

Forest Health Care Limited

Pinehurst Care Centre

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 28 July and 1 August 2016 and was unannounced.

Pinehurst care Centre is a care home providing accommodation and personal care for up to 50 older people. At the time of the inspection 45 people were in residence. There was a registered manager in post, 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. The service benefitted from the stable management of the registered manager and the care manager who had both been in post for a number of years.

People were safe at Pinehurst Care Centre which provided a warm, open culture that was welcoming to everyone. They were protected by staff who had the knowledge and skills to identify and report any safeguarding issues. People were protected from being cared for by unsuitable staff as the provider completed thorough recruitment checks. We found there were sufficient numbers of staff to meet people's needs. People received their medicines safely and when they required them.

Risk assessments were completed and included those associated with falls, skin integrity and nutrition as well as those related to the environment such as fire and legionella. When risks were identified guidance was provided to minimise the risk while still respecting people's freedom and choice.

People had their right to make decisions protected. The registered manager understood their responsibilities with regard to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). When appropriate, applications had been made for DoLS authorisations and these were reviewed in accordance with the current legislation. Staff understood their responsibilities regarding gaining consent and offering choice to people. They helped people to be as independent as they wished to be.

People were cared for by staff who were supported through effective training, supervision and appraisal. People told us that staff went over and above their duties to ensure they were well looked after and their needs were met. Some of the descriptions of the service were "outstanding", "excellent" and "my home". Relatives told us they found the staff to be "loving and caring" and made comments such as "staff are brilliant" and "the care is excellent". We observed people were treated with kindness and empathy and we were told about examples of how staff had gone over and above the call of duty to make a difference to people's lives.

There was an atmosphere of relaxed happiness, with people and staff smiling, singing and dancing. Staff engaged and communicated with people in a way that demonstrated they knew each other well.

People were supported to discuss the care they wished to have at the end of their lives and the service worked closely with the GP, other health professionals and their family to ensure their wishes were met. A

health care professional told us, in their view the managers had kept people's wishes as their topmost priority.

The service was responsive to people's needs and comments from people and their relatives supported this view. People's needs were thoroughly assessed and their personal preferences formed the basis of their care plan.

The provider had introduced a number of innovative ideas to provide responsive care. These included a project called 'people like me' which promoted conversations and engagement between people and staff. We heard about a number of success stories that had led to people and staff realising they had shared experiences and common interests. The activity staff enthusiastically embraced the development of new ideas and spoke passionately about 'Ladder to the Moon' an initiative to provide creative approaches to person centred activities.

A full and varied programme of activities was provided along with an informative newsletter created by the activity staff. Many of the activities were captured by photograph to share with relatives and initiate further engagement.

People enjoyed nutritious, freshly prepared food. Staff monitored people's nutrition and referred them to specialist healthcare professionals when necessary. People were able to see their GP or other health professionals in order to maintain their health and well-being.

The service was extremely well-led. The registered manager embraced the clear vision and values of the provider and expected high standards from all the staff team. The registered manager and care manager worked together as a team to lead by example. Staff found them approachable and supportive. Staff were valued and a provider initiative called 'Forest of Stars' recognised the talents and contributions staff made to the service.

The quality of the service was monitored and regular feedback was sought from people, relatives and other stakeholders. The provider was committed to delivering excellent care. They were members of forums and organisations that provided support and development opportunities to staff to enable them to be creative in their approach to personalised care.

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.

People were cared for by staff who understood their responsibilities to safeguard people and report concerns.

Risks to people's safety were assessed and actions taken to minimise identified risks. There were sufficient staff to meet people's needs.

Medicines were managed safely. People received their medicine when they were required.

Is the service effective?

Good 

The service was effective.

People were cared for by staff who had the skills to meet their needs.

Staff sought people's consent before providing care. People's rights to make decisions were protected.

Staff were supported by regular training, supervision and appraisal.

People had sufficient to eat and drink. They were enabled to see their GP and other healthcare professionals when required.

Is the service caring?

Outstanding 

The service was caring.

There was a warm, open, relaxed and friendly atmosphere which welcomed people and visitors to the service.

The provider had introduced initiatives to promote conversations and connections between people and staff.

Staff were kind, caring, patient and respectful. They treated people with gentleness and empathy. People's dignity was protected and their privacy was respected.

People were encouraged and given the opportunity to maintain their independence whenever possible.

Is the service responsive?

The service was responsive.

The provider had introduced innovative ways to provide responsive care.

Care plans were individual and reflected people's needs. They were reviewed regularly.

People's views were listened to. People knew how to make a complaint but had not felt they needed to.

Care plans reflected people's needs and were reviewed regularly.

A full and varied programme of activities was provided by enthusiastic staff who looked for creative ways to engage people.

Outstanding 

Is the service well-led?

The service was well-led.

People and staff spoke very highly of the registered manager and the care manager. They praised their leadership. Staff found the registered manager approachable and supportive.

There was a clear set of values which the registered manager and care manager promoted by example. There was a team working spirit among all the staff.

People felt confident to approach the registered manager with concerns or suggestions.

The quality of the service was monitored and when necessary action was taken to make improvements.

Good 

Pinehurst Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 28 July and 1 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection the registered manager completed a Provider Information Return (PIR). 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law. We requested feedback from four health professionals and two commissioners who have contact with the service. We received feedback from four health professionals.

During the inspection we spoke with seven people who use the service, ten relatives and visitors and seven members of staff including the registered manager, the care manager, the administrator, three care staff and an activity staff member. 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 observed medicines being administered and made observations in the communal areas. We reviewed six people's care plans and associated records, five staff files including the recruitment records. We also looked at other records relating to the management of the service, including policies and procedures, staff training records and health and safety records.

Is the service safe?

Our findings

People were safe at Pinehurst Care Centre. One person said, "Oh yes I'm definitely safe here, there's no doubt." Another said, "I am safe here." Relatives also spoke about their family members feeling safe living at the service and some told us they were relieved to know their family member was in a safe place. One said "We are so happy, we know [name] is safe here."

Staff received training in safeguarding people from abuse. They were able to describe the signs that may indicate a person had been abused and gave examples such as unexplained bruises or changes in a person's behaviour. They knew who they would report concerns to and were confident any report of concern would be taken seriously by the registered manager and care manager. However, they were also aware that if necessary they could report issues to other agencies outside of the organisation such as the local authority, the Care Quality Commission or the police. The provider had a whistleblowing policy which provided a confidential hotline and email address for staff to use. They were familiar with this and told us they would not hesitate to use if it was necessary.

Risk assessments were carried out to identify individual risks to people. Examples included people's mobility, their risk of falls, skin integrity and nutrition. Where an assessment identified a risk, guidance was provided in the care plan to lessen the risk in the least restrictive way for the person. This was in order to maintain people's independence as much as possible. Risk assessments were reviewed monthly and changes were reflected in the care plan when necessary. Staff were kept up to date with changes in people's risks through discussions at handover meetings and through written communication in daily notes and diaries.

Risk assessments were also completed with regard to the premises and the delivery of the service. These included a fire risk assessment, use of substances hazardous to health and waste disposal among others. They were reviewed regularly and amended when necessary. The premises were well maintained by the provider, since our last inspection a refurbishment programme had been undertaken and was on-going in parts of the service. Routine maintenance was carried out by a maintenance worker employed at the service. Staff told us requests for work were attended to promptly. The provider engaged professional contractors for more extensive work as well as the monitoring of specialist equipment and systems.

Accidents and incidents were reported and logged. When necessary appropriate investigations had been undertaken to establish the cause and action was taken to limit the risk of recurrence. Referrals were made to health professionals when the need for this was indicated. Trends in accidents and incidents were monitored by the registered manager and the provider using monthly audits.

During the inspection we noted there were sufficient staff to care for people safely. The registered manager told us staffing levels were determined by the needs of people. They completed a dependency assessment tool monthly to help ensure they had adequate staffing for the service. They confirmed that when people's needs changed the staffing levels were reviewed and altered to accommodate any additional needs. For example, they had increased the number of night staff on duty owing to people requiring additional care.

People and their relatives told us they felt there were enough staff available. Staff also felt they were sufficient in number to meet people's needs safely. We noted call bells were answered promptly and staff did not rush people at any time during the inspection. Cover for staff absence due to leave or illness was generally provided by the staff team working additional hours. Staff told us they liked to cover each other and this provided a greater consistency of care. The registered manager told us the service also had 'bank staff' who were retained by the provider to work as and when required. Many of the 'bank staff' had previously been permanent employees so knew the service well. In addition to these arrangements the service worked closely with another of the provider's services and could also draw on their support for staffing requirements if necessary. We reviewed the duty rota for the four weeks prior to the inspection and saw staffing levels had been appropriately maintained.

The provider's recruitment procedures were mostly thorough and included completion of Disclosure and Barring Service (DBS) checks which were renewed every three years. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were taken up from past employers to assess an applicant's previous performance and behaviour in their employment. However, we found that although a full employment history was requested from all applicants, one file we reviewed had gaps in the employment history which had not been explored or explained. Similarly, we found one newly recruited member of staff had only a character reference on their file and although a professional reference had been requested this had not been received. This had not impacted on people using the service but we raised these issues with the registered manager. They took immediate action and sent us evidence following the inspection of both the full employment history and the professional reference.

Medicines were managed safely and people received their medicine when they required it. We observed staff administering medicines and saw they followed the provider's policy and procedure. Medicines were ordered, stored and disposed of safely in accordance with current guidelines. Medicines were audited monthly by the care manager. In addition, the community pharmacist also audited the medicines and they told us the last audit had not raised any concerns. They told us the service works well with them to provide person centred care in respect of people's medicines.

Staff had received appropriate training before they were given the responsibility of administering medicines. They told us they refreshed their training and had their competency checked by the care manager or registered manager to help ensure their skills were maintained. We looked at people's medicines administration records to check that staff recorded giving people their medicines, including the application of creams and lotions. They had been completed fully and where people had refused medicines or there was a reason for a medicine not to be given this had been recorded in detail. Where people wished to administer their own medicines a risk assessment had been completed and this was regularly reviewed. We spoke with a person who self-administers and they told us staff had taken great care to ensure they were safe to do so. They said, "They do check with me if I can still manage, but if I had any doubts or I started forgetting I would tell them and I know they would help me." The registered manager confirmed there had been no medicines errors in the last year.

Staff had received training in dealing with emergencies and took part in fire drills to ensure they were practiced in how to assist people to leave the building. Each person had a personal evacuation plan for staff to refer to in emergency situations. The provider had a business contingency and emergency plan in place to ensure staff had guidance to follow in the case of emergencies such as failure of utilities, adverse weather and physical damage to the services' premises.

Is the service effective?

Our findings

People and their relatives told us they felt staff were skilled and competent in what they did. Relatives also felt staff had the required skills and said they considered staff to be well trained. One relative described how they had observed staff skilfully dealing with a difficult situation and praised the way staff managed the situation while at the same time reassured other people present.

Staff said they had received training which they felt was useful to their roles and which they refreshed regularly. Induction training was provided in line with current guidelines and now incorporated the care certificate. The registered manager informed us that the care certificate was also being undertaken by all staff within the service regardless of role or experience as they considered it a good opportunity to update everyone's skills and ensure all staff focussed on best practice. Training was available to help staff meet people's individual needs such as those related to living with dementia and end of life care. Some staff had gained recognised qualifications in health and social care and others were working towards them.

We saw that the service had staff who acted as champions in leading different aspects of the service. For instance there were champions for dementia, dignity, infection control and safeguarding. They were able to attend training and workshops around their identified lead area of care. They told us that in practice this had improved and enhanced the care they provided for people. Additionally, they were also able to provide support and advice for their colleagues. The dementia champion told us about the work they did and explained how they were able to assist staff to adapt their practice to provide the best possible care for an individual. They gave us an example of trying different ways to communicate and manage a person's distress.

Support was provided for staff through regular individual meetings with their manager, staff meetings and appraisals. Staff felt supported and praised the registered manager and the care manager for their willingness to listen, advise and support them in all aspects of their work. One said, "[Name] is always there, I feel comfy and I'm always able to get advice." Staff found these meetings useful and one told us they often sought additional sessions if they felt they needed to. They told us this was always accommodated and said referring to the managers "they are always willing to help, very open and always listen."

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received relevant training with regard to the MCA and had a clear understanding of their role in

protecting people's rights to make decisions. People were encouraged to make their own choices and we observed staff supporting people to do so during the inspection. Relatives commented on how staff talked things through with people so they could make informed choices. They gave an example of how the menu was explained to their family member and they were supported to say what they liked and didn't like and choose an alternative if necessary. During the inspection we saw people chose what to do and where to spend their time. If they wanted to join in the organised activities they were supported to do so but equally, if they chose not to join in this decision was fully respected.

Staff sought people's consent before they did anything for them. During lunch staff offered appropriate support but always checked with the person to make sure they were happy before doing anything. When people were unable to make decisions for themselves, best interest meetings were held between the care team, appropriate professionals and family members. An independent mental capacity advocate was also involved for one person who had no family members. At the time of the inspection the service was seeking confirmation and evidence from people and their families where an attorney had been appointed to act on a person's behalf. This was in order to ensure the service was always acting in accordance to people's wishes. The registered manager said this would be requested on admission in future.

The registered manager was aware of the legal requirements in relation to DoLS and when an application should be made to the supervisory body. At the time of the inspection there were twelve people with DoLS authorisations approved by the supervisory body. All decisions regarding DoLS were documented in people's care plans and a monitoring tool used to ensure reviews were held at appropriate times and conditions adhered to.

People and their relatives were enthusiastic about the food. They told us it was very good and two people said it was so good they had put on a little weight since moving into the service. Drinks were available throughout the day and we saw snacks of fruit, cake and biscuits being offered to people. One person said, "The food is jolly good, and there is always an alternative if you don't like what's on offer." Another person said, "The food is brilliant." The kitchen staff had knowledge of people's preferences, allergies and special dietary needs.

During lunchtime we observed people to be relaxed and calm. The meal time was sociable, with talking, singing and laughter heard throughout. The tables were laid with named placemats, serviettes and condiments. People told us they could choose where they wanted to eat and when required appropriate support was given to people to help them enjoy their meal. The food was freshly prepared, attractively presented and we noted it smelled very appetising. The meals included fresh fruit and vegetables and people told us they appreciated this. One person's relatives told us how the service had accommodated their family members' particular dietary requirements and ensured they were able to continue a routine they had maintained for many years with regard to their diet. People were assessed to establish if they were at risk of malnutrition and people's weight was measured and recorded monthly. If there were any concerns people were referred to health professionals for advice and guidance.

People said they could see their GP whenever they needed to. A GP visited each week and people could request to see them. Staff supported people with healthcare appointments and people praised the staff for the help they received. People had seen dentists, opticians and chiropodists as they required. A healthcare professional told us that health concerns were reported promptly and the staff were always responsive. They commented that the registered manager and the care manager worked collaboratively with them for the benefit of the people using the service.

The design of the premises allowed people to move freely around the service and it was kept free of clutter.

We saw there was an on-going programme of refurbishment. The majority of the communal areas had been redecorated and presented a light airy atmosphere with delicate designs and other decorative elements on the walls. Signage and décor in Pine House had been designed to be suitable for people living with dementia and provided areas for reminiscence, activity and socialisation. The outside areas were well designed and provided stimulation for all the senses. One person had an area of the garden with roses which they liked to look after while another took an interest in feeding the fish in the new pond. The care manager explained how they tried to get ideas from people and staff to improve and provide new and interesting things for people. One such idea had come from a staff member who had constructed a planting frame made of pipes decorated with paint to make them a feature. Holes had been cut out of the pipes and they were filled with soil. They had then been used to grow strawberries which had proved to be a great success with people who had wandered by and picked the strawberries to eat.

Is the service caring?

Our findings

People and their relatives told us that staff went over and above their duties to ensure people were well looked after and their needs were met. One person said, "This is an outstanding home." They referred to one member of staff as "the son I never had" and went on to say the staff do things "so willingly". This made the person feel relaxed and comfortable and they told us it made a "big difference" to their life. They described the service as "my home" and stressed it was the staff that created this feeling and commented, "They are like my family." Relatives also referred to the family like atmosphere in the service and some told us this was what had helped them decide this was the right place for their family member to live.

Another person told us they "couldn't be happier" and said that the staff could not do any more to make their life comfortable than they did. They told us, "They are brilliant staff." Relatives also praised staff and the way they looked after people. One said, "The care is excellent." They went on to explain that when their family member first arrived at Pinehurst their condition was very frail. They said, "We thought if we had [Name] for another year we'd be lucky." However, due to what they considered to be the "excellent" care provided by the staff, they told us "we've had an extra few years". Another relative told us the staff were "loving and caring" and there was "always a smile". A third relative told us the attitude of the staff was "good and positive" and said, "It's an open culture here, there is nothing to hide, we appreciate that."

We saw that staff treated people with kindness and compassion. People were approached with respect and treated with empathy. For one person this had helped them come through a very difficult time in their life. Through talking to this person staff had found out what may make them feel a bit better and had organised outings to the local pub to watch sport. They had supported the person outside of their usual working hours as they wanted it to be as informal as possible. This was successful and now an area within the home had been set aside where this type of activity can happen more often and in a relaxed way. The registered manager told us "it means they can have a few beers and watch the football together just like you might do with your dad or grandad". This had made the person feel really cared for and meant a great deal to them.

Another person told us they did not have the words to describe how they felt about the staff. They said, "They are so much more than staff, warm, affectionate, they are outstanding. I have huge admiration and respect for them." They went on to tell us about how staff knew them well and made them feel special. They gave an example of how after a recent hospital admission staff had met them on their return by coming out to the transport to greet them. They then made them feel "settled" by spending time with them and ensured they had everything they needed. They compared the care they received to that which you might expect from a "family".

Throughout the inspection staff took the time to engage with people while still getting on with routine tasks. For example, while clearing dining tables staff were chatting about activities or stopping to join in a song with a person who was singing. One member of staff paused to have a short dance with a person as they were passing through the room. We saw the person's face light up with a smile, clearly enjoying the experience.

Staff were committed to providing care that was both kind and compassionate they spoke with enthusiasm about caring for people in a way that showed they wished to do the very best they could for people living at the service. This was reflected in the consistent responses we received from people who felt cared for and also relatives who also felt their care was extended to them. We were told of an example of staff showing they wanted to do their best for people. One person living with dementia had become fretful about money and became distressed. Staff had acted quickly and said they would see about getting their wages paid and produced a wage slip with some pretend money. The person was delighted and checked their wage slip for tax paid and then quickly stored the money away. This settled their worries and staff reported they appeared to feel more self confident.

We noted the atmosphere throughout the service to be relaxed and happy, people smiled and laughed with staff as they shared jokes and banter throughout the day. When people appeared unhappy or anxious, staff approached them in a supportive and caring manner and skilfully managed to provide appropriate support.

People and when appropriate their relatives had been involved in making decisions and planning their care. Relatives told us they had been involved in filling in personal histories and helping staff to find out about the personal preferences of their family members. People had brought important personal belongings with them when they moved into the service and each person's room had been arranged and organised to suit them and make it feel personalised. A relative told us this had been particularly important for their family member. They gave us an example of bringing familiar bedding which had reduced the unfamiliarity of the surroundings and they believed helped their family member to feel "at home".

People moved around the service freely and chose how to spend their time. They told us they could be as independent as they wished, and staff encouraged this. For example, one person told us they were still able to manage taking their medicine independently and another said they went out independently at least once a day for a walk. Staff had an excellent knowledge of people and their individual needs and preferences. A document called 'All about me' was used to capture information including, friends, faith, values, beliefs, interest and hobbies as well as preferences relating to personal care. Staff used their knowledge of people to initiate conversations, share jokes and provide individualised care for people.

Staff approached people with gentleness and people spoke about staff being kind to them and "nothing being too much trouble". People received positive reassurance from staff if they were anxious or confused about anything. People's privacy and dignity was protected. We observed staff knocked on doors and waited to be invited into people's rooms and they excused themselves if they needed to speak to someone who was engaged in doing something. Staff told us the ways they ensured privacy. These included closing doors and curtains when they supported people with personal care and acting discreetly if they had to support someone in a more public area for example, asking quietly if someone need to go to the bathroom.

People had been given the opportunity to discuss their wishes in relation to how they would like to be cared for at the end of their life. The registered manager told us they worked closely with the GP and families to care for and respect the wishes of people who wanted to remain at the service. We saw resuscitation forms and when appropriate escalation plans were in place to ensure people had a pain free and dignified death. A healthcare professional told us, "The managers have been wonderful at keeping the resident's wishes as their top most priority. My only hope is that all care homes will be at this excellent standard one day."

Records were stored securely to ensure the confidentiality of information and staff were aware of their responsibilities with regard to protecting people's personal information.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. One person and their relative commented that the registered manager had "bent over backwards" for them. Another said, "we are looked after very well, if we want anything the staff are there straight away." One relative described the service as "flexible" and described how they had felt supported when their family member moved in. They said, "This is such a big step we want [name] to enjoy herself and we are happy that is happening."

A thorough assessment of people's needs was undertaken before they moved into the service. The registered manager told us the information gathered during the assessment was used to plan people's care. People told us they had been involved with developing their care plans and we saw staff recorded when they had discussed people's care plans with them. Whenever possible, people had signed to say they understood and agreed with the plan.

The care plans recorded people's individual preferences and provided guidance for staff about how people's care needs were to be met. They covered areas such as personal care, mobility, continence and communication. We saw details such as "I can make my needs known but I need extra time to be able to express myself" were recorded to ensure staff had the information necessary to provide care tailored to each individual.

The provider had introduced an initiative to help people and staff get to know each other and make connections. This was called "people like me". It encouraged people and staff to identify what was important to them and share conversations with people about their interests. People's interests were displayed on a mural on the wall of the activity room. The leaves of the tree represented each person and noted their interests. Staff had their interests printed on their name badges so that people could refer to them. Some of the varied interests included sport, gardening, baking, religion, dog walking and knitting. The idea behind this scheme was to get people talking about shared interests and engaging with each other. Staff were enthusiastic about the scheme and told us they had been able to start up conversations with people using their interest as a trigger.

The registered manager told us there had been successful connections made using this initiative. For example, through a common interest of art one person and a member of staff had discovered a linked past and a shared experience of living in the same area. This had given rise to many conversations and a great deal of reminiscence which continued. Another connection gave rise to discovering shared acquaintances from the past. People told us they appreciated the links they had made with staff and they provided opportunities to look back and remember past times with fondness. This demonstrated how the service valued the development of relationships between people and encouraged meaningful interactions.

Common interests had led to activities such as the knitting club being established and we saw how this provided meaningful activity for people who were proud to share their projects. For example, bunting had been knitted to decorate the garden for the summer party. Photographs served as a warm reminder of how nice this had looked. People were now moving on to their next project and preparing items for Christmas.

Another common interest which had produced an activity as a result was cooking. One session was taking place during the inspection and people spoke with enthusiasm and excitement both about the cooking itself and also the enjoyment of eating the produce.

A newsletter written and produced by the activity team was published monthly and circulated to all people and their relatives. This captured the essence of all that was going on in Pinehurst Care Centre. Photographs of recent events, invitations to join in groups and activities were included as well as celebrations of birthdays and requests for ideas. Each month an article called '20 Questions' featured either a person living at the service or a member of staff being interviewed and asked questions about themselves. This was clearly a popular item and a recent interview with a staff member had aroused curiosity about their culture and led to a celebration of this including a talk, dressing in traditional clothing and food.

Another initiative involved a partnership with 'Ladder to the Moon' which had been introduced and was aimed at enabling activity staff to use creative and innovative approaches to person centred activities. It recognises the importance of working with people who may be isolated and encourages an approach which involves the whole service. One of the activity staff was taking formalised training in using this initiative and was passionate about making a success of it. They showed us some of the work that has been undertaken. For example a recent project involved 'The Great Exhibition'. Discussions and activities focused on history, fashion and industry. Photographs of people dressed in clothes of the era had been taken and were displayed. The most current project being prepared was related to the BBC radio programme 'Desert Island Discs' and people were thinking about the records they would take to their desert island.

The activity staff showed great enthusiasm in developing the projects and told us the scheme helped them to be creative and include everyone. One said, "It's inclusive and we are taught to reach out to everyone. They gave us examples where it had not always been easy to engage people but through activities there had been what they described as "break through moments". These included a person who wrote down the lyrics of a song they sang with the staff after having a conversation about their job that had involved a lot of writing. Another person showed a particular interest in the pet bunnies when they were brought in to service. When they saw the bunnies they began stroking them and smiled, eventually raising the bunny to give it a kiss. This was embraced by the staff and they were introducing more regular contact with the bunnies for this person. They also captured photographs which they proposed to use with the person to further engage them. After a discussion with this person's family it was discovered they used to breed rabbits.

The enthusiastic manner in which the activities were provided was evident in all parts of the service. During the inspection we saw people involved in preparing to have their own version of the Olympic Games. An Olympic torch had been made and was passed through the service over the week preceding the games beginning on the last day of the inspection. A whole schedule of games had been designed for people and staff to compete in such as chair kayaking and paddling pool synchronised swimming. It was clear that people looked forward to these events with anticipation of fun.

People knew what activities were happening throughout the day and selected those they wished to join in with. The two activity coordinators offered assistance in reminding people of what and where things were happening and when necessary assisted people to get to the area necessary.

A weekly timetable was displayed throughout the service and included exercise sessions led by one activity coordinator who had received specific training in this area as well as games, quizzes and music activities. Specific activities such as 'Balletcise' were led by contracted instructors. We saw staff supported people who were less independent to take part as much as they wished to so they felt included.

Other activities such as regular talks by a historian visits from animals including 'Zoolab' and a 'pat dog' were included. Religious services took place regularly and a library service visited twice a month. People told us there was always plenty to do and they could make suggestions. A relative told us about a particular activity which had made their family member very happy. It involved a Victorian day theme where an old family tea set had been used and had triggered memories for their family member who recognised it.

Many of the activities were captured by photograph and used to show relatives what their family member had been taking part in. It provided an aid to conversation and helped to keep them in touch with each other's lives. It also helped staff to understand what people liked doing and what they did not enjoy as much, enabling them to further tailor activities to individuals.

Feedback was sought from people, their relatives and other stakeholders in a variety of ways including a quality assurance survey. A recent survey had been undertaken to determine why Pinehurst was selected as the service of choice. The comments on this survey reflected what people and their relatives told us and included "open", "friendly" "always available to talk to us".

The provider had a clear complaints procedure which people told us they were aware of. We saw there were copies in people's rooms for them to refer to. However, people told us, while they knew how to make a complaint they had not needed to. The registered manager confirmed there had been no complaints made since the last inspection.

People told us staff listened to them. They told us about their key workers but said they could go to any member of staff and they knew they would help them. People were not afraid to raise concerns and one person told us, "I can always go to [Name of Registered Manager] and have a grumble if I need to." Relatives also felt they could raise concerns and they would be dealt with effectively. We saw a write on/wipe off board which said, "Your opinion counts." This was divided into columns headed 'You said' and 'We did' and a third column for comments or feedback. This provided an opportunity for people to request something and we saw people had done so. For example one person had asked for something to be organised, this had been done very promptly and in the comments column they had written, "A big thank you to [Name] for his promptness."

We received positive comments from people and their relatives which included "I'm perfectly happy", "I've nothing to complain about" and "it's just brilliant". Relatives told us they could visit at any time and commented on how "open" the service was. They told us they were always warmly received and offered refreshments. One person told us their visitors often commented on the friendliness of the staff and how well they were looked after as visitors. They said, "My visitors have always been offered refreshments by the time they get to my room."

Staff received up to date information with regard to people's well-being and any changing needs. Handover meetings and written communication diaries recorded the care provided and changes identified. Concerns regarding people's well-being were raised and discussed so that all staff were aware of how to monitor and escalate them if the need arose.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The registered manager had been managing the service for over eight years and had been registered with the Care Quality Commission since 2010. The care manager had also worked at the service for long period of time and together with the registered manager provided stable management of the service. People and their relatives spoke very highly of both the registered manager and care manager, praising them for being approachable and open at all times. One relative commented that the first impression they had of the service was "how open the manager was". They went on to explain that other services had required an appointment to look around, but on contacting Pinehurst Care Centre they were told they could come at any time and see the service in action. A person using the service told us, "[Registered manager] leads a tight ship, she's a good leader." They went on to express great respect for the care manager and told us that staff also held them in respect.

We found the registered manager encouraged a culture of openness and warmth. They promoted a warm welcome to anyone visiting the service. We saw this in practice throughout the inspection when all visitors were met with smiles, a listening ear and the offer of refreshments by whichever staff member greeted them. The registered manager promoted the values of the service and had clear expectations based on the ethos of the provider organisation. Staff were aware of these values and were able to speak confidently about them when asked. For example, one said, "We always remember we work in their home." Another told us they tried to always think positively and "work together to make a difference".

We noted there was an enthusiasm expressed by all the staff team about what they did and improvements they had seen or were planning which was supported and encouraged by the management team. They told us how staff were involved in putting forward ideas about activities or changes in the premises or garden. One staff member told us of plans to have bar area built in the garden to complement the decking and seating areas already constructed. Others told us about outings that were planned along with celebratory events they looked forward getting involved with. A relative also commented on the enthusiasm they found at the service and said, "Enthusiasm starts at the top." It was clear from what people and staff told us that they were involved and listened to when improvements were made in the service. The registered manager told us she valued the opinion of everyone and encouraged suggestions from all.

We saw the registered manager had organised a team building event during which progress was discussed and staff were thanked for all their work. They had enjoyed some social time together and the registered manager told us, "Supporting staff is very important." They told us they felt passionately about team work and considered themselves very much part of the team. They commented, "If I wouldn't do something, I wouldn't ask a member of staff to do it." Staff confirmed the registered manager was involved in the day to day activities of the home and it was clear that people living at the service knew the registered manager well. We noted that people spoke freely to her as she walked around the service and there was banter between them that indicated they knew each other well. Staff praised the registered manager and the care manager as a good leaders who inspired them to be committed to their jobs and made them want to be part of the team.

Staff spoke about the "good team working" and "working well together". They told us they felt very well supported by the registered manager, the care manager and the team leader. One described them as "amazing" and others said they were "just always available" and "you can go to them with anything". However, they also told us the managers had high standards and knew when they needed to deal with matters formally or seriously. They were confident in their ability to take prompt action when they needed to.

The provider had become a founder member of The Centre for Creativity and Innovation. This was to enable them to become sector leaders and demonstrated their commitment to delivering excellent care. They also had an initiative called 'Forest of Stars' which recognised talents and aptitudes of staff. Staff became champions or stars in the particular area they had shown development or interest in. For example, one staff member who was studying for a level five qualification in health and social care had undertaken a particular project in nutrition for people living with dementia. This had been recognised as something they had a real interest and understanding of and could now help inform other staff. The registered manager told us this recognised and valued the staff team and gave them the encouragement to develop further.

Community projects were encouraged at the service and included having students working toward a Duke of Edinburgh Award visit and join in activities with people. Further links through local schools and churches were maintained.

The registered manager and the care manager monitored records to check their completion and ensure care outcomes were met. Audits included medicines records and care plans, staff training and dependency assessments. Health and safety audits relating to fire, legionella and hot water temperatures to minimise the risks to people living at the service were also carried out. A monthly report was submitted to the provider for audit and monitoring purposes. A quality assurance visit to the service was completed quarterly by the provider and included talking to people who use the service to get their views as well as reviewing care practice and records. We reviewed the most recent report from a quality assurance visit in June 2016 and saw there had been no recommended actions to complete.

The registered manager and care manager took the need to keep their skills up to date seriously and told us they were keen to learn about new developments. They attended regular refresher training and were joining the staff team in completing the care certificate. They also belonged to a provider forum which held regular meetings to supply information and updates to managers and providers. They told us they had been able to access some additional training through this forum. Regular manager meetings were held by the provider. These provided time for managers of the provider's services to meet and share experiences and knowledge. These meetings also involved training and coaching in creative leadership.