Pinford End Limited

# Pinford End House Nursing Home

**Inspection report**

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Requires improvement** |
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Requires improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires improvement** |

## Overall summary

This inspection took place on 1 July 2015 and was unannounced.

Pinford End House Nursing Home is a care service registered with 40 beds and provides 24 hour nursing care. This nursing home specialises in the care for people with complex medical needs, dementia and end of life care as well as providing respite care. On the day of our inspection there were 34 people living at the service.

The service has a manager recently appointed to this post and had recently been registered with the Care Quality Commission. 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.

# Summary of findings

The manager was open and honest with us and had recognised the need for improved quality and safety monitoring of the service. This included improved monitoring of medication administration errors. They also identified the need for improved staff delegation of tasks including the need to implement regular, planned clinical and professional supervision support for staff and the need to provide staff with the training they needed relevant to their roles and responsibilities.

There was a lack of systems in place which would enable effective monitoring of medicine administration and audits of stock. This meant that the provider had not taken steps to identify medicines administration errors and we could not be assured that people had received their medicines as prescribed.

Everyone we spoke with told us they felt safe and the staff were caring and respectful of their choices. Staff treated people with respect, were kind and compassionate towards people.

There were systems in place which ensured the safety of people had been protected with regards to the recruitment of staff. Appropriate checks had been carried out prior to staff having been appointed to work in the service. The provider had obtained sufficient evidence to judge that staff were of good character and suitable for the role they were employed to perform.

There was sufficient staff available to meet people's needs during the day and night. People were confident that staff would respond to their requests for support in a timely manner.

People had access to healthcare professionals when they required specialist support with complex health conditions and support in meeting their nutritional and hydration needs.

People received care that was responsive to their needs. People's needs had been assessed before they were offered accommodation at the service. The information obtained had been used to develop detailed care plans which had information regarding people's needs, wishes and preferences. Care was reviewed on a regular basis, care plans updated. This provided staff with up to date guidance to enable them to provide appropriate support according to people's changing needs.

The service had an open and honest culture where people who lived at the service, their relatives and staff were listened to and the service learnt from their mistakes to improve the quality of the service that was provided.

# 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?**

The service was not consistently safe. We could not be assured that people were receiving their medicines as prescribed.

When recruiting new staff the provider had obtained sufficient evidence to judge that staff were of good character and suitable for the role they were employed to perform.

There was sufficient staff available to meet people's needs during the day and night.

**Requires improvement**

**Is the service effective?**

The service was not consistently effective as the provider did not have systems in place to provide staff with appropriate clinical or professional supervision and training.

Further work was needed to ensure effective monitoring of people's nutrition and hydration intake.

People had access to healthcare professional when required. Relatives were appropriately informed of any changes in people's healthcare needs and care plans were updated accordingly.

**Requires improvement**

**Is the service caring?**

People had been involved in the planning of their care and supported to express their views about what was important to them. Care plans described for staff how best to support people in promoting their dignity, needs, wishes and preferences.

Staff treated people with respect, preserved their dignity and spent time listening and responding to people appropriately.

**Good**

**Is the service responsive?**

The service was responsive as people received care that was responsive to their needs. People's needs had been assessed before they were offered accommodation at the service.

Care plans were detailed and contained information regarding people's needs, wishes and preferences. Care was reviewed on a regular basis and care plans updated. This provided staff with up to date guidance to enable them to provide appropriate support according to people's changing needs.

**Good**

**Is the service well-led?**

The service was not consistently well led as further work was needed to ensure regular and robust quality and safety monitoring of the service.

**Requires improvement**

# Summary of findings

The manager was open and honest recognising areas where improvement was needed. Such as the need for improved staff delegation of tasks including the need to implement regular, planned clinical and professional supervision support for staff and planning to provide staff with the training they needed relevant to their roles and responsibilities.

# Pinford End House 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 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 1 July 2015 and was unannounced.

The inspection team consisted of two inspectors.

On the day of our visit we spoke with eight people using the service, four relatives, the activities coordinator, four care staff, two nurses, the manager and two domestic staff.

Many of the people using the service were unable to tell us, in detail, how they were cared for and supported because of their complex health care needs. However, we used the short observational framework tool (SOFI). SOFI is a specific way of observing care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed five people's care records in relation to the care and support provided and three staff recruitment files. We also looked at records relating to the management of medicines, staff training and systems for monitoring the quality and safety of the service.

Requires improvement

# Is the service safe?

## Our findings

Along with nursing staff we looked at medicine administration records (MAR) for six of the 34 people. We checked stock against administration records indicated that people had not received their medicines as prescribed. The number of medicines remaining did not balance with the records of receipt and administration of these medicines. For example, there was stock remaining for two people to treat a long term condition and pain relief. .

MAR records used to record the administration and application of prescribed creams and lotions to aid prevention of pressure ulcers and pain relief were found to have gaps of up to five days. We could not therefore be assured that these people had received their medicines as prescribed and staff were unable to confirm this without the records.

Where people had been prescribed medicines on a when required basis, for example for pain relief, or when they were prescribed in variable doses, for example one or two tablets, we found examples of insufficient recording of the amounts administered. This meant we were unable to balance the items of stock against the MAR records. It is important to have clear records of medication stocks to ensure they are being used effectively and appropriate action can be taken if any are missing?

There was no reference within care plans with regards to the planning of people's care in relation to the administration of their medicines. This meant that staff did not have guidance as to the reasons medicines had been prescribed and the circumstances when variable dose medicines were to be administered and how people chose to take their medicines. MAR records did not include photo identification of the person. This increased the risk of staff administering medicines incorrectly and was a particular concern for agency nurses who may not be familiar with people. We were not assured that staff had the guidance they needed to ensure the proper and safe management of their medicines.

**This demonstrated a breach of Regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

All staff we spoke with told us they had received training in safeguarding people from the risk of abuse but had not received any updated training on this subject within the last two years. Staff were knowledgeable as to situations and incidents that would constitute acts of abuse. They were also knowledgeable as to the provider's policy including their whistleblowing policy and steps they should take to report any concerns they might have.

People told us that there was sufficient numbers of staff available to meet their needs during the day and the night. One person told us, "They come fairly quickly at night when I need them. I am reassured that they are always there when you need help. This is a comfort to me." A relative told us, "There is always enough staff around when you need them. They take time with people, and always attentive to [my relative's] needs."

All staff we spoke with told us there were sufficient staff available to meet people's needs and that they worked well as a team to cover any staff shortages. However, they also told us there were occasion when there was a need for agency nursing staff. The manager told us that agencies provided regular nurses to ensure consistency of care for people. We observed staff throughout the day of our visit staff spending quality one to one time chatting with people in an unrushed manner, as well as time spent on task related activities.

Where people's needs changed staff completed appropriate risk assessments and these were updated regularly to reflect people's changing needs. For example, where people were at risk of falls and acquiring pressure ulcers. There were also moving and handling risk assessments and handling plans. This provided staff with the guidance they needed with action to take to keep people safe from harm.

We looked at staff recruitment records. These showed that the provider had carried out a number of checks on staff before they were employed. These included checking their identification, health, conduct during previous employment and that they were safe to work with older adults. All nurses had been checked against the Nursing and Midwifery Council (NMC) database to ensure that they were still registered to practice. This meant that the provider had obtained sufficient evidence to judge that staff were qualified, of good character and suitable for the role they were employed to perform.

The service was clean and hygienic throughout. Domestic staff demonstrated their understanding of their roles and responsibilities in relation to infection control and hygiene.

Requires improvement

# Is the service safe?

They told us their job roles were clear and that they had cleaning schedules and infection control checks in place. This assured us that there were systems in place and action had been taken to protect people from acquired infections.

