Complete Care Homes Limited

Pinfold Lodge Nursing Home

Inspection report

6 Sheep Dyke Lane
Hunmanby
North Yorkshire
YO14 0PS

Tel: 01723891069
Website: www.completecarehomes.net

Date of inspection visit:
07 March 2017

Date of publication:
31 March 2017

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

Pinfold Lodge is registered to provide care for up to 34 older people with physical disabilities and personal care or nursing needs. It is situated in the village of Hunmanby just outside Scarborough. There are three floors and bedrooms are situated on all three floors. People have access on the ground floor to a large and spacious lounge and a separate dining room. There is also external garden space and seating areas. All bedrooms are used as single occupancy, although there is an option of two double sized bedrooms, which could be used by couples. The service has its own car park for visitors and there is disabled access into the building.

At the last inspection on 6 November 2014 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

People told us they felt safe and were well cared for. The registered provider followed robust recruitment checks, to employ suitable people. There were sufficient staff employed to assist people in a timely way. People's medicines were managed safely.

Staff had completed relevant training. We found that they received regular supervision, to fulfil their roles effectively.

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

People said they enjoyed good food. People's health needs were identified and staff worked with other professionals, to ensure these needs were met.

People's independence was promoted. Health and social care professionals spoke positively about the quality of care provided and said they had a good impression of Pinfold Lodge and the staff when they visited the service. The service had achieved a quality award for end of life care. The service had good links with the local hospice and provided people with care that met their wishes and choices, whilst protecting their privacy and dignity.

Staff were knowledgeable about people's individual care needs and care plans were person centred and detailed. There was a range of social activities offered including meals to celebrate special events and festive holidays. Spiritual needs were met through in-house services and one-to-one pastoral care when requested.

People told us that the service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

Events requiring notification had been reported to CQC. The service met all relevant fundamental standards we inspect against.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Pinfold Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 March 2017 and it was unannounced.

The inspection was carried out by one adult social care inspector.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams. We asked the registered provider to submit a provider information return (PIR) and this was returned within the agreed timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the registered manager and two members of staff. We spoke with one person who used the service and three relatives. We used the Short Observational Framework Tool for inspection(SOFI). SOFI is a way of observing care to help understand the experience of people who could not talk with us. We observed staff interacting with people who used the service and the level of support provided to people throughout the day.

We looked at three people's care records, including their initial assessments, care plans, reviews, risk assessments and medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed

as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We also looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, audits, stakeholder surveys, recruitment information for three members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

Good

Is the service safe?

Our findings

People we spoke with who lived at Pinfold Lodge Nursing Home told us they thought there were enough staff to deal with their needs. Comments from all of the relatives we spoke with aligned with this view. One relative said, "The staff are fantastic and the care given is excellent." During the day, we saw that call bells were answered within a reasonable time frame; and during staff breaks we saw that at least two members of staff were available to assist people and that other members of staff could be called upon if required.

The duty rotas showed that there was always someone in charge of the service in the form of the registered manager, deputy manager or lead nurses. Staffing levels were high and the staff to people ratios observed in all contexts were appropriate for participation and safety in the activities of daily life. Staff told us, "There are enough staff most days to get our work done to a good standard. We get the chance to sit with people and spend time with them." Additional ancillary staff were employed to cover maintenance, domestic, kitchen and laundry duties.

The service had a 'zero tolerance of bullying and harassment policy' in place for both staff and people who used the service. The policy was communicated to all staff and people using the service in a variety of formats. The registered provider had policies and procedures in place to guide staff in safeguarding adults. One relative said, "My partner cannot speak but they have a beaming smile for the staff and are relaxed and at ease in their company. This shows me they care about them and look after them well."

We received feedback from the local authority safeguarding team that they had no on-going concerns about the service and the information we hold about the service showed that CQC had been notified of one safeguarding concern. Staff received training on making a safeguarding alert so that they would know how to follow local safeguarding protocols. The staff said they were confident about raising any issues with the registered manager. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

There were care notes and risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. Where people were assessed as at risk of falling the registered manager had ensured the person had been referred to the appropriate health care professional. We saw that there were no serious injuries reported within the service in the last year. This indicated that the safety measures within the service were effective.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. The fire risk assessment for the service was up to date and reviewed yearly. The

people who used the service had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. The registered provider had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by the staff, maintenance team and nominated contractors. These environmental checks helped to ensure the safety of people who used the service.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. The registered manager carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice.

Medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The nurses informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training files. Controlled drugs (CDs) were regularly monitored by the nurses. We found that the CD register was accurately completed and CD stocks matched those recorded in the register. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001.

Observation of the staff showed that they were patient with people when administering medicines and asked if they required pain relief. Administration times were flexible to ensure medicines were administered at the most effective times, such as before food. The pharmacy supplier carried out an audit of the medicines and stock checks were completed by the staff to ensure safe practices were being followed.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff could explain to us when they needed to use protective equipment. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

Good

Is the service effective?

Our findings

Our observations showed that people got on well with the staff and there were some very positive interactions with a lot of laughter and good humour. People who used the service were interested in what we were doing and we saw staff communicate effectively with them using verbal and non-verbal methods.

There was a robust induction and training programme in place for all staff. New staff were mentored by more experienced workers until their induction was completed and they received additional supervision during their probationary period. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. The staff we spoke with were positive about their supervisions saying, "We have staff supervision about how we work or where we can improve. We get both positive and negative feedback from the registered manager and this helps us develop as individuals." Staff appraisals were carried out each year.

Staff demonstrated that they had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training deemed by the registered provider as both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training including topics such as Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity. One person told us, "The staff use a hoist to move me around the service. They tell me what they are doing and why; they never do things without asking first. This gives me confidence and trust in them."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. We found that people had been assessed for capacity, and where appropriate DoLS had been sought. There were records of Best Interest decisions and the service also ensured that families provided copies of Lasting Powers of Attorney's where they had been registered with the Office of the Public Guardian (OPG). One relative told us, "My partner, who uses the service, has difficulty communicating verbally, but has capacity. They are able to make their own decisions about care and the staff respect their wishes."

The staff we spoke with displayed an in-depth knowledge about each person's care needs, choices and decisions. Staff told us that they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans. Observations of people who used the service showed how and when staff used their knowledge to make people's lives better. For some female residents this meant staff dyed their hair, applied make-up and ensured their mode of dress reflected their personality and taste, even when they were no longer able to express these preferences verbally. Families who spoke with us were pleased and grateful for the care and attention given to their loved ones.

Information in the care files indicated people who used the service received input from health care professionals such as their GP, dentist, optician and podiatrist. We saw in care files that care plans were in place for oral mouth care and dental care. People received regular check-ups and staff provided people with support to attend their appointments. We asked people who used the service what happened if they did not feel well and they told us, "The staff are lovely, they would arrange for us to see our GP or the district nurse straight away."

Input from specialists such as the Speech and Language Therapy (SALT) team, dieticians, district nurses, continence nurses and physiotherapists was used to develop the person's care plans and any changes to care were updated immediately. Within people's files we found extremely detailed care plans relating to nutrition. These included likes and dislikes, level of understanding and methods used to encourage independence. There were risk assessments relating to nutrition, choking and swallowing and where appropriate referrals had been made to the dietician or SALT team. Dietary requirements for health or culture were provided for and the catering team were trained to provide these. Specialist diets were supervised by the nurses.

Observation of the lunch time meal showed that people were able to make a choice of food to eat and the empty plates going back to the kitchen indicated it had been enjoyed. Staff offered people appropriate support with eating and drinking and their actions were patient and focused on the individual they were assisting. Relatives and people using the service said, "The food is very good", "The kitchen staff are brilliant with my relative's dietary needs" and "There is plenty available at every meal."

Good

Is the service caring?

Our findings

People who spoke with us were very satisfied with the care and support they received from the staff and made a number of very positive comments. People told us, "The staff are brilliant. They always give you time, they never hurry you", "The care staff are marvellous" and "The staff are very friendly and have helped me feel settled." We found the service to be calm and relaxed and as we walked around the building in the morning we saw that people were being assisted to get up, washed and dressed at their own pace. People were well presented and dressed appropriately for the weather.

People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. People and visitors confirmed to us that staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when completing care tasks. Family members told us, "We are involved in our relative's care and the staff enable us to give personal care and attention to them as we wish." One relative told us, "I come here six days a week, but if I am ill then I cannot attend. This does not upset me as I know [Name] is well looked after, whether I am here or not." We found that people who used the service were dressed in clean, smart, co-ordinating clothes. Their hair was brushed, finger nails and hands were clean and well cared for and gentlemen were clean shaven (if that was their choice). We were told by staff that people could have a bath or shower whenever they wished and information in the care files and bathing records showed that these usually took place on a daily basis.

People were at ease in the service and the conversations being held between them and staff were friendly and relevant to the person's interests. The care being provided was person-centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. We saw staff explain to people what was going to happen during the day, using appropriate language and giving time for people to process what was being said. One relative told us, "The care here is excellent, all the staff work as a team and are caring and understanding." Another relative said, "You could not find a better care home anywhere in Yorkshire. It took me a long time to accept my relative's need for care in a home, but we have never looked back since they came in. Everything is great."

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in some of the care files.

Staff spoke confidently with us about end of life care. They were able to talk about palliative care and people's needs and what this meant in practice. Staff told us they had completed training in end of life care and they had found the sessions to be informative and useful. We saw that death and dying wishes were recorded in each of the care files we looked at. Staff reviewed the care files regularly to ensure they were aware of the person's needs and kept their risk assessments up to date. As people neared their end of life, the reviews of the care files could become more frequent as needed to ensure appropriate care and support

was given to the individual at all times. The service also had an arrangement with the local hospice who offered an out of hours call line (PALCALL). When the GP surgeries were closed then staff could access this help line for advice and support.

Information was provided, including in accessible formats, to help people understand the care available to them. We saw that some files contained accessible documents which involved the person in planning and used alternative ways of communicating and encouraging choice. Discussion with people and relatives revealed that they had been involved in assessments and plans of care. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Good

Is the service responsive?

Our findings

People's care plans were extremely detailed and person-centred. Families were encouraged to input information into the care files where people were unable to contribute. Each of the care plans included details of the person's care needs, their wishes and aspirations in the area of need and any risks related to the need. This meant that people's care profiles included a wide range of information designed to assist staff to support them effectively. When people's needs changed this was clearly recorded. One relative said, "Communication with staff is excellent, they will ring me if there are any problems with [Name's] health."

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled the staff to provide personalised care. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and care plans were in place to make sure people stayed safe and well. People were invited to attend reviews of their care and treatment each year with the funding local authority and other people involved in their care. Families and advocates were also invited.

We saw that the care plans reflected the care being given to people. For example, moving and handling information documented where a person was independent or used a wheelchair for longer distances. We found that wheelchairs had been obtained, following appropriate assessment, where people had been identified as needing this equipment. Doorways and corridors were wide enough for people with mobility equipment to navigate through safely.

Staff were respectful of people's spiritual needs, which were well catered for through a visiting chaplain and through one of the qualified nurses being an ordained member of the Catholic church. They had provided services in recent months. These were well attended by both people who used the service and family members. One relative said, "My partner is a devout member of their faith. They have received holy communion in their bedroom at least once a month since coming into the service. This is extremely important to them."

People told us there was a good range of activities and entertainment that met their needs. Some people told us they preferred to follow their own interests and pursuits while others enjoyed the games and quizzes offered daily. People were able to celebrate Christian festivals such as Easter and Christmas time and birthdays were celebrated as people wished. One person told us, "I am 80 next week and we are having a party. I have entertainment booked, there is a cake and a buffet tea. My friends and family have all been invited and I am looking forward to it."

People had access to a copy of the registered provider's complaint policy and procedure in a format suitable for them to read and understand. Information from the provider information return form indicated that five minor issues had been raised with the registered manager in the last year and there had been 14 compliments about the service. We looked at the complaints folder and saw that the registered manager had responded appropriately to the complainants following an investigation of their issues. One relative confirmed this and said, "I have only had to complain once about the service. My issues were taken seriously

and dealt with quickly. There has been no repeat of the problem."

We saw evidence during our inspection that the registered manager was in daily contact with people who used the service and was available to discuss their care and any concerns they might have. This meant people were consulted about their care and treatment and were able to make their own choices and decisions.

Good

Is the service well-led?

Our findings

There was a registered manager. 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.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC by September 2016. This was completed and returned with the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy operated by the registered manager.

Our observation of the service was that it was well run and that people who used the service were treated with respect and in a professional manner. During this inspection we received positive feedback about staffing, the environment and positive comments about the registered manager. One relative told us, "The service is excellent. Care comes from the top down and the registered manager makes sure this home is well-led." People also said, "The atmosphere here is excellent, they (staff) are very caring."

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service.

We found an engaged, friendly and experienced staff team in place. All staff were encouraged to share ideas and reflect on their performance through team meetings and supervisions, which were used to inform the annual appraisals (checks on staff performance).

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The registered manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in January and February 2017 and covered areas such as reportable incidents, recruitment, complaints, staffing, safeguarding, health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We also saw that audits on infection control, medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified. □

We asked for a variety of records and documents during our inspection. We found these were well kept,

easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.