Care Quality Commission

Elmwood Nursing Home Limited

Pinewood Nursing Home

Inspection report

Pinewood Nursing Home.
33 Victoria Place
Budleigh Salterton
Devon
EX9 6JP
Tel: 01395 446161
Website: http://www.pinewoodonline.co.uk

Date of inspection visit: 26 and 27 November 2014
Date of publication: 07/04/2015

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

We undertook an unannounced inspection of Pinewood Nursing Home on 26th and 27th November 2014.

We last inspected Pinewood Nursing Home in December 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

Pinewood Nursing Home provides accommodation for up to 33 people who need support with their personal care. The home provides support for older people requiring nursing care and for some people who are living with dementia. The home is a large, converted period property with sea views. Accommodation is arranged over four floors and there is a talking passenger lift to assist people to get to all floors. The home has 31 single bedrooms, with two which can be used as double rooms if two people choose to share. There were 31 people living at the home at the time of our inspection.

We observed care and support in communal areas, spoke to people in private, and looked at care and management records.

Summary of findings

The service has 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. The registered manager was accessible and approachable. People who used the service said they felt able to speak with the registered manager and said they were an active part of the team. Staff said they felt well supported by the registered manager and the provider.

People's needs and risks were assessed before admission to the home and these were reviewed on a regular basis. People and their families had discussed their care needs when they were admitted to the home. However care plans were not personalised to their individual needs. The care plans were pre-populated with standard information, and had very little, and in some cases, no additional person-centred information. However staff had a good understanding of how people wanted to be supported because long standing experienced staff had shared this information. Care plans were reviewed by the nurses at the home and people and their families were not asked their views.

People's health care needs were well met. People were supported to receive treatment and health care advice and support.

People had access to activities at the home, however there was not an effective system to ensure all people had access to activities. This meant some people were at risk of not being included and becoming socially isolated.

People using the service said they felt safe. One person said "Safe and well looked after." Staff understood how to protect people from abuse and the home had acted to protect people where they believed abuse or harm might have occurred. Examples included staff reporting bad practice and the registered provider reporting concerns to the relevant external agencies. Each person had risks to their wellbeing assessed and steps were taken to mitigate any known risk, such as falls or skin damage from pressure.

People received their medicines in a safe way because they were administered appropriately by suitably qualified staff and there were effective monitoring systems in place. The home had put into place a more robust system to ensure people had their prescribed creams administered safely and appropriately.

Staffing levels were set according to the needs of the people who used the service. Staff were caring and experienced and held relevant qualifications in health and social care.

Staff liaised with external healthcare professionals to get specialist advice and arrange the care and treatment they needed.

People could choose from a menu which was regularly reviewed and updated and took into account people's choices and preferences.

Staff were polite and respectful when supporting people who used the service. Staff patiently helped people to eat their meals at their own pace. Staff supported people to maintain their dignity and were respectful of their privacy. People's relatives and friends were able to visit without being unnecessarily restricted.

People knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. Any complaints made were thoroughly investigated and recorded. Learning from incidents had occurred and been used to drive improvements.

The provider had an effective quality assurance system in place to monitor the effectiveness of the service.

Summary of findings

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 told us they felt safe, and well supported by staff and knew what to do if they were worried. There were sufficient numbers of skilled and experienced staff to meet people's needs. Staff had undergone a thorough recruitment process before starting work at the home.

People were protected from the risks of abuse as staff were aware of the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Risk had been identified and managed appropriately. Risk assessments had been carried out in line with individual need to support and protect people.

People received their medicines in a safe way because the home had robust systems in place to monitor, audit and administer people's medicines. Improvements had been made to ensure people were having their prescribed creams managed and applied appropriately.

Is the service effective?

Good

The service was effective. People received care and support that met their needs from staff who had the knowledge and the skills to carry out their role effectively. Staff received regular supervision and appraisal. New staff underwent a comprehensive induction.

People made choices about their diet and had sufficient to eat and drink. They were cared for by staff who supported appropriately and help to maintain their health. The service supported people with nutritional risks, staff sought specialist nutritional advice and followed that advice.

Staff had received appropriate training in the MCA (Mental Capacity Act 2005) and the associated DoLS (Deprivation of Liberties Safeguards). Staff displayed an understanding of the requirements of the Act, which had been followed in practice.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff who treated them politely and with kindness.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care records were not personalised and did not meet people's individual needs. However staff had a good understanding of how people wanted to be supported.

Summary of findings

Activities had been arranged at the home which people had enjoyed. However the home had not ensured the activities were available to everybody at the home.

Is the service well-led?

Good

The service was well-led. There was a sustained open culture. The provider and registered manager were approachable and defined by a clear structure and demonstrated good management and leadership.

There were good quality assurance systems in place. The provider carried out monthly audits to check on the quality of service provided. People were kept informed and asked for their views on the service.

Pinewood 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the home on 26th and 27th November 2014. The first day of our visit was unannounced and was carried out by one inspector. On the second day the inspection team consisted of an inspector and an Expert by Experience. The Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our visits we spoke with 11 people who lived in the home and one visitor. We observed care and support in communal areas, spoke with people in private and looked at four people's care records and seven people's medication records. We looked at five staff records, quality assurance records and records related to the running of the service and how the home was managed.

During our inspection we spoke with the deputy manager, four care staff, five ancillary staff, the registered manager and the provider.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed notifications of incidents which the provider is required to notify CQC about. We contacted local commissioners of the service, GPs and district nursing teams who supported some people who lived at Pinewood Nursing Home to obtain their feedback on the care and support provided.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, “Yes, the staff pass by quite often" and "Safe and well looked after." People were supported by staff who had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were able to explain signs of potential abuse and the how they would report concerns. Providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed the provider had informed the Care Quality Commission about any safeguarding incidents that had occurred and had taken appropriate action to make sure people who used the service were protected.

Staff provided the care people needed, when they required it. The majority of people who were able tell us their views said there were enough staff to provide the support they needed. Comments included, “No matter what time they are always here to help”. “Never had to wait for too long for help to come” and “The carers usually come very quickly when I call.” However two people did raise concerns. One person said they sometimes had to wait a long time when they called for help and it was worse at night. The other person said “They (the staff) don’t chat very much, they’re so busy.” The provider and registered manager said the call bells were set so if after ten minutes they were not answered the alert went to a higher level tone and after a further ten minutes would go to an emergency alert. The provider upon receiving these comments said they would audit the call bells and address any delays found. They said each month, or if people raised concerns, they undertook an audit of the call bell response times and had found staff had responded appropriately. They had not recorded these audits but they said they would record all audits following our inspection.

The provider and registered manager had recognised people’s needs had increased at the home and taken action. They had put in place an additional care worker on each morning shift. They had also implemented a new shift from 15.00 hours to 21.00 hours to help support people who wished to go to bed later. Staff said there were enough staff to provide people with the support they needed and to keep people safe. During our visit staff were available and call bells were answered quickly. The staff rotas for two weeks from 17 November to 30 November 2014 confirmed shifts had been covered to maintain the new staffing levels.

Staff said regular staff could be supplemented by agency staff when shortages occurred, although this had not been needed recently. However agency nurses had been used to cover some nurse’s shifts due to annual leave. The deputy manager said they used the same agency nurses to provide continuity. They explained it was very important they used nurses familiar with the home to keep people safe because new nurses needed to have a very thorough handover of people’s needs, the premises, policies and procedures and the fire system which took a long time.

Recruitment checks had been completed to make sure staff were only employed if they were suitable and safe to work in a care environment. Recruitment records showed all the checks and information required by law had been obtained before new staff were employed in the home.

The provider had clear staff disciplinary procedures and when they identified poor practice they took appropriate action. Records showed that when needed the registered manager supported staff to aid their development and meet their learning needs.

Nurses must register annually with the Nursing and Midwifery Council, in order to practice. Records showed that nurses working here had their registration status checked annually to ensure they were eligible to continue to practice.

Equipment such as hoists and wheelchairs were stored in a bathroom which was no longer in use but still had signage stating it was a bathroom and the weighing scales were stored in the stair well. The provider said they would change the signage on the bathroom to indicate it was a storage room and would move the scales to this room. They also said they were looking at building further storage in the grounds for the provision of maintenance.

People received their medicines safely and on time. We observed people being given their medicines and talked with staff about people’s medicines. All medicines were administered by staff who had received appropriate training. The registered manager said they were in the process of training senior care staff to undertake medicine administration to support the nurses. There were safe systems in place to monitor the receipt, stock and disposal

Good

Is the service safe?

of people's prescribed medicines. The controlled drug (CD) register and medicines administration records (MAR) had been correctly completed with no signature gaps and the CD register balanced with the quantity held. Medicines which required refrigeration were stored at the recommended temperature. Monthly audits of medicines were completed and records showed actions were taken to address issues identified.

There was a system being put into place to ensure people had their prescribed creams applied. During the first day of our visit the deputy manager showed us a new monitoring and recording system they were putting in place for prescribed creams. This included a chart for people's bedrooms which showed people's prescribed creams, reason and frequency of application, a body map to indicate the location of where cream should be applied and a place for staff to sign when they had completed the task. On the second day of our visit staff were able to tell us about the new recording systems and said they were a big improvement. The registered manager said they were looking at ways to monitor people's creams had been applied.

Learning from incidents and accidents took place and appropriate changes were implemented. The registered manager recorded all incidents onto the homes computer database and looked for trends and patterns and took appropriate action to reduce risks.

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person said, “I am very well looked after here, it isn’t home but I feel I am in the right place” and “The staff are all lovely every one, I like it here.” A visitor said “I am always made to feel very welcome when I visit and I am happy with the care my Dad has received so far”. A health professional said “The staff work extremely well with me and we have good communication.

People who lacked mental capacity to take particular decisions were protected. This was because staff had received training and demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs) and their codes of practice. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the provider followed the principles of the MCA. Relatives, staff and other health and social care professionals were consulted and involved in ‘best interest’ decisions made about people. For example, a best interest decision had been completed regarding covertly administering one person’s medicines. Records showed the staff had consulted with the person’s GP, husband and community psychiatric nurse before making the decision to do this in the person’s best interest.

Staff were skilled and were able to tell us how they cared for each individual to ensure they received effective care and support. They demonstrated through their conversations with people and their discussions with us that they knew the people they cared for well. People said staff listened to them. Staff gained people’s consent before they assisted people to move and they explained what they were doing and involved the person. They listened to people’s opinions and acted upon them. For example, where they wanted to spend their time, if they wanted to go on an outing and if they required further refreshments.

Records showed staff had undergone the provider’s mandatory training in manual handling, infection control, safeguarding. The registered nurses said they discussed their training needs with the registered manager and this had resulted in them completing additional training in catheterisation and venepuncture. A visiting health professional said, “I feel the clinical care is very good and the staff have the patients' best interests at heart. The staff appear to be well trained and courteous.”

Staff underwent thorough inductions. We found a new employee was undertaking a shadow shift with an experienced staff member. Throughout the day we observed good communication between these staff with explanations given and questions encouraged. The registered manager said the new employee had enjoyed their shift and was keen to undertake further shadow shifts.

Staff said, and records confirmed, they had regular supervision with their line manager. One staff folder showed they were in the process of their appraisal; they had completed their views and were scheduled to meet with the registered manager. Their comments were positive. The registered manager said and records confirmed they had a program to undertake all staff appraisals.

Care records showed where risk with eating and drinking had been identified. For example, one person had been assessed to be at risk of choking. The home had liaised with the speech and language therapist (SALT) and a plan had been put into place to change the consistency of this person’s meal to reduce the risk of them choking.

Health and social care professional advice had been obtained regarding specific guidance about delivery of certain aspects of care. For example, one health professional said “I feel the staff can contact me whenever they need to discuss concerns and I feel the same in return. We have good discussions about residents’ care needs and medical needs and I believe that they do adhere to my suggestions.”

There were two rooms on the lower ground floor which were away from the main communal areas of the home and appeared quite isolated. In one of these rooms there was a vulnerable person who had a high level of nursing needs and required regular monitoring. Their visitor expressed some anxiety about the room being out of sight and wondered how their relative would call for help. We discussed this with the provider and registered manager who said they would move the person to a more suitable room.

The corridors and some stairs were very twisting and narrow and the layout of the home very confusing. There

Is the service effective?

were signs identifying areas of importance for example 'the quiet room' and 'the nurse's office'. People said when asked they did not try to get around alone but were happy to ask staff for assistance.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The home had made nine applications to deprive people of their liberty following a Supreme Court judgement on19 March 2014 which had widened and clarified the definition of deprivation of liberty. Those applications had not yet been assessed by the local authority and in the meantime the staff continued to make decisions in people's best interest. This included people not being able to leave the home unaccompanied because it was not safe for them to be able to go out alone.

Care records showed where DoLS applications had been made, staff had followed the correct processes and involved family members and professionals appropriately in decision making.

People said they enjoyed the food. Comments included "The food is very good, not big enough portions, but I can always ask for seconds" and "The food is really good here, there's plenty of it." "There is plenty of choice" and "I do like it, I get enough for me." We observed the midday meal being served in these areas on both days of our visit. The meals consisted of two courses; a choice of main meal, followed by a choice of dessert. At the beginning of each week people chose from a seasonal four week menu. However people with dementia might have forgotten their choice. We observed a person who had changed their mind about their choice of main meal. Staff were very understanding and offered the person the alternative meal option; however they decided to have apple sauce on their original choice. Another person ate very little. They were offered soup instead, which they refused, saying they were not hungry. The staff member joked "bet you'll eat your pudding" (which they did).

People who required additional support with their meals were discreetly supported by staff who sat with them and were calm and unhurried in their approach. For example we heard a staff member ask a person if they would like help with cutting up their food and another offered a different (adapted) piece of cutlery. People had jugs of water or juice in their bedrooms and on the dining tables. We observed people being offered plenty to drink, with choices between tea, coffee, juices and water. One person said they would like another cup of tea, which they were quickly given. The provider used a food safety management pack called 'Safer food, Better business' to comply with food hygiene regulations. Records showed food was stored at correct temperatures and meat cooked to the correct temperatures.

Is the service caring?

Our findings

People said the staff were always caring and kind. For example one person said they felt well looked after and, when asked if staff were kind and patient, they said "Oh yes, they're all of those." Other peoples comments included "They (staff) are very good" and "I am comfortable' asking for help" and "Very happy here, you couldn't find a better place." The care and interactions which we observed were of a high and positive standard and it was of a high quality.

People were supported to be as independent as possible. People were encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence, For example, used wheeled walkers. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

Staff treated people in a kind, polite, respectful and considerate manner. Staff were caring and their interactions with people were warm, appropriate and friendly. For example during lunch, there was a lot of very positive interaction, Staff addressed people by name and stood so the person was able to see them. They spoke appropriately and with humour and engaged in conversation, encouraging people to chat. Some people were able to talk meaningfully with each other, whereas others were unable to enter into conversations. Staff sat with these people discreetly supporting them with their meals and encouraged conversation. Before lunch people were supported to the dining room. Each person was brought to the table patiently and settled appropriately. One person said they had forgotten to bring their glasses with them. A staff member immediately responded and after a discussion with the person the glasses were collected.

Staff respected people's privacy and dignity. For example; staff knocked on bedroom doors before entering, addressed people by their name, spoke clearly and listened to what was said. People were appropriately dressed and their clothing was arranged properly to promote their dignity. One person said "The staff are lovely, very kind and polite" and "All round, very good they come in and have a good chatter." The home used a walkie talkie system, with all staff carrying a device. This enabled staff to have good communication and call for support from senior staff when required. We observed the effectiveness of this system while speaking with a trained nurse as they were contacted and their support requested. The provider had a policy for the use of the walkie-talkies which ensured people's confidentiality was maintained for example, people were not mentioned by name on the system.

We raised with the provider and registered manager that we had observed people having physiotherapy in the communal lounge. People were not inappropriately exposed but there were personal discussions about people's movements and comfort. The registered manager said they were sure people should have been asked for their consent because there was the opportunity for them to go to a private area. The provider said they would raise the issue at the next residents' meeting.

Staff were knowledgeable about the care people required and the things which were important to them in their lives. They were able to describe different people's personalities, their likes and dislikes and how they respected people's wishes. For example one person liked to sit up at the sink to thoroughly wash their hands each morning.

People were able to spend time in private in their rooms if they wished to. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care. Some people had a notice on their door which said 'Please do not close my door'. Everyone we spoke with said this was indeed their choice and some wanted their door left open at night.

People relatives and friends were able to visit without being unnecessarily restricted. One person said, "My family and friends are able to come and go as they wish."

Requires Improvement

Is the service responsive?

Our findings

People said they made choices about their lives and about the support they received. Comments included "They asked me when I came in what I wanted and took notice of what I said". People could choose the times they went to bed or get up. One person said they liked to go to bed late because they enjoyed watching TV in the evening and this was never a problem. Throughout our inspection, staff gave people the time they needed to communicate their wishes.

People's care plans were not personalised to their individual needs. The care plans were pre-populated with standard information and had very little, and in some cases, no additional person centred information. For example, one person's care plan for communication had the relevant boxes ticked stating the person wore a hearing aid, had poor sight and wore glasses. However there was no guidance for staff how to support this person with these needs. Records showed people and their relatives had been asked during the home's admission process about their needs, likes and dislikes and how they would like to receive their care, treatment and support. This included a document called 'All about me' which had personalised information about the person's life so far. The care plans were reviewed monthly by the designated nurse; however there was no evidence people and their relatives had been involved with the reviews of their assessments and changes in their care needs.

A record of a person receiving respite at the home had not been updated to include changes since their previous visit to the home. They had developed new health concerns. This had not been assessed and the care plans had not been amended. This person said there had been an incident which had put them at risk because staff had not been aware of their support needs. We discussed this with the registered manager and senior staff who said they knew the person well and the incident had been monitored and changes would be made in the person's care plan. Staff said they had read people's care plans but they felt there was not enough information. However they said they felt things had improved since the home had introduced daily handover sheets giving them more information. Nurses and care staff had their own regularly updated daily handover sheets identifying people's needs. These included people's health diagnosis, personal hygiene and continence needs which gave staff the basic information they required to support people but was very limited.

Daily records showed the day nurses only recorded incidents and health concerns. For example if a person had a seizure or a fall or stayed in bed as this could put them at risk of developing a sore area. The majority of entries were by the night staff. For example in one care folder from 4 November 2014 to 26 November 2014 there were no daytime entries and the night time entries recorded 'settled and slept', 'settled night', 'comfortable when checked'. This meant there was no record of how people had spent their days and whether their care and support needs had been met. Care staff completed a tick sheet record of the personal care they had provided.

Some people at the home had been assessed as being at risk of dehydration and had their fluid intake monitored and recorded. The records we looked at showed staff had been given information about how much each person should drink. However the charts had not been added up to show the total amount each person had drunk to ensure people were receiving their required daily intake and for two people their charts showed they had not. The registered manager said they had scheduled some person centred care training for staff which would include importance of fluid monitoring. They said they would look at the concerns raised and would discuss with the senior staff the importance of accurate monitoring.

This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff who had been working at the home for several years showed they were very knowledgeable about the people in the home and the things that were important to them in their lives. They said they shared this information verbally with care staff because there was no means for them to record this information in people's folders.

Each week people received a copy of the homes activities programme. The week we visited and reflected a typical week the programme included a complimentary therapist, a minibus trip, a reflexologist, Tai Chi and three activity sessions in the main lounge with the home's activity coordinator. The majority of people said they chose not to join in activities at the home, they preferred to stay in their room and read or watch television. They could not

Requires Improvement

Is the service responsive?

remember being asked for any comments about activities and relevance to their own interests. One person said they had been on an outing the previous day and how they enjoyed going on the outings but they did not like going to the lounge as they were often forgotten there. Another person said "The activities are quite good here, although I don't always feel like joining in." During our visit on the second day we observed people having a foot massage in their bedrooms and another person having their hair done by a hairdresser. One person said it was the first time they'd had their feet massaged and they had enjoyed it and would have it again. There were no records in people's care plans of the activities people had undertaken, other than individual therapists recording slips. We could not identify if everybody at the home had the opportunity to participate in meaningful activities and therefore some people could be at risk of social isolation and loneliness.

One person said sometimes they felt quite lonely. Staff said they spent time with people in their rooms doing nail polishing, reading books and putting on music but these activities were not recorded.

People knew how to share their experiences and raise a concern or complaint. One person said they had complained to the registered manager over a year ago about a carer whom they felt had behaved abruptly to them. They said it had been properly dealt with and they had not felt a need to complain again. Another person said they would be able to raise any worries if they had them however one person said they knew how to make a complaint but would be nervous to do so. Minutes of a residents meeting held on 17 November 2014 showed people and their families had the opportunity to raise concerns and the provider had acted responsively to deal with these concerns. For example it was highlighted the need for a reading light, which had been actioned.

Is the service well-led?

Our findings

People who lived in the home said they would be confident speaking to the provider or the registered manager if they had any concerns about the service provided. One person said "The manager comes around nearly every day, although she doesn't stay long". All the staff said they were well supported by the registered manager of the home. They said the registered manager was always available if they had a concern or needed to speak to them. Staff also said the provider was always available, very approachable and responsive to their concerns. Staff confirmed and we saw during our visit the provider was very visible in the home. We observed him laughing and joking with one person and saw how this enhanced the individual's mood. The provider said they regularly walked around the home and spoke to people to ask if they are happy and if they needed anything. They also got regular feedback from senior staff about day to day issues, staffing levels and behaviours.

The provider was based at the home and had defined areas of responsibility. Both the registered manager and provider said they had a good working relationship. They said they had regular informal meetings and communication about ideas, feedback, concerns and issues, although these were not recorded. They said they aimed to be open and transparent and in order to do this they regularly spoke with people and their families at the home.

The atmosphere in the home was open and inclusive. Staff spoke to people in a kind and friendly way and there were many positive interactions between the staff on duty and people who lived in the home. One person said, "The staff are lovely, I like to have a laugh and a joke with them".

When speaking with the provider and registered manager they were very passionate about the quality of service they wanted to deliver and were very committed to continually reassessing and improving the service. They had an open door policy so people and staff could speak with them when needed. They were implementing a customer service course for all staff to help improve further communication and interaction at the home. Staff said they were happy in their work, and wanted to provide and maintain a high standard of care. Comments included, "I love working here, we are like a big family" and "We have our ups and downs but on the whole this is a nice place to work."

Minutes of staff meetings held on 11 June and on 30 October 2014 showed staff were able to raise concerns. For example, with regard to a recent incident concerned with handling equipment, actions had been taken. The minutes recorded the results of a recent staff survey where 94% of staff had recorded they had overall job satisfaction and were provided with the support they needed and 88% responding they would be happy for a relative to stay at the home. The registered manager said they held staff meetings every three months and more regularly if it was felt necessary.

People had been asked to complete surveys via an independent company to give their feedback about the home and about the meals provided. Most of the comments in the completed surveys were very positive. Where people had suggested areas which could be improved their suggestions had been listened to and acted upon.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check appropriate action had been taken. For example, the provider had notified us about allegations of theft at the home. They had informed the police and safeguarding team. An investigation had been carried out and the appropriate action had been taken and people had been kept well informed.

The home worked in partnership with health and social care professionals. They confirmed to us, communication was good and the service worked in partnership with them, followed advice and provided good support. A GP who was regularly called to the home and sometimes attended unannounced said "These occasions have proved to be no different from when I am expected, and everything appears as it should, even if I leave reception and go straight to the patient, I want to see. I thinks this is evidence of care consistency. The nursing staff are always appropriate with their requests for medical advice or visits and always do as I have asked. Overall, I believe Pinewood to be a well-run nursing home."

The provider ensured people, their friends and relatives were kept informed of information about the home. Each season a newsletter was produced and circulated to people and their families and friends. The spring and

Is the service well-led?

summer 2014 newsletters contained photographs of staff with their new babies, people enjoying activities, an anniversary celebration, information about fundraising and feedback about what was happening at the home. The provider had also set up a Facebook page for people and staff to access and add their comments and be kept informed of what was happening at the home. The provider said they were always looking for ways to improve the service. They said they had been the first home in the area to use walkie talkies and because of their success other homes had taken up the same system.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so quality of care was not compromised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010- Records.** **How the regulation was not being met: People who use the service were not protected against the risks of unsafe care and treatment because there were not accurate records in relation to the care and treatment Provided. Regulation 20 (1) (a)**