

Pine Lodge Care Limited

# Pine Lodge Care

## Inspection report

26-32 Key Street  
Sittingbourne  
Kent  
ME10 1YU

Tel: 01795423052  
Website: [www.pinelodgecare.com](http://www.pinelodgecare.com)

Date of inspection visit:  
03 May 2016  
04 May 2016

Date of publication:  
13 July 2016

### 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** 

# Summary of findings

## Overall summary

This inspection took place on 03 and 04 May 2016. Our inspection was unannounced.

Pine Lodge Care is a privately owned care home that provides personal care for up to 59 older people, some of whom have dementia. The home occupies two connecting wings of detached premises, one wing is called The Firs and the other wing is called The Pines. There are two enclosed garden areas. The home is situated close to Sittingbourne town centre, with local shops, public transport and other community facilities nearby. On the day of our inspection there were 56 people living at the home

The service had 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.

People and their relatives were complimentary about the care and support provided by the service.

Recruitment practices were not always safe, gaps in employment history had not always been explored.

Medicines were accurately recorded and appropriately stored. Some people's medicines records for PRN (as and when required medicines) were not up to date to evidence the medicines people were prescribed. We made a recommendation about this.

People were not always frequently weighed to monitor their weight. One person had been assessed by a community dietician following weight loss. The advice and guidance given had not been added to the person's care plan, which meant staff would not know how to support the person effectively with their nutrition and hydration.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Audits undertaken had not picked up the concerns about care records, staff recruitment records and inconsistent weighing. Records were not always complete, accurate.

Not all care plans included people's life history and information to help staff get to know them, their preferences and life choices. We made a recommendation about this.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety

There were enough staff on duty to meet people's needs. Staff had undertaken training relevant to their roles and said that they received good levels of hands on support from the management team.

The premises and gardens were well maintained and suitable for people's needs. The home was clean, tidy and free from offensive odours.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved.

People were supported and helped to maintain their health and to access health services when they needed them.

Relatives told us that they were able to visit their family members at any reasonable time; they were always made to feel welcome.

People's and their relatives were encouraged to feedback their views and experiences during meetings and through completion of surveys.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People and their relatives knew who to talk to if they were unhappy about the service.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

Effective recruitment procedures were in place, however they were not always followed.

Medicines had been appropriately managed, recