervisions where they could discuss any issues in a confidential meeting with the registered manager. Supervision records showed that these took place and included actions to be followed up at subsequent meetings.

Team meetings where the team could share information and discuss issues together occurred in line with the company policy. Staff told us that they felt supported and that there was good teamwork. The deputy manager commented "I love it. I work well with the manager and feel supported". A member of care staff told us "I like it. There is good dementia care here. It is like a family. Care staff have dementia awareness training. I feel supported by the manager. We all work together well."

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 whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff were aware of the principles of the MCA and DoLS procedures. DoLS referrals and authorisations had been made as required. We found examples of best interest meetings being held where people were unable to make decisions for themselves. However, there was a lack of clear information in a person's care record about mental capacity and how people could be supported to make decisions. We discussed this with the registered manager who agreed that improvements could be made. **We recommend that care plans are updated to include all relevant information about people's capacity to make decisions and the action to be taken where there was doubt about a person's ability to consent to care and treatment.**

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about people's health needs. There was evidence of the involvement of healthcare professionals such as a GP, dentist and district nurse.

People living with dementia received support through specialist teams and had access to a social worker.

Care plans and nursing monitoring charts sampled were up to date and completed as necessary. People were supported to have sufficient amounts of food and drink to

maintain their health and well-being. Where there were concerns about people's weight or food intake, support was being provided by the local Speech and Language Therapy (SALT) Team.

On sample of two MUST tools the % weight loss is either absent or incorrectly recorded. Appropriate actions are in place if people are identified as at risk of malnutrition. MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. **We recommend the use of the MUST needs to be revisited so all staff are aware how to calculate % weight loss otherwise high risk residents with normal BMI may be missed.**

Care plans contained clear guidance about the support required by people and any monitoring charts were completed as required. Special diets were created by the chef in consultation with clinical staff. Lists in the kitchen showed people who were currently on special diets such as soft or pureed food. The chef told us that staff advised the kitchen on the variable needs of people with diabetes, depending on their daily blood sugar levels. Food was available on demand and the menu was flexible to meet the needs and requests of individuals.

We observed a lunchtime meal. People were offered a choice of meals and people who required assistance were supported by friendly and attentive staff. For example, a lot of effort was put into encouraging people to eat with a range of optional meals and snacks being offered. Most people told us they liked the food on offer. Comments included, "Food tastes and looks lovely. Food is nice and I am quite happy. They do ask us what we would like. I am quite happy there is more than enough to eat". Another person told us, "The food varies – sometimes it is very good – sometimes not. Always have a choice. However today's choice was not good". Condiments, such as salt and pepper, were available for people to use if they wanted.

Good

Is the service caring?

Our findings

People told us that the service was caring. Comments included, “Staff are caring, they consider my individual needs, they drop in for a chat before they go off duty or they check my TV for me”, “ They do as much as they can to make me feel comfortable and at ease”, “I always know staff listen to me, my likes and dislikes, they get me a daily newspaper, I used to be in the WI (Women’s Institute) and I enjoy the garden, I even played tennis”, “I am recognised as an individual and my privacy and dignity is always maintained.”

Some people who used the service were living with dementia and we saw staff being attentive, patient and kind with them. Staff were tactile and affectionate where appropriate and people seemed to respond well to this. Relationships were easy and informal which created a homely and relaxed feel to the home. We observed staff were caring, empathic and skilled when people became upset or confused.

We observed that personal care was carried out behind closed doors and staff knocked before entering people’s rooms. People we met on our visit were appropriately dressed and it was clear that staff had supported people to maintain their appearance. Staff took time to involve people in their care and support. For example, at lunchtime a staff member was observed to kneel down to a person’s eye level and gently ask them what they wanted to eat. When providing care, staff explained to people about what they were going to do before starting the task.

Religious needs were taken into consideration. One person told us, “ have a friend from church who brings me tapes of the sermons” and another person told us, “Everything can be arranged or requested.”

Where people were receiving end of life care they were supported to be comfortable and treated with dignity. People were able to make choices about key areas of their lives, including their end of life wishes.

A ‘Do Not Attempt Resuscitation’ authorisation was in place for some people. One person’s family had been closely involved in any decisions that had to be made as they reached the end of their life. The nursing treatment being provided for this person meant they were supported to be pain free and as comfortable as possible. For those people that received end of life care there were frequent reviews of care plans to make sure that any changes in needs were identified and responded to promptly.

Good

Is the service responsive?

Our findings

People told us that the service was responsive. Comments included, " I am told what is happening and asked for my consent to do things", " I am encouraged to drink and my jug is frequently re-filled with fresh water" and "They always consider my views".

A person who was cared for in bed told us "staff are very caring and considerate, they make sure that I am OK and I am clean and tidy and as comfortable as possible, they are very kind." The visiting hairdresser told us, "I come once a fortnight, she has a very supportive family". Due to the person's changing needs a new adapted chair had been provided to help with her postural support

Most people knew about their care needs and felt well supported. A relative told us "My mother has a [health appointment] coming up. I go with her accompanied by a carer. They have found from the GP that she can have it sitting down in her wheelchair which will make it so much better".

People received person centred care which was responsive to their needs. Person centred care is about treating people as individuals and providing care and support which takes account of their likes, dislikes and preferences. Care plans were detailed and included people's individual preferences about how they wanted to receive support. There was a personal history for each person which gave staff an understanding of their character and background. The registered manager explained that there had recently been a focus on reviewing all care plans and to ensure they were up to date with all the required information. The care plans we looked at were up to date and reviewed as necessary. Areas covered included information for staff about people's health, nursing needs, mobility, personal care and medicines.

There was a clear picture of people's needs and how they were to be met. Staff members told us that care plans contained sufficient detail to provide effective and responsive care. People and their relatives were involved in reviews and the service took appropriate action where changes in people's needs were identified. We were told about person who received nursing care in bed and who could often refuse to participate in or allow personal care. We saw that this person's care plan and risk assessments reflected this so that staff could respond appropriately to their mood.

There was comprehensive information in care plans about people's nursing needs and the support required. Where people's mobility had deteriorated and they needed particular equipment to assist them, we found the service had acted swiftly to get the equipment needed.

The home provided a range of activities for people, many of which were designed specifically for people living with dementia. These included memory games, music, baking and reminiscing. Music was sometimes played in the lounge which people enjoyed. There were activity coordinators on duty throughout the week. We spoke with one of them who came across as passionate and enthusiastic about their work.

People told us they knew how to complain and felt comfortable speaking to staff or the registered manager if necessary. People told us they had no current cause to complain about anything in the service. There was a clear record of previous complaints made which had been reviewed by the registered manager. Each complaint had been logged separately, and included details of the response made. The majority of complaints had been responded to in writing or in a face to face meeting. Appropriate action had been taken in response to any concerns raised. For example a number of complaints had been received recently about the care of a family member. A meeting was arranged with relatives to discuss the concerns and how the situation could be improved. This had been reviewed to make sure action had taken place as agreed and to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

People told us that the service was well led. Everyone we spoke with considered that the home was well managed.

One person told us, “There is good leadership but you know that always comes from the top.”

A relative told us, “ The registered manager is wonderful, she is so efficient.”

Staff were aware of, and understood, their responsibilities. They told us that they felt supported by management and that there had been improvements to the service over recent months. One visiting relative told us that the registered manager had, “Pulled things together” recently and that staff were happier as a result.

We met with the registered manager. They were open and responsive throughout the inspection.

There were good systems in place to monitor and improve the quality of care provided. As well as internal audits of care practice, such as medicines management, personalised support and infection control, there were regular visits from the provider to assess the quality of the service, including unannounced visits. The registered manager said they were due an infection control audit between September and November 2015 conducted by the infection control director. The registered manager said once the audits are completed an action plan is put together and completed. Examples of the action plans were shown to the inspector which included décor suggestions, training needs identified and menu changes.

The registered manager conducted monthly audits covering accidents, wound care management, complaints, falls records. The registered manager said this identified risk areas and ensured the correct external inputs were then able to be accessed such as the falls prevention team.

Yearly surveys were undertaken to gather the views of people who used the service and their relatives. A survey had recently taken place and the results were currently being assessed. The registered manager explained that a summary of the findings would be placed in the reception area for people to look at and that this would include details of any actions taken as a result.

The registered manager and deputy manager have completed their mentorship update with Brighton university to enable them to support student nurses for their placements at the home. The University completes a thorough audit of the home and its policies to ensure suitability bi annually. This was looked at as part of the inspection.