Bupa Care Homes (BNH) Limited

Pinehurst Care Home

Inspection report

Pinehurst
Filmer Lane
Sevenoaks
Kent
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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

Pinehurst House Nursing Home provides accommodation and nursing care for up to 30 older people in Sevenoaks. There were 30 people living there at the time of
our inspection, some of whom lived with diagnosed dementia. All of the people living in the service were able to converse with us.

This inspection was carried out over two days by four inspectors on 04 and 05 April 2016. It was an unannounced inspection. As part of our comprehensive inspection, we checked that remedial action had been taken to address shortfalls identified at our last inspection in December 2014, in regard to staffing levels and documentation relevant to the administration of medicines. All remedial action had been taken to achieve compliance with relevant regulations.

There was a manager in post who was registered with the Care Quality Commission (CQC) since 2010. A registered manager is a person who has registered with the CQC 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.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

People, relatives and staff told us there was a sufficient number of staff deployed to consistently meet people's needs. Staffing levels had been calculated taking into account people's specific needs.There were thorough recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

Staff had received all essential training and were scheduled for refresher courses. All members of care and nursing staff received regular one to one supervision sessions. Staff reported feeling well supported in their roles.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the

least restrictive options had been considered.

Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. Meetings with appropriate parties were held and recorded to make decisions in people's best interest, as per the requirements of the Mental Capacity Act 2005.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People praised the food they received and they enjoyed their meal times. Staff knew about and provided for people's dietary preferences and restrictions.

People's individual assessments and care plans were reviewed monthly or when their needs changed.

Clear information about the service, the facilities, and how to complain was provided to people and visitors.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People were involved in the planning of activities that responded to their individual needs. People's feedback was actively sought at relatives and residents meetings.

Staff told us they felt valued by the registered manager and they had full confidence in her leadership. The registered manager was open and transparent in their approach. They placed emphasis on continuous improvement of the service.

There was a system of monitoring checks and audits to identify the improvements that needed to be made. The registered manager acted on the results of these checks to improve the quality of the service and care.

We made a recommendation about the storage of cleaning equipment and about suitable décor for people living with dementia.

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. There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe.

Medicines were administered, stored and disposed of safely.

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

There was an appropriate system in place for the monitoring and management of accidents and incidents.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

Safe recruitment procedures were followed in practice.

Is the service effective?

Good

The service was effective.

Staff had received up to date essential and additional training to support them in their role.

Staff had a good knowledge of each person's plan of care and of how to meet their specific support needs.

Appropriate assessments of people's mental capacity and best interest meetings were carried out when necessary and staff followed the principles of the Mental capacity Act.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was very caring.

Staff communicated effectively with people and treated them with great kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Appropriate information about the service was provided to people and visitors.

Is the service responsive?

Good

The service was very responsive to people's individual needs.

People, or their legal representatives, were invited to get involved with the planning and reviews of their care.

The delivery of care was in line with people's care plans and risk assessments.

People's care was personalised to reflect their wishes and what was important to them.

A daily activities programme that was inclusive, flexible and suitable for people who lived with dementia was implemented.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted on.

Is the service well-led?

Good

The service was very well-led.

There was an open and positive culture which focussed on people.

People, staff and relatives praised the registered manager's approach, style of leadership and support.

The registered manager placed people and staff at the heart of the service, welcomed people and staff's suggestions for improvement and acted on these. . Emphasis was placed on continuous improvement of the service.

Pinehurst Care 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 carried out 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. We also checked that remedial action had been taken to address shortfalls identified at our last inspection in December 2014.

This inspection was carried out on 04 and 05 April 2016 and was unannounced. The inspection team consisted of four inspectors.

The provider had completed a Provider Information Return (PIR) prior to 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 considered the PIR and looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events.

We looked at 15 sets of records which included those related to people's care and medicines. We looked at people's assessments of needs and care plans and made observations to check that their care and treatment was delivered consistently with these records. We reviewed documentation that related to staff management and six staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the services' policies and procedures.

We spoke with 19 people who lived in the service and seven of their relatives to gather their feedback. We spoke with the regional manager, the registered manager, the deputy manager, three nurses, six care workers, the activities co-ordinator, the maintenance manager, a chef, and two housekeeping staff. We talked to a nurse from the local hospice team and contacted two local case managers who oversaw people's care in the home. We obtained their feedback about their experience of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in Pinehurst. They told us, "I could not be in a safer place, especially with so many wonderful carers always at hand", "You feel safe here; they [staff] are always willing to listen and I can't think why I wouldn't be safe here" and, "I told my daughter I feel safe here; I decided to leave my home as I'm not steady on my feet and I'm now in an environment where if I need help I just call the emergency button and they come straight away." A relative told us, "My father is very safe here and is well looked after, checked regularly and cared for."

We checked that action had been taken to address shortfalls identified at our last inspection in December 2014, in regard to staffing levels and documentation relevant to the administration of medicines. All remedial action had been taken to achieve compliance with relevant regulations.

There was sufficient staff on duty to meet people's needs. Two relatives told us, "There is always plenty of staff around to help the residents" and, "There are always staff everywhere, they are very caring and look after Mum very well." A health care professional told us, "There is continuity as the staffing is stable here." People's individual needs were assessed and this information was used to calculate how many staff were needed on shift at any time. Before people came into the service, the registered manager completed an assessment to ensure the home could provide staffing that was sufficient to meet their needs. The registered manager recruited enough staff to ensure any staff absence was fully covered. Agency staff were seldom used and the same agency staff were deployed to ensure they were familiar with the service, the service's policies and people's needs.

Additional staff were also provided to ensure a member of staff remained with people at all time when they approached the end of their life, to make sure they were not alone. This ensured staff were available to respond promptly to people's needs and ensure their wellbeing and safety.

Staff who worked in the service understood the procedures for reporting any concerns. All of the staff we spoke with were clear about their responsibility to report suspected abuse. A care worker told us, "With safeguarding it's a zero tolerance to abuse and we deal with it straight away. If I witnessed something I would reassure the person and contact my manager immediately, or the social services." There was a detailed safeguarding policy in place in the service that reflected local authority guidance. This included information about how to report concerns and staff knew they should report to the local authority or the police if necessary. The registered manager had provided staff with a summary of the safeguarding protocol. Staff were aware of the whistleblowing procedure in the service and staff we spoke with expressed confidence that any concerns would be addressed.

The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. Safety checks had been carried out throughout the home and these were planned and monitored effectively. These checks were comprehensive, appropriately completed and updated. They addressed the environment, water temperature, Legionella testing, appliances and fire protection equipment. Equipment that was used by staff to help people move around was checked and serviced

annually. Portable electrical appliances were checked regularly to ensure they were safe to use. There was a pest control contract in place for the home that meant that the risk of harm from pests was mitigated. Each person's environment had been assessed for possible hazards. People's bedrooms and communal areas were free of clutter. A security system ensured that people remained safe inside the service and people were assisted or accompanied by staff when they needed or wished to leave the building.

There were plans in place that detailed how people would be kept safe in case of an emergency. People who lived in the service had personal emergency evacuation plans in place that were updated weekly and reviewed by the registered manager. These were available to staff and emergency services in the reception area and showed the level of support that people required evacuating the premises. Staff had received fire training and fire drills were regularly carried out and documented in order to ensure that staff had the skills and training to respond to an emergency. An appropriate business contingency plan addressed possible emergencies such as fire, evacuation, extreme weather and outbreak of disease. There was appropriate signage about the exits. There were regular checks of the fire warning system, fire doors, emergency exit doors, break glass points and emergency lighting.

There was an effective system in place to identify and log any repairs needed and action was taken to complete these in a reasonable timescale. Most repairs were completed on the same day as they were reported. The provider employed a full time maintenance manager and staff were positive that any issues they reported would be dealt with promptly. The maintenance manager participated in weekly Heads of departments meetings and discussed checks and repairs that were scheduled.

Accidents and incidents were being monitored to identify any areas of concern and any steps that could be taken to prevent accidents from reccurring. Appropriate logs were completed by the nurses and all relevant information was forwarded to the registered manager who analysed it on the day. The registered manager carried out monthly audits and compared them to previous audits to identify any possible trends or patterns. These audits were fed into a quality assurance computerised data system and were further monitored by the Quality Manager on a monthly basis.

Risk assessments were centred on the needs of the individual. Staff were aware of the risks that related to each person. A person experienced difficulties remembering that their level of mobility had decreased. There was a specific risk assessment in place for this person that instructed staff to be "One step ahead of her" and anticipate their needs before they attempted to move independently, to provide the help they needed and minimise risks of falls. On days where this person experienced increased confusion, staff checked on them hourly. A 'trip mat' was in place to alert staff when this person got up during the night. There was a risk assessment for a person who had specific mobility needs and who was at risk of falling from their bed. As a control measure to reduce this risk, they had been provided with bed rails. Staff had received training in the use of bedrails and these were regularly checked for safety. Staff helped people move around safely and people had the equipment and aids they needed within easy reach. People had individual slings that matched their size and requirements.

We observed medicines being given and looked at records of medicines received, disposed of and administered and found that people's medicines were managed safely. The medicines policy had been reviewed and an audit of medicines had been carried out in March 2016. Medicine Administration Record sheets (MAR) were in place and all medicine had been signed for correctly. Each person had a medicines identification form that included the person's photograph, date of birth and any allergies they had. This meant staff had the information they needed to give people their medicines safely according to their prescriptions. Staff who gave out medicines had received training to do so. We observed two nurses administer medicines to people. Both wore a red bib to indicate they were not to be interrupted and spent

time checking the MARs before administering medicines safely and sensitively explaining what each medicine was. There was a record of homely remedies used, as well as guidance for staff to follow regarding people who took medicines irregularly "as and when" they required them. Where some people required medicines such as antibiotics, short term care plans had been put in place.

Medicines were stored safely in a locked and air-conditioned room. The room was clean and organised and included two medicine trollies that were appropriately secured to the wall. Medicines were dated and staff had recorded the date on which bottles of medicine in solution and eye drops had been opened ensuring they remained safe for use. Medicines that needed to be kept at a consistent temperature and required refrigeration were kept in a locked fridge and temperatures were monitored and recorded daily.

The home was clean, tidy and well presented with some rooms having recently been decorated and carpeted. New windows had been installed to the central communal areas and rooms had views to pleasant and tended gardens. In each area there were hand washing facilities readily available providing personal protective equipment such as gloves and aprons for staff to use. Two staff undertook cleaning each day with cleaning schedules in place to ensure all areas received daily and weekly cleaning tasks. People were kept safe from the risk of infection as the provider had three sluice rooms in place to manage soiled products and had recently upgraded their equipment. Best practice was followed and there were separate areas for clean and soiled laundry that ensured people were not at risk of cross contamination. The manager and deputy manager undertook audits of the home to ensure areas were kept free from the risk of infection and where potential issues were identified action had been taken. For example new pedal bins had been purchased and areas of damaged paintwork scheduled for repainting.

During the inspection we observed that cleaning trolleys which were used to carry mops and hoisting equipment were kept in corridors and records showed that this had already been identified as a potential hazard.

We recommend that storage is reviewed to ensure that these are safely stored away.

Appropriate checks had been carried out to ensure that staff recruited to work in the service were suitable and of fit character. Checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the home until it had been established that they were suitable to work there. Staff members had provided proof of their identity and the right to work and reside in the United Kingdom prior to starting to work at the home. References had been checked before staff were appointed and where possible references had been taken up with the previous employer. Checks were made that nurses employed by the service had current professional registration and systems were in place to allow on-going monitoring.

Disciplinary procedures were followed and action was taken appropriately by the manager when any staff behaved outside their code of conduct. The disciplinary procedure had been followed in relation to concerns about the practice of a particular staff member. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed. They told us, "The care workers are very good and very helpful; If there is anything worrying you, they speak to the nurses for you and get it looked at" and, "They come more or less straight away if I press the call bell; I fell over once in the night and someone was just outside and helped me up straight away." People told us they positively appreciated the standards of the meals provided. They said, "The food is very good and satisfying" and, "I can't think of any food I don't like here; there's always a choice, a wide choice too." A relative told us, "The food has improved an awful lot and from today we're starting the new summer menus; there's always choice and if there's something you particularly want like a fresh egg they would accommodate that." Another relative told us, "I think the food is marvellous."

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 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.

Appropriate applications to restrict people's freedom had been submitted to the DoLS office for a person who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager had considered the least restrictive options to keep this person safe.

Staff were trained in the principles of the MCA and the DoLS and the five main principles of the MCA were applied in practice. When people had been assessed as not having the mental capacity to make certain decisions, a meeting had taken place with their legal representatives to decide the way forward in people's best interest. This ensured people's rights to make their own decisions were respected and promoted when applicable.

Staff sought consent from people before they helped them move around or before they helped them with personal care. A person told us, "They are very respectful and would never do anything before checking with me it's all right."

Staff received training that was essential for their roles. There was an effective system to monitor staff training and determine when they needed a refresher course. The monitoring system indicated 91% of staff were up to date with their essential training, which included fire safety, infection control, moving and handling, nutrition, mental capacity, safeguarding and health and safety. Staff were reminded when they needed to renew their training. Additional training was provided on behaviours that challenge, on falls,

palliative care, and on caring for people living with dementia. Nurses were provided with additional specialist training.The staff we spoke with were positive about the range of training courses that were available to them. They told us, "There are excellent training facilities here; the nursing team is integral and we are supported very well because they will find out for you if you are unsure and always give more training." There were staff designated as champions in infection control, dementia and wound care. This ensured that staff had instant access to guidance and advice in these particular fields, to care for people effectively.

Care staff were supported to study and gain qualifications for a diploma at different levels in health and social care. The staff we spoke with told us they were supported by the registered manager to study and gain qualifications. New care staff underwent a thorough induction when they started work. This included shadowing senior care workers before they could demonstrate their competence and work on their own. A care worker told us, "I have had a brilliant induction; I've had an opportunity to shadow staff and read care plans; I feel as though I've understood people's life story. They even gave me a list of room numbers with information about the people, like which equipment was to be used." The competency of all staff administering medicines had been assessed and documented. The 'Care Certificate' had been introduced for all new staff. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that care homes are expected to uphold.

Staff knew how to communicate with each person. Staff were bending down so people who were seated could see them at eye level. Staff checked people's hearing aids regularly. All staff used positive body language and were smiling when conversing with people. One person told us, "The staff have always time to sit with me from time to time and chat, I never feel rushed." We observed how staff communicated with people at lunchtime. One person who wasn't aware that it was lunch time was gently reminded several times that it was lunch and was told about the food they had chosen. They were then supported to stand and walk to the dining room by two staff members who were kind and patient throughout using appropriate language and gentle encouragement. Another person was asked if they would like to come to the dining room and was supported with the use of equipment to move to a wheelchair. The staff talked through each stage of the procedure ensuring the person knew what they were going to be doing next.

There was an effective system of communication between staff. Staff handed over information about people's care to the staff on the next shift. Information about new admissions, accidents and incidents, referrals to healthcare professionals, people's outings and appointments, medicines reviews, people's changes in mood, behaviour and appetite was shared by staff appropriately. This system ensured effective continuity of care. A staff member of the ambulance service who had responded to a person's needs had commented, "The staff gave a great handover and documentation handed over on arrival was very good, some of the best recently."

The registered manager and deputy manager provided regular one to one staff supervision sessions every two months. One member of staff said, "This is when we can talk about how we feel our job is doing, what additional training we would like, and say if we need any support with anything." There was a 'buddy' system where senior care workers offered regular support to care workers. There was a confidential staff helpline and counselling sessions available for staff who may struggle with particular issues of the job or in their personal life. A physiotherapist offered advice, support and treatment for staff muscular skeletal needs, such as back aches. All staff were scheduled to have an annual appraisal.

People praised the food they had and told us they were very satisfied with the standards of meals. They told us, "The food is very good, I'm more than happy; you get a good choice and if you don't like what's on the menu you can always ask for something else." The chef visited each person every day to check what they

preferred to eat from the menu. One person told us, "The chef comes to my room each morning wanting to know what I would like for lunch, he tells me the choices and I pick it; I always get what I want." The chef was aware of people's allergies and dietary requirements that were displayed in the kitchen.

A senior environmental health officer had inspected the service in January 2015 and had awarded a five star maximum rating in food hygiene standards to the service. We saw several people had their breakfast late in the morning as they preferred. We observed lunch being served in the dining areas and in people's bedrooms. The lunch was freshly cooked, hot, well balanced and in sufficient amount. People were supported by staff with eating and drinking when they needed encouragement. People were able to have wine with their meal if they wished. Seasonal menus were written every eight weeks and people were consulted about their preferences. There were two choices of main course and desserts, and when people changed their mind and wanted an alternative their preference was respected. There was a range of alternatives at lunch for people to choose. Evening meals included home-made soup, eggs and sandwiches. A housekeeper and a care worker manned trolleys four times a day to provide hot drinks, biscuits or fruit juice to people. One care worker told us, "This is also an opportunity to check on people and connect with them."

There was a system in place that ensured people's nutritional needs were effectively met.Staff used a screening tool to identify people who may be at risk of malnutrition. When people were at risk, staff documented and monitored people's food and fluid intake and reported their findings to the nurses. People were weighed monthly and fluctuations of weight were noted and acted on. For example, if people lost a specified amount of weight within a timeframe, they were weighed weekly, provided with a fortified diet, and were referred to the G.P., dietician or a speech and language therapist when necessary.

People received medical assistance from healthcare professionals when they needed it. For example some people received the support of a physiotherapist who visited the home each Monday, whilst others received support from hospice nurses and a Parkinson nurse. People were offered routine vaccination against influenza. A chiropodist visited every six weeks to provide treatment for people who wished it. People were escorted to their optician or dentist appointments when needed and a visiting optician service was available. The registered manager told us, "We make sure people have an eye test or checks every year at least." An independent hearing assessor visited people when requested. A care worker was the lead in hearing impairment as they had a specific interest and expertise in the subject. Staff consulted this care worker about any issues about hearing aids.

The premises were welcoming and suitably designed and furnished to meet people's needs. One relative told us, "We have no complaints here, we like the fact that it is small." A health professional described Pinehurst Care Home as "Homely" and told us that, "The design and layout allows residents families to get along and get to know each other." All bedrooms and communal areas were on the ground floor and were positioned around an attractive sunny courtyard. This layout and design meant that there were three distinct areas and provided an accessible circular walk for people. However it was noted that all areas were decorated in similar tones and did not make areas easily identifiable for people living with dementia or visual impairment.

We recommend that any improvements to facilities and the environment are made in accordance with published research and guidance for those living with conditions such as dementia and sensory impairment.

Good

Is the service caring?

Our findings

People told us they were satisfied with how the staff cared for them. They said, "The staff are ever so lovely, they are like friends or family", "All the staff are very kind and caring and they talk with everyone" and, "I can feel a bit grumpy some mornings but the staff lift me out of it." Relatives told us, "The staff are very caring, we could not ask for better people" and, "I feel confident, they're caring for mum and what mum wants. They probably know her better than we do."

We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service and there were frequent friendly and appropriately humorous interactions between staff and people whom staff addressed respectfully by their preferred names. Staff treated people with kindness and respect. We observed laughter as well as gentle reassurance. For example, we observed one member of staff as they administered medicine to people. On each occasion they spent quality time with the person offering support and kindness as well as administering their medicines. We observed a member of staff fetching a shawl for a person who was cold, and another offering words of comfort and putting their arm around a person who was new to the home and in need of reassurance.

A care worker told us, "I enable someone to live their lives and I am ever so fond of each of our residents. You're not here to toilet them, it's so much more than that; it gives you a sense that you're making a difference; I am very passionate about the job." Another care worker said, "The care here is the best I've ever seen; It's the way people talk and people are treated as individuals and care workers respect decisions made by the residents." A person was particularly fond of chocolates and a nurse was visiting this person to review their care plan. We noted that the nurse was taking chocolate into the room for the person. The registered manager arranged flowers on people's trays before they were taken into people's rooms. When the registered manager was on leave, they wrote individual postcards for each person living in the home. A person told us, "The staff are good at little gestures that mean such a lot."

People were assisted discreetly with their personal care needs in a way that respected their dignity. A care worker told us, "We keep people covered when they have personal care, keeping the door closed and putting a sign on the door. You think about yourself and how you would want to be treated. You explain what you're doing as you do it and make sure they understand that." Staff were careful to speak about people respectfully and maintained people's confidentiality by not speaking about people in front of others. People's records were kept securely to maintain confidentiality.

The staff encouraged people to do as much as possible for themselves. Staff checked that people were appropriately dressed and all people were well presented with comfortable clothing and footwear. People washed, dressed and undressed themselves when they were able to do so. People followed their preferred routine, for example some people chose to have a late breakfast, or stay in bed. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their independence. A person had invited their family to share a meal with them and staff had laid a table in a private area in the sitting room. A care worker said, "We make it so it feels just like home and we make sure we don't intrude but we are nearby if needed." People were encouraged and enabled to maintain their

independence with a positive approach to managing risk. For example one person chose to manage the use of their inhalers. We saw a self-administration assessment for this person that showed that the risks had been assessed, managed and reviewed regularly. People were able to lock their bedroom with their own keys if they wished, when they had been assessed as having the mental capacity to make this decision.

People were encouraged to be involved in decision making. For example the provider had begun a programme of replacing the carpets and flooring throughout the building and people had been involved in looking through carpet samples and choosing the colour. One person who currently had a wooden floor in their room had asked that theirs was replaced with new carpet and this was being actioned. People's bedrooms reflected their hobbies and interests and were personalised with photos, flowers and personal possessions. For example one person displayed a collection of fossils and another had their sculptures immediately outside their room.

Clear information about the service and its facilities was provided to people and their relatives. There was a brochure that included the current service's newsletter, a booklet titles 'choosing a care home', a welcoming letter from the registered manager with their contact details, information about the accommodation, facilities, activities, and how to lodge a complaint. The complaint procedure was also displayed in the reception area. There was a website about the service and sister services that was informative, well maintained and user-friendly. The weekly programme of activities was displayed on an information board, in a pictorial format to help people understand what was on offer. There were photographs and names of the staff displayed to help people identify them. All staff wore named badges. A person who had lived and passed away in the home had written and designed a welcome message that was displayed in the entrance. Staff told us, "This means a lot to us as this person had a special relationship with the home."

People were involved in their day to day care when they were able to and when they wished to be. Staff built up close supportive relationships with the people they provided care for, and their family and friends. There was a named nurse and a named key worker system in place which provided the resident and their relatives with a familiar point of contact in the home to support good communication. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. People and their relatives were encouraged to write about their life story which was shared with staff. This enabled staff to gain further insight and understanding of the resident's background and interests and ensures the care and support the resident received met their cultural and spiritual needs and lifestyle preferences were respected. People and when applicable their legal representatives were involved in decisions about their care and in agreeing their care and support plans. A person told us, "I have a say in how they [staff] look after me and they listen to me."

People's spiritual needs were met with the provision of a monthly religious service in the home. A Catholic priest visited weekly and an Anglican priest visited every six weeks. There was a prayer group for people to join in.

People or their legal representatives were consulted about how they wished the service to manage their care and treatment when they approached the end of their lives. These wishes, including decisions about resuscitation, were appropriately documented in people's files. Staff were supported by a local hospice palliative team with whom they worked in collaboration to ensure people remained pain-free and comfortable. A nurse from the hospice palliative care team told us, "The staff here are 'on the ball' and they ask for our suggestions and act on our advice, we have no concerns at all for people who are in this home, they get really good care." The registered manager told us, "No one will be left alone when they approach the end of their life, we make sure the person feels supported and respected right until the end." Therefore people could be confident that best practice would be maintained for their end of life care.

Good

Is the service responsive?

Our findings

People gave us positive feedback about how the service and the staff responded to their needs. They told us, "The staff are excellent I can't fault any of them; if you want anything they get it or do it" and, "They took the trouble to learn all about me and what I used to do so they know me well."
Relatives told us, "There are plenty of activities." A care worker told us, "It's almost like the residents are your family members and you know all about them and it's more than just a job." A local authority case manager who oversaw a person's care in the service told us, "They provide very good care here because they get to know the residents and provide what they actually want out of the home."

People's needs had been assessed before they moved into the home to check whether the service could accommodate these needs. These assessments included an outline of people's life history and their likes, dislikes and preferences over their care and lifestyle. A relative had emailed their feedback acknowledging how the registered manager had spent time in a hospital to visit a person and "Hear all about her life story" before they were discharged to the home. There were clearly documented accounts of people's expectations, their relatives' expectations and future goals. An assessment on 'perceived losses on entering care' was carried out that indicated a sensitive approach to people's emotional state.

Individualised care plans about each aspect of people's care were further developed within the first week after their admission into the service, as staff became more acquainted with people's particular needs and their choices. People's care plans were comprehensive. Staff helped people complete a summary titled 'my day, my life, my portrait' which considered what was important for people. This provided staff with an insight of people's individuality and of their personal needs. A care worker told us, "We see our residents as human beings who have lived a long life; they have lots to tell us and also to teach us."

Staff were aware of people's care plans and were able to demonstrate their knowledge of people's particular routine, of assessed risks and measures to reduce these risks, and of people's individual requirements. For example, there was a detailed care plan for 'senses and communication' for a person with hearing impairment. The plan started to outline the person's likes, dislikes and 'choices and decisions over care' in their own words. This included how the person wished to communicate with staff, such as with flash cards, and these methods of communication were applied in practice.

All care plans were routinely reviewed and updated by staff on a monthly basis, or sooner when needed. Staff including key workers and nurses were made aware of any changes and updates.

People or their legal representatives were routinely invited to be involved with the review of their care. There were documented meetings with people's families, such as when a person had requested their relative to be involved in a particular aspect of their care planning. There was a 'Resident of the day' scheme, when people's key workers ensured people's care files were complete and updated, their bedrooms were deep-cleaned, their clothes were named and laundered, their toiletries were in place and individual requirements were met. Key workers also contacted people's families before any reviews of their care. A relative told us, "I know exactly what is going on because I am fully involved and kept well informed, it is like the staff and I are

a good team."

Staff enquired with people what they liked, disliked, and noted their preferences about routine, activities and food. People told us they could have a bath as often as they wished. A person preferred to sleep in the chair until a certain time of the night and this was respected by staff who made sure their feet were elevated as they experienced frequent swelling of their ankles. A person wanted to remain in their room and was visited by staff who sat and conversed with them at frequent intervals.

People were encouraged to personalise their bedrooms as they wished and bring their own articles of furniture to make them feel at home from the beginning of their stay. A person had chosen the colour of their new fitted carpet. People were able to bring pets into the service and two cats were in residence.

Staff placed emphasis on the promotion of good health. A physiotherapist provided treatment when required. A relative told us how their loved one had come into the service a year ago with "Only weeks to live", however he had recovered and was in relative good health. They said, "I think it's due to the care of the home."

A range of daily activities that were suitable for people who lived in the service was available. An activities coordinator consulted people and planned activities in accordance to people's preferences. They presented options to people and adapted the activities of the day to suit people's moods and requirements. They told us, "The plan is always flexible as people are the ones to decide and they may change their mind on the day; we adapt to what they prefer, for example we tried painting but they didn't like it so we replaced it with something else." The activities included quizzes, crosswords, 'reminiscing bingo', memory games, music, singing, skittle, baking, dough decorating and gentle exercise. As two people had written books of poetry, poetry reading was included.

The provider commissioned external performers such as opera singers and musicians who played the piano, saxophone, flute, guitar and accordion to visit the home. A person connected with the National Trust came to give regular presentations on English counties; another person had presented a lecture on buttons. A person told us, "This was actually really interesting, I had no idea there was so much about buttons, this was fun." A 'Pat dog' service visited the home and a person told us they particularly enjoyed this as it reminded them of the pets they used to have. People who remained in bed were invited to take part in activities and were brought into the lounge if they wished. The activities coordinator visited people who preferred to stay in their room and provided one to one activities, such as reading, singing, discussing news and topical issues. They obtained a range of books in large font from the local library, and had provided a sewing machine for a person who particularly liked sewing. A person who had a hearing impairment and who liked to watch television and read told us how they were encouraged to participate in dog shows, flower arranging and exercises.

Social parties were organised such as 'Gatsby party', a vintage tea party and a summer fete to which people's relatives and friends were invited. Outings took place to local pubs, local castles and parks, farms and shopping malls. An 'indoor outing' had taken place to involve people who were unable to attend outings due to their health. For example, a 'Teddy Bear Picnic', and a 'Mediterranean cruise' which had been set up in the lounge where people could sample artefacts, music and food from abroad. The activities coordinator was aware of people's interests and paid attention to what people may enjoy doing. Several people were interested in tennis and football, and were made aware of matches on television. Students from the local school came to help with activities once a week. One person told us, "It is good to see young people having fun with us."

People had an opportunity to give their feedback about the quality of the service. Relatives and residents meetings were held monthly and people were invited to comment on any aspect of the service including activities and food. At the last meeting, people had requested that hot drinks should be hotter, that porridge should be less lumpy; an outing to a particular venue; and that the noise of the television in the evening was too loud. As a result of the meeting, remedial action had been taken. Thermos jugs had been purchased to increase the drinks temperature, the outing had been scheduled, the Chef was instructed to make porridge more fluid, and an agreement had been reached involving people who had their television on at night to close their bedroom door. People were provided with the minutes of the meeting, and a report on the actions that had been taken as a response, all in large font to help those with sight impairment. A person told us, "They listen to us and get it right; all we have to do is speak up." A relative had suggested the provider to purchase an 'I-Pad' (a portable computerised device) for people, to supplement access to the Internet, and to install a fireplace to make one of the lounge areas more homely. As a result, an I-Pad and a fire had been purchased.

People and relatives participated in an annual 'Customer satisfaction survey'. The last survey had been carried out in December 2015 and the results had been analysed by the provider. The results had been shared with people, their relatives and the staff. When any shortfalls were identified, an action plan was written and monitored by the registered manager. The results of the last survey showed that people were satisfied with the quality of care they received, the communal space, the information and support provided and with the staffing levels. Comments praised how well staff knew them and their needs, and the "Warmth and friendliness" that they showed. There were no negative comments. People and relatives were encouraged to also input their feedback into a satisfaction survey website. Out of fifteen people who had inputted their comments, 14 rated the overall standard of the service as 'excellent' and one as 'good'. Staff were actively encouraged to engage in discussions about the service and share ideas on how the service could be improved. The provider was in process of collating their feedback and external professionals' feedback about the service.

People were aware of how to make a complaint. The complaint procedure was displayed in evidence in the reception area. Complaints were addressed as per the service's complaint policy. Since our last inspection, only one complaint had been received about an external light brightness, and this had been remedied. A person told us, "Complaints? There is no need, no complaints at all. If any of us have any small problem, we just talk with X [registered manager] and she sorts it straight away no worries."

Good

Is the service well-led?

Our findings

People, relatives, staff and external healthcare professionals told us the service was very well-led. All were very complimentary about the registered manager's approach and style of leadership. People told us, "The manager is our friend", "She is a real boss, respected by everyone here, she gets things done and she is ever so kind too." Relatives told us, "The manager is an amazing lady; she is compassionate and genuinely cares for each one of her residents; she is very efficient at getting things done without fuss" and, "We could not ask for a better person to manage this home." A local authority case manager who oversaw a person's care in the service told us, "Pinehurst is well managed, well organised, and the manager makes sure that high standards are maintained."

The registered manager had been in post for one year, was a registered nurse, and had 16 years of senior management experience. The registered manager ran a charity project abroad and had been awarded the British Empire Medal in April 2015 as a result, for meritorious civil service worthy of recognition by the Crown. They invited people who lived in Pinehurst to participate in the project if they wished. They told us, "Everyone in life needs a purpose, and be part of something, like a meaningful activity to help others." For example, some people were knitting squares to assemble blankets that were provided abroad. Two people told us, "We are all interested in the progress of her project, she made a presentation and she keeps us informed with photos, and it keeps us connected with Romania all the way from here which is fascinating" and, "It makes me think of others beyond our little neck of the wood who are far less fortunate and it puts a good perspective on things."

Staff were very positive about the support they received from the registered manager. They reported that they could approach the registered manager with concerns and that they were confident that they would be listened to and supported. Nurses told us, "This home is very well run by a formidable manager; she taught me and the staff so much, she listens to us, she is firm and fair" and, "The manager works over her hours, she has a good rapport with residents and all of the staff, she is supportive, and there is a culture of openness here mainly because of her."

The registered manager had an open door policy and staff were able to approach them at any time to discuss any concerns. The deputy manager told us, "When things need to be done, the manager gets on it straight away, we even joke that things get done 'yesterday'." A care worker told us, "I noticed while bathing a resident that his skin appeared infected and reported this to the nurse and the manager and it was dealt with immediately; the GP was called out and prescribed meds and the problem was cleared in five days". As there was good two way communication between staff and management, people could be confident that their needs were responded to efficiently.

All the staff we spoke with described the manager's kind approach towards people in the home. Care workers told us, "Our manager goes above and beyond. For example she grows flowers at home and arranges them on people's trays in the morning with a chocolate bunny or something on a special occasion; she just wants people to be happy" and, "The manager is very passionate, it's easy to say you care but it's another thing to show it and she does. She does inspire us to do as well as she does." As the registered

manager led by example, a culture that focussed on people was promoted in the service.

The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They were fully aware of updates in legislation that affected the service. They described their philosophy of care as, "Seeing the world from a positive point of view, like 'How full is your bucket', and make sure residents and staff are happy, as this goes hand in hand." Their vision was "To make this home the best in Kent and the best we can be for every person who comes through our doors." They were very visible in the service and worked alongside staff on occasions. Each person we spoke with was fully aware of who the manager was and the manager knew each person by name as well as being well acquainted with their individual needs and preferences.

The registered manager held regular staff meetings and encouraged the staff to be involved with the running of the service. They met monthly with nurses and care workers, and quarterly with all the staff in the service. At each meeting, the registered manager shared the results of quality assurance audits and of any improvements that had been implemented as a result. At the last care workers meeting, how to improve the documentation of people's care plans had been discussed. At the last nurses meeting, the way that nutritional risks were assessed had been reviewed according to NHS guidelines. Staff had been asked to reflect on their practice and review specific policies, and report their findings at the next meeting, to share ideas and benefit from each other's experiences. A care worker told us, "The manager is always available, always has got time and is concerned about staff well-being: health, home life, how we are feeling. I had an idea to do a spiritual bible group for people who may want more spiritual input and the manager was very receptive and happy to implement that."

The registered manager involved people and their relatives in the running of the service. Additionally to monthly residents and relatives meetings, they held a quarterly social meeting for them when a relaxed atmosphere was promoted and cheese and wine were served. A relative told us, "We work together and any of our suggestions are always welcome."

There was an effective quality assurance monitoring system in place. The registered manager carried out audits that were scheduled throughout the year, such as care documentation, nutrition, medicines, health and safety, infection control and satisfaction surveys. They held quarterly health and safety meetings and monitored logs of any incidents or accidents in the service to identify any trends or patterns. They reported the results to the regional manager and updated a quality matrix that was looked at by the quality manager. The quality manager set up 'red or amber' flags where action was needed and checked that remedial action had been taken.

The registered manager was supported by the regional manager who visited the service on a regular basis. Every month the regional manager carried out a 'home review audit' that looked at the service's compliance with each of the regulations of the Health and Social Care Act 2008. When any shortfall was identified, an action plan was written in partnership with the registered manager and completion dates were set at short, medium or long term. The regional manager told us that remedial action was carried out as immediately as possible by the registered manager, who "Is well known for getting things done without any delay." At every visit, checks were made that previous actions had been completed. This ensured an effective system for the monitoring improvements in the service. The last audit had highlighted a need for commodes to be replaced and this was in progress. The regional manager told us, "We are looking for perfect."

In addition, the regional manager met the registered manager and other managers of local sister homes every month, to share messages from the provider, exchange ideas and discuss any problems they may have. Updates in legislation and policies and how to improve delivery of care were discussed at these

meetings.

The service's policies were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. Records were well organised, accurately completed, kept securely and confidentially. Archived records were disposed of safely and appropriately according to legal requirements.