

Sanctuary Care Limited

# Pinewood Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The unannounced inspection took place on 8 February 2018. At the last inspection in May 2016 the service met all legal requirements and was rated "Good". During this inspection the service remains "Good".

Pinewood 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.

Pinewood accommodates 54 people across five separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia. On the day of our visit there were 54 people using the service.

On the day of our visit the registered manager took us around. 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 and they trusted staff who looked after them. They told us they were treated with dignity and respect and that their privacy was respected.

Staff had completed safeguarding training and were aware of the guidelines in place to recognise and report abuse. The registered manager ensured all safeguarding actions were completed and lessons were learnt.

Medicines were managed safely by staff that had been assessed as competent.

People were protected from the risk of infection because appropriate guidelines were followed. Risks to people were monitored and appropriate risks assessments were in place and known by staff in order to support people safely.

People told us there were enough staff to meet their needs most times. We found robust recruitment methods in place to ensure only staff that had undergone the necessary checks were employed.

Staff were supported by means of supervision and regular meetings. They were supported to develop further if they wished to progress within their career. They were aware of the Mental Capacity Act and how they applied it in practice.

People were supported to maintain a balanced diet that met their individual preferences. They were supported to access health care services where required in order to maintain their health.

Activities were based on people's preferences and included regular outings to various places of interest and

pet therapy and entertainers.

People told us they were able to complain and felt their complaints were listened to.

Care plans were person centred. However, we found they were not always reviewed in a timely manner and made a recommendation to ensure there were robust systems in place to ensure all care records were up to date and completed properly.

People, their relatives and staff thought the service was well led by an approachable registered manager. There were robust systems in place to ensure the quality of care delivered was monitored and improved.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Pinewood Residential 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 checked 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.

The inspection was prompted in part by anonymous allegations about poor incontinence care and poor staffing.

The unannounced inspection was completed by an inspector 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 looked at previous reports and notifications. Notifications are information about important events which the service is required to send us by law. We also looked at a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 13 people and four relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager, two activities coordinators, a volunteer, two care staff and the chef. We also spoke with three healthcare professionals who came to see people during the course of the inspection.

We reviewed five staff recruitment files, ten supervision records and personal development plans, staff meeting minutes and residents meeting minutes. We looked at 15 medicine administration records, five staff medicine observation records. We looked at six care records, four DoLS authorisations, incident and

accident records from October 2017 to January 2018, maintenance records, health and safety checks, night checks and staff rotas.

After the inspection we received two emails from professionals letting us know their experience of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "Yes I am safe here." Another person told us, "Staff are always around, they, make me feel reassured." Relatives also confirmed that they felt people were safe. Throughout the inspection staff responded promptly to people to ensure they were safe.

People were safeguarded from harm as appropriate procedures were in place. Staff had attended safeguarding training and were able to demonstrate how they identified and reported any allegations of abuse. We reviewed all safeguarding incidents and found they had been reported and investigated appropriately.

Prior to the inspection we received anonymous concerns that people were not being moved safely and their continence needs were not being met. People told us they got help if they needed. One person said, "They help me whenever I need to use the bathroom." We observed proper moving and handling techniques to assist people to get up or use their mobility aids. We observed people being assisted to with their continence needs in a timely manner. Moving and handling risk assessments were in place for people requiring assistance to transfer or use mobility aids in five out of the six care records we reviewed. We looked at training records and spoke with staff and found staff had up to date training. We also looked at equipment and found it had been serviced. Staff on the dementia unit told us they were confident using the hoist and could show us where moving and handling aids were located.

People were protected from the risk of infection because appropriate guidelines were followed. People and their relatives told us the home was always clean. One relative told us, "I visit every week and it's always very clean." A person told us, "My room is cleaned every day. I have no complaints about cleanliness." We saw the cleaning staff wore appropriate protective equipment.

People told us they received medicines as prescribed. One relative told us, "After different medication was trialled, there was an amazing difference" Medicines were managed safely. Staff underwent the necessary training to ensure they were able to administer medicines safely. We checked medicine administration records and controlled drugs (prescription medicines controlled under the Misuse of drugs legislation) logs and found no discrepancies. We found fridge temperatures and room temperatures were monitored daily to ensure medicines were stored safely.

There were procedures in place to ensure all accidents and incidents were monitored and that staff learnt from such incidents. We reviewed incidents and found these were analysed and solutions sought. For example the registered manager, staff and the records we reviewed showed incidents of falls at night had reduced overtime as they had tried to implement strategies such as night staff wearing pyjamas at night so as to help people know that it was night time.