Requires improvement

# Is the service effective?

## Our findings

Staff told us they had not received any formal and planned clinical and professional one to one supervision for the last two years and only one staff meeting in March 2015. However, they also told us they had all recently received an annual appraisal. This had given them the opportunity to discuss with their manager their performance and development needs. We discussed this with the manager who told us that the service had been through a difficult time with staff shortages and changes in management. They told us they had plans in place to ensure that staff supervision support would be delegated to senior staff and provided on a more regular basis.

Staff described their induction training which included arrangements to shadow other staff until they felt confident to work alone. However, all staff told us that other than syringe drive training for nursing staff the only training they had received within the last two years was safe moving and handling and basic food hygiene. Records for all training provided and attended by staff also confirmed this.

There were a number of people using the service who were living with dementia. All staff we spoke with told us they had not received any training in understanding and meeting the complex needs of people living with dementia and responding to distressed behaviours to situations and others they may present with this condition.

Staff also told us they had not received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). This meant that staff may not have the required knowledge to understand and recognise the need to assess a person's capacity to make decisions about their everyday lives and identify when a person's freedom of movement was restricted. We could not be assured that action would be taken to protect people's human right to be referred to the local safeguarding authority to ensure that best interest's decisions were assessed by people qualified to do so as is required by law.

**This demonstrated a breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.**

People were complimentary about the food they received and the choices available to them on a daily basis. One person said, "The food is good and there is plenty of it." One relative told us, "The food is wonderful and presented well. [My relative] has difficulty swallowing and they know how to cater for their needs well. Nothing is too much trouble, if people don't like what is on offer, they will make something to suit your taste."

On the day of our inspection it was a hot day. We observed staff regularly offering and supporting people with drinks. However, where people with complex needs were confined to bed and others who received care and support in their rooms at all times, support provided by staff including their food and fluid intake was not monitored and hydration intake not calculated at the end of the day. This had the potential to put people at risk as food and fluid consumption was not monitored and failed to provide evidence that people had their nutrition and hydration needs met.

We observed the midday meal. People were relaxed and chatted in a friendly manner to one another with positive interaction from staff. Where people required staff to support them with eating their meal this was carried out by staff one to one and in an unrushed, dignified manner.

People's dietary requirements, food allergies, likes and dislikes were documented and communicated well with kitchen staff. People at risk of malnutrition had been identified using nutritional screening tools. People identified as at risk were regularly monitored and referrals made to specialist health professionals for advice and support. Where people had expressed their views regarding the food provided through suggestion box's the manager described how suggestions had been listened to and had influenced the planning of menus.

Records and discussions with people and their relatives showed us that people had access to specialist healthcare professionals when they needed to. For example, dieticians, continence advisors and GP's. One relative told us, "They always let me know if the GP is visiting and ask if I would like to be here. They are marvellous at letting me know if there are any changes."

Good

# Is the service caring?

## Our findings

Everyone we spoke with told us that staff were kind, caring and compassionate. One person told us, “They are all very kind and cannot do enough for you.” One relative told us, “[my relative] moved from another home where their needs were not being met but here they have everything they need. I love everything here. All the staff are kind, gentle, patient and the attention to detail is top quality.”

We spent time observing interactions between staff and people who used the service within communal areas. We saw that staff were respectful, spoke kindly to people and Interactions between staff and people were warm and friendly with lots of laughter.

One relative said, “This home is outstanding. Right from when [my relative] was admitted, the communication and kindness was brilliant. The staff go the extra mile and the attention to detail with personal care is first rate.” People told us that staff treated them with dignity when supporting them with their personal care needs. One person told us, “I may be old and not able to do much but I don’t want them to take over. They are good and listen to me and help me to continue to do what I can for myself. It may not be much but it is important to me.”

People who used the service and their relatives were recently asked to take part in an activity where they were asked to describe what dignity meant to them. People’s views and responses were placed on a notice board and made available for staff to view. Staff told us this helped them understand what was important to people and helped them to be mindful when providing care and support to people.

People had been involved in the planning of their care and supported to express their views about what was important to them. Care plans described for staff how best to support people in promoting their dignity and independence. Care plans also described people’s views about what quality of life meant to them, their likes, dislikes, life histories and things that worry or upset them. Staff were able to describe to us how they would support people in a caring and meaningful way and how when supporting with personal care they would preserve people’s dignity.

