

G & A Investments Projects Limited

Pinewood Rest 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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pinewood Rest Home is a residential care home providing personal care to 12 people aged 65 and over at the time of the inspection. The service can support up to 16 people, some of whom may be living with dementia.

People's experience of using this service and what we found

People felt safe. Staff had received training in safeguarding and understood the actions they needed to take if they identified any concerns. Systems were in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Effective infection prevention and control procedures were in place and a range of audits were carried out by the registered manager and senior staff.

A range of healthcare professionals, including community nursing and mental health teams, were involved in people's care when necessary. People received personalised care in line with their assessed needs and their care plans. Risks were assessed and actions taken to minimise these while promoting independence as far as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who had received a thorough induction into the service and appropriate training, professional development and supervision to enable them to meet people's individual needs. People were supported to have enough to eat and drink and there was a range of food and drink to choose from.

The service was responsive to people's needs and staff listened to what people said. People were confident they could raise concerns or complaints and that these would be dealt with. People and their families or other representatives were involved in discussions about their care planning.

The registered manager promoted an open and inclusive culture within the service, and governance systems were focused on safety and quality improvement. There was a homely atmosphere in the service and staff understood the value of person-centred care. The provider and registered manager had continued plans for improvements to the service, including planned improvements to the building and environment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 14 May 2019) with no breaches of regulation. The rating of requires improvement was a reflection of the need for continuing and sustained improvement to make sure the new working practices and management culture were firmly embedded. At this inspection we found improvements had been sustained.

Why we inspected

This was a planned inspection based on the previous rating.

This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which were the areas that required improvement. The rating from the previous comprehensive inspection for the key question not looked at on this occasion was used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Pinewood Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Pinewood Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, a senior member of care staff and a care worker. We sought feedback from professionals who work with the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care records and quality assurance records. We received feedback from two professionals who have regular contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable and that they trusted the staff, who were friendly and respectful. Staff we spoke with understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- Staff had received training and were aware of their safeguarding responsibilities. Staff told us they were confident that if they raised concerns the registered manager would listen and take appropriate actions to protect people.
- The registered manager understood their responsibilities and ensured that incidents of a safeguarding nature were raised appropriately to the local authority and investigated.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, such as falling or developing pressure areas on their skin, and actions taken to minimise the risk were recorded. A recognised assessment tool was used to monitor people following a fall. Staff showed awareness of risk in day to day activities.
- There were regular checks of the safety of the premises, equipment and systems. These were recorded and remedial action taken if required.
- There was a current fire risk assessment and fire safety records were monitored and appropriately maintained. A new fire alarm system had been fitted. An external company carried out tests and any remedial actions to protect against risks associated with legionella were taken.

Staffing and recruitment

- People told us staff were available when they needed care and support. The registered manager monitored staffing levels and shift times on the rota had recently been adapted to fit people's needs.
- Rotas were planned in advance to ensure sufficient staff cover to meet people's assessed needs. There were four staff on duty during the daytime, including a senior care worker, and two staff on duty at night. The registered manager worked in the home in a supernumerary capacity and could assist the care staff if needed, for example in the event of staff absence at short notice. Two part-time additional posts had recently been recruited to in order to help cover every other weekend.
- Staff were recruited using appropriate checks to ensure they were safe to work with people.

Using medicines safely

- Medicines were safely and appropriately stored, and any unused or expired medicines were disposed of when necessary. Medicines were checked regularly by staff and there was a weekly audit, so any potential errors were identified, and action taken.

- Up to date records were kept of the receipt and administration of medicines, including controlled drugs. People had individual medicines administration records (MAR), which included a photograph of the person, their date of birth and information about any allergies.
- For 'as required' (PRN) medicines, protocols were in place to help staff identify whether a person needed their PRN medicines and when medical advice was required. Covert administration was used in line with legal and good practice frameworks. Administering a person's medicines covertly had been discussed and agreed with a health professional in the person's best interest.
- Staff received appropriate training and practical competency assessments in relation to administering medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- A system was in place to ensure that any accidents and incidents were documented and reviewed for trends and patterns so that remedial actions could be undertaken. Staff meetings and reflective practice sessions were used to promote learning among the staff team.
- Action plans were in place to continue to drive improvements to the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were carried out before people moved to the service, and their needs continued to be reviewed as they settled in. People were involved in planning and reviewing their care and their care plans had been updated when their needs changed.
- The format of people's care plans had changed since the last inspection and those we saw were detailed and person centred. People told us, and care records confirmed, they received care that met their needs from staff who were aware of their choices and preferences.
- A recognised pain assessment tool was used when necessary. In line with best practice guidance, support plans were in place for people's oral care.

Staff support: induction, training, skills and experience

- People were supported by staff who completed a range of training. The registered manager maintained a record of staff training and had taken action to ensure all staff completed their training within timescales. Most staff had also completed diplomas in health and social care, for which the registered manager was a qualified assessor.
- Staff new to care were supported to complete the Care Certificate, which is a national set of standards designed for staff to develop the skills and knowledge required to provide safe and compassionate care. Staff told us they felt well supported throughout their induction and had received continuous support and training to develop their confidence and skills.
- Staff told us they received effective supervision and they could ask for additional meetings and support if required. The registered manager had introduced reflective practice sessions to facilitate discussions amongst staff, seek feedback and embed learning or changes being implemented.
- Two healthcare professionals confirmed the home's care workers had the qualities and skills to deliver effective care. They commented, "The care workers that we regularly come into contact with display a caring nature when with clients and work within their abilities to enable them to achieve what they would like to do" and "They are also happy to learn new skills to support the residents in the home."

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided a varied menu and choice of food and drink. The registered manager undertook surveys of people's opinions about the food provided and acted on them. More home cooked meals were now provided. There were themed days such as fish and chips on Fridays, with the meal served in a traditional way on paper in a basket.
- Each person had a nutritional assessment and support plan that was kept under review. Arrangements

were in place to provide for special diets, for example gluten free meals, which were prepared in a separate area of the kitchen.

- We observed lunch being served. Staff took time to ensure people were comfortable and supported them with their meals when needed. People were offered a choice of main meals from a list and other alternatives were available. Some people chose to have a cooked meal in the evening instead of at lunchtime.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff in the home had a good understanding of their needs and supported them with any health matters. The registered manager said the local GP practice was very responsive and supportive.
- People's records showed they were supported to access healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP and community nursing services, chiropody, occupational therapists, opticians and dentistry. Weekly visits to the home were carried out by the nurse practitioner from the local GP surgery.
- A healthcare professional told us, "Our team feel that all the care workers deliver safe and high-quality care. They will always seek advice from us when they have identified concerns and are willing to follow our instructions and care plans for care. When we visit the home, we are always accompanied (by staff) and the carers always seek to understand what we are doing." They also told us, "Their residents are encouraged to maintain good health habits. However, the care workers will also take into account residents' wishes and will seek ways of improving less healthy habits by offering healthier alternatives wherever possible."

Adapting service, design, decoration to meet people's needs

- There was an ongoing programme of maintenance and renewal of the premises. A lot of improvements had been made since the last inspection. For example, new bedroom furniture with rounded edges, new profiling beds, new flooring and dining room furniture, and a garden summer house had been purchased. New alarm call systems were in place.
- The provider and registered manager were continuing to develop a more dementia friendly and accessible environment. For example, the doors to people's bedrooms had been personalised to aid recognition. A ramp had replaced the steps from the rear of the house and there were plans to further improve access into the garden.
- There was a calm atmosphere in the home and people appeared settled, comfortable and relaxed.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The procedures for obtaining consent to care and treatment reflected current legislation and guidance. Each person's care plan contained a section on consent to care, which also included information relating to people's legally appointed representatives.
- Care and consent records were reviewed and updated when required and guidance was in place for managers and staff, which included how to identify deprivation of liberty and make appropriate referrals. When required, the registered manager had ensured that these authorisations had been applied for.
- Staff were aware that people had the right to refuse care and understood the principles of the MCA. Staff sought people's consent before providing care or support. We observed staff seeking consent from people using simple questions, giving them time to respond. A healthcare professional told us, "From our perspective, the team have always taken into account a resident's mental capacity and consent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A new and clearer structure for care plans had been introduced to record people's needs. Care records were up to date, relevant and accessible and contained sufficient detail to assist staff in providing personalised care. A key worker system had been introduced to help ensure people were involved in their care.
- Staff spoke with knowledge and understanding about people's preferences and how they tried to accommodate these. People's preferences were documented in their care plans and risk assessments were completed to support people to make choices about their care and be as independent as possible. For example, with washing, dressing and mobilising.
- People all had pendant alarms they carried on their person. A person told us, "I can call at night and someone will come." They also told us, "Staff will sit and chat." Other people's comments included, "It's lovely here. Can't wish for better staff, friendly and helpful. They're very good."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about their individual needs in relation to communication and how best to support them. Staff demonstrated understanding of people's care plans and individual needs. A person who had difficulties communicating verbally told us they were happy with the care and that the staff were polite and respectful and understood their communication needs.
- Information about health matters was available in easy read format. Staff used picture cards to assist communication with one person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Mobile electronic tablets had been purchased, which could be set up for people to be able to see and speak with their friends and relatives remotely.
- An insulated summer house and a gazebo had been built in the garden, which could be used for additional visiting space. Planter boxes were placed in the garden and people had participated in growing vegetables in them. A person told us they enjoyed the activities that were provided and helping in the

garden, planting seeds for sweet peas, radishes and carrots.

- People told us a person came to entertain them on Tuesdays and Thursdays. Care staff spent time with people providing mental and social stimulation. We observed a member of staff engaging a person in an art activity. Activity days were planned with people's involvement. Staff had recently dressed up for a 1950's night with an Elvis impersonator, which people had enjoyed.
- A health professional commented, "We feel that the care workers are all encouraged to spend time with the residents to find out what they enjoy doing and will then assist and encourage them to do this. They also encourage residents to interact with each other and have fun."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure and the registered manager kept a copy of any complaints received and the response to them. We saw the record of a recent complaint and the registered manager's written response. Part of the complaint was about the external appearance of the premises and there were already plans in place to improve this.
- People we spoke with told us they had no complaints and were comfortable to raise any concerns if they had them.

End of life care and support

- There was a section within the care plans where end of life wishes, any advance decisions and arrangements were recorded. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- The service worked with the community nursing team in relation to end of life care when needed. A member of staff had a designated role as end of life care champion and had received specific training for this role.
- A memory bed had been created in the garden so that people could plant flowers in memory of loved ones. There was also a memory book kept in the home.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted an open and inclusive culture within the service. They maintained a presence within the service and had an open-door policy for people living there, staff and relatives.
- People were complimentary about the standard of care and the way the home was run. People commented, "(Registered manager) speaks to people and checks everything is okay", "Everyone is so kind" and "If you've got a problem, talk to (registered manager)."
- Staff meetings took place and staff said the registered manager listened to them and was open to suggestions for developing and improving the service. The registered manager told us there were opportunities for people using the service to sit in and contribute during appropriate parts of staff meetings.
- A health professional told us, "Our team feel that Pinewood is a friendly, caring home where all the carers demonstrate that they enjoy working with the residents and everyone is treated as part of a big family. Our team have a very good working relationship with all the team under the leadership of (registered manager)."
- During the COVID-19 pandemic the registered manager and staff had gone the extra mile to support people who were in isolation, by camping out in the garden for the period.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal responsibility and regulatory requirements. Records showed that when the registered manager identified that mistakes had been made, they apologised to people and their relatives.
- Since the last inspection all staff had received new job descriptions clarifying roles and responsibilities.
- A member of staff told us the registered manager did random checks on staff care practices, including the appropriate use of PPE and that staff were wearing the correct uniform.
- A health professional commented, "We have not observed any instances of poor practice or had any concerns. Our team feel that the home provides a high standard of care and good practice under the direction of the (registered) manager."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had introduced a key worker system to enhance one to one engagement with

people. People told us the registered manager and staff spoke with them about their care and wellbeing and understood their needs. The service was meeting a diverse range of people's needs, including needs associated with old age, cognitive impairments and speech and hearing difficulties.

- A staff survey questionnaire was used to provide further opportunity for staff to give feedback about the overall quality of the service. Records of responses showed staff felt well supported in their roles.

Continuous learning and improving care

- Since the last inspection, the registered manager had completed an improvement action plan and a new system of quality assurance audits and recording had been implemented. This included, for example, medicines, care plans, maintenance checks and equipment safety, and staff training.
- The registered manager had completed a level seven vocational diploma since the last inspection. Staff were encouraged and supported with their personal and professional development. A member of staff told us the registered manager, "Is very approachable and explains things. Also (they are) open to ideas, for example if something isn't working." They said the registered manager "Is really up on continuing your development."
- The registered manager was introducing a champion system, whereby individual staff would receive additional training and take on a lead role in an area.
- Staff meetings were held to discuss what could be learned following any incidents that occurred. Staff told us the registered manager had promoted individual staff reflection and learning during the pandemic and emerging themes were discussed at team meetings.
- A health professional told us, "This home was extremely good at dealing with the COVID-19 outbreak they had. They had contingency plans they put in place to keep the home going. In discussion with them they have learnt from the outbreak and have refined the plan if it should happen again. They reached out for support from (other agencies) in a timely manner and acted on the advice provided."
- The provider and registered manager had continued plans for improvements to the service, including planned improvements to the building and environment.

Working in partnership with others

- The service worked with other agencies to best meet people's diverse care needs, including the community nursing and older person's mental health teams.
- Feedback we received from external health professionals was positive. One told us, "This home was extremely good at dealing with the COVID outbreak they had. They had contingency plans that they put in place to keep the home going. In discussion with them they have learnt from the outbreak and have refined the plan if it should happen again. They reached out for support from the (external agencies) in a timely manner and acted on the advice provided."
- Another health professional said, "The care workers are keen to work with us caring for their residents who have complex needs." They gave an example of how staff at the service worked with them to support a person with complex needs, adding, "They provided good care and we feel (this) improved (the person's) quality of life."