People told us there were enough staff to support them. One person told us, "Yes staff come when I need them." Another person said, "There is always someone about, look, like now especially during the day." Prior to the inspection we had received a concern about staffing. We looked at rotas and spoke with staff and

confirmed that there were usually enough staff to look after people. We observed call bells were responded to within two minutes and people in their rooms were checked on regularly. There was always a staff member within communal areas to support people as well as volunteers. The only concern had been at a time where on one unit there were people requiring a lot of moving and handling but that was no longer an issue at the time of inspection the people were no longer on that unit.

There were robust recruitment systems in place which ensured that only staff that had undergone the necessary checks were employed. These included checking qualifications, criminal records checks and two verifiable references.



# Is the service effective?

## Our findings

People told us staff were knowledgeable and were able to support them. One person told us, "Staff are very patient with me. They know what I want before I even open my mouth to say it." Throughout the inspection we saw staff were aware of peoples mobility needs, dietary preferences, likes and dislikes and medical conditions. One staff told us, "We receive a good handover and also are allocated a few residents where we are the named keyworker. This helps us to know people better."

Care records and management confirmed that before people started to use the service a comprehensive assessment took place. Where possible the person and their family came for a visit to ensure the service would be suitable for them. One relative told us "The minute I walked in, I knew this was it." referring to the preadmission visit to the service. The assessments we reviewed included peoples, physical, social, emotional needs and their expectations in terms of how the service would meet their identified needs.

People were supported by staff that had attended the necessary training. Training included a mixture of online, classroom based and practical training. We reviewed a training matrix and saw that staff were on track to receive all mandatory training. One staff member told us, "Training is very good here." Another staff member told us, "The training is helpful."

We saw documentary evidence that supervisions were completed at least six times a year and appraisals annually. The appraisal system had recently been changed so staff were all due appraisals using the new system for the 2017-2018 period. One staff told us, "The new booklets are helpful as everything is in one place." The current deputy had been promoted from being a team leader and told us their new role was enjoyable. This meant staff were given the opportunity and supported to develop further if they wished.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Staff had attended MCA training and were aware of their responsibilities. We saw them wait for people's consent before delivering care. Capacity assessments were in place for specific decisions. Although some were not dated. We spoke with the registered manager about this and they were aware as their audits had picked some record keeping issues.

People were supported to maintain a balanced diet that met their needs. One person told us, "I choose what I want and if I don't like what's on the menu there is always an alternative." Staff and the chef were aware of

people's dietary requirements and were able to tell us all the people on special diets due to allergies or their medical condition. The chef and the manager both told us how they had recently piloted moving the hot meal from the afternoon to the evening which had resulted in less wastage. One person said, "Its good having a hot meal for tea as it is a long way till breakfast." Staff meeting and residents' meeting minutes confirmed people had agreed for the hot meal to be moved from lunch to teatime.

People were supported to access healthcare services when required. One person told us, "I see the doctor when required." On the day of our visit we saw district nurses and the chiropodist delivering care. We found evidence that any recommendation or advice from healthcare professionals was incorporated within care plans and handed over to staff to ensure people received support as recommended.

## Is the service caring?

### Our findings

People and their relatives told us they were supported by staff who were polite, considerate and caring. One person said, "They [staff] are very good to me. They know how to cheer me up when I am down." Another person said, "The staff know how to have a laugh and that keeps me going. They are always calm and considerate and most of all they smile. A smile goes a long way." A relative said, "I find them good myself. They have a great deal of heart and consideration, a lot of east end heart." A second relative told us, "It's a home from home, that's how it should be."

People were treated with dignity and respect. We saw staff knocking and waiting for a response before entering people's rooms. When assisting people to go to the bathroom, staff left them in privacy and went back to check on people. One person said, "Yes they give me my space when I need a moment." A relative told us, "We never feel guilty or sad to leave him, he's happy and calm." Staff were aware of how to maintain people's privacy and we saw them address people by their preferred name.

People were supported to maintain their independence. We saw two people go in and out as they wished. One of them told us, "I just tell them when I am leaving so they know I am out." Another person told us, "It's not like a prison as you can move freely from one part to another you don't have to stay on your floor." We saw staff enable people to be independent by leaving their mobility aids within reach and cutting up their food when required.

Information was available for people in the format they could understand. One person told us, "Yes I get the information I need." There were several notice boards available throughout the service. People also had a service user guide which gave them all the information they needed about meal times, how to make a complaint and activities on offer. There was a pictorial activity board available as well as a staff board to enable people and their relatives identify the staff that supported them.

We observed staff communicated and involved people before delivering care. They explained what they were going to do before assisting people to get up and offered choice during personal care. One staff told us the manager always told them to, "Go into their world and leave your world behind." This according to the staff member helped them interact effectively with people.

The registered manager told us they would signpost to advocacy services where required. However most of the people already had a named person with power of attorney for health and finances. Staff and records we reviewed confirmed that advocacy services were sought when people were unable to make decisions about their care and support.

## Is the service responsive?

### Our findings

People and their relatives told us the service was flexible to their needs. Relatives could visit at any time. One person told us, "I do what I want. I let them know before I go out just so they know I am out." Another person said, "They are really good. They listen. It's much better than my last place, I have freedom to move up and down and on any floor without any restrictions." People's rooms reflected their individual preferences within the décor and pictures within their rooms.

Care plans were comprehensive, person centred and described people's likes and dislikes in great detail. However, we found when people's conditions changed, they were not always reviewed in a timely manner. For example, one care plan still indicated that a person was able to wash and dress. Staff confirmed and the latest monthly review recorded the person was now very breathless and now required assistance from at least one staff member. Another care record and continence assessment stated the person used incontinence products but did not state the size or type of product and toileting preferences. When we asked staff about this two staff told us the same size of pads. This showed it was more of a failure to record rather than a failure to deliver person centred care. We spoke to the registered manager about this and they told us they would address this. We recommend that a robust system is followed to ensure all care records are updated in a timely manner.

People told us they enjoyed the activities and took part in what they chose. These included playing bingo, quizzes, regular entertainers and pet therapy. One person said, "I like the music. One staff sings for us. [Staff] has a beautiful voice." We spoke to the activities coordinator and they told and showed us all the events that had been held throughout the year. We also saw people go down to the dining room to purchase clothes of their choice when a visiting local shop came to the service. One person told us, "I like shopping. Look at my purple jumper I have just bought."

People and their relatives told us they were able to express their concerns. One relative told us "I've got no complaints whatsoever, [person] would tell me if something was amiss." Another relative when asked about complaints responded by stating, "Absolutely, they would want me to bring it up with them." We looked at complaints made since our last inspection and found these were investigated and resolved in accordance with the service's policy. The policy was visible within the service on several notice boards so people and their relatives were familiar with the process. Staff told us and the registered manager confirmed complaints were always listened to.

People were supported to have a pain free death. Staff were able to explain the steps they would take to support people and their family when they were nearing the end of their life. They had attended end of life training, some of which was in progress on the day of inspection. Staff told us, the end of life training was useful. Care plans showed end of life discussions took place with specific arrangements in place as outlined by people and those close to them.

## Is the service well-led?

### Our findings

People, their relatives and staff told us the service was well led. They told us the registered manager was approachable and friendly. One person told us, "[Manager] is very friendly and always willing to have a chat." Another person told us, "I can go to [manager] at any time. Nothing is too much." One relative told us, "If we weren't happy, [person] wouldn't be here. [Person] hasn't asked to go home. It's a home from home, that's how it should be".

There was an open and honest culture where learning from mistakes was encouraged. Staff told us and meeting minutes confirmed any incidents and accidents and areas for improvement were discussed openly. This included issues such as laundry, breaks, falls and annual leave. We saw people, relatives and staff went freely to see the registered manager throughout the inspection. One person told us, "[Manager] is always available when I need them except the odd occasion when they are off." This showed an open door policy.

There was a clear vision which was about, "Keeping kindness at the heart of what we do." This was known by staff and evident in the positive interactions we saw throughout the inspection. Staff joined in singing with people who wanted to sing and offered a hug to someone who was distressed who immediately calmed down. Relatives also confirmed that the staff were attentive and kind. One relative told us, "It's such a lovely environment, it's fun! The music is always on."

There were clear governance structures in place to ensure the quality of care delivered was monitored and improved. These included daily walk around by the registered manager where they identified any maintenance, cleanliness, staffing or any concerns from people and a daily catch up meeting with all the team leaders. There registered manager made unannounced night visits to ensure the staff were following the appropriate procedures.

Staff understood their roles and responsibilities and told us the registered manager was available. The registered manager notified us of all serious incidents as required by law and was aware of their risk and regulatory responsibilities. The deputy manager covered weekend shifts as and when which ensured staff had access to senior cover. An on-call system was also in place to support staff out of hours.

People, their relatives and staff were engaged and involved in the way in which the service was run. This was evidenced within the minutes we reviewed and in aspects of care such as food and the décor of the service. We also saw a discussion with relatives about an upcoming 100th birthday party where the mayor had been invited to attend.

The service continuously sought ways to learn, improve, innovate and ensure that care was delivered safely. This was evidenced by the registered manager being described as a role model for dementia care by staff and other services within the providers group.

The service worked in partnership with other agencies. This included volunteers who came to help with activities, visits from local entertainers, schools and animal therapy. We spoke to one of the volunteers who

commented, "I come here every week and help out with games, have a chat or go for a walk. It's great to put a smile on someone's face."