Good

# Is the service responsive?

## Our findings

People received care that was responsive to their needs. Care records showed us that people's needs had been assessed before they were offered accommodation at the service. The information obtained had been used to develop detailed care plans which had information regarding people's preferences. For example, 'things I would like you to know about me', 'how I communicate', 'my family' and 'my life so far'. Care plans had been reviewed on a regular basis and changing needs updated. This provided staff with up to date guidance as to people's care and support needs.

People had access to social and leisure interests which had been assessed according to the needs of the individual. Discussions with the activities coordinator demonstrated that activities were organised according to people's expressed needs, wishes and capabilities.

We observed staff being responsive to people's needs for care, treatment and support. For example, when people activated their call bell staff responded promptly to requests for support. We saw during our visit staff supporting people with reminiscence activities, word games and one on one support with conversation. One relative told us, "They know just what people need and are respectful of when people just want to be left alone." One person told us, "When I feel like joining in group things I do but when I just want a chat they are happy to come to my room and sit with me."

The manager produced a newsletter which contained information describing for people how they could report any concerns or complaints. Information was also displayed on notice boards throughout the service.

People told us they had confidence in the management of the home to respond to any concerns or complaints they might have. One relative told us, "I know that if I had any worries the manager would deal with them immediately. They are always available and supportive when you need them." Another relative told us, "I have no complaints but if I did have I would go to the manager or the deputy. I am sure they would respond and sort any issues out to the best of their ability. I have always found them to be approachable and listen to you." The provider had a complaints policy in place which detailed timescales for responding to complaints and concerns received. We reviewed the provider's system for logging complaints. We saw that complaints had been responded to in a timely manner and contact with complainants was made to regularly to discuss their concerns.

Requires improvement

# Is the service well-led?

## Our findings

The manager had been appointed since January 2015 but had worked at the service for a significant period of time as the deputy manager.

The manager shared the key challenges since taking up their role. They were open and honest with us in describing areas where improvement was needed. They had recognised the need for improved staff delegation of tasks including the need to implement regular, planned clinical and professional supervision support for staff and planning to provide staff with the training they needed relevant to their roles and responsibilities. However, they also told us they regularly worked hands on shifts when there were shortages of nursing staff. This limited their time and capacity to make the changes necessary.

Whilst health and safety checks had been carried with regards to fire safety, servicing of electric hoisting equipment and bed rails checks, the manager told us they were aware of areas of the service that required attention to improve the quality and safety monitoring of the service. Shortfalls had been identified during this inspection regarding the way the service identified and responded to medication administration errors and a lack of robust medicines stock control audits. The manager agreed with our findings at this inspection and told us they had also identified a need for more regular audits of stock against medication administration records. A recent audit carried out by the supplying pharmacist also identified shortfalls in the administration, and management of people's medicines.

The manager told us how they routinely listened and learnt from people's experiences, concerns and complaints. They told us they had an open door policy and involved people in the planning and review of their care and support. People had been invited to express their views with a suggestions box provided. Views expressed had influenced the planning of menus. The manager told us they spoke with people regularly but meetings were not provided due to the frailty of people who used the service.

We observed the management team to promote an open, person centred, positive culture where people and their relatives could raise concerns that would be listened to and dealt with. Lessons had been learnt from complaints and these had been communicated to staff in an attempt to improve the service people received.

Staff told us that morale was, "Very good" and demonstrated that they understood their roles and responsibilities well. One staff member told us, "We work well as a team" and another, "This is a lovely place to work with a good atmosphere where care for people is the priority." Another told us, "The management here including the owner is like family and always supportive."

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 |
|---|---|
| | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>The provider failed to implement systems to ensure proper and safe management of people's medicines.<br><br>Regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>The provider did not have systems in place to provide staff with appropriate clinical or professional supervision support and training necessary to enable them to carry out the duties they were employed to perform and meet people's needs.<br><br>Regulation 18(2)(a)(b)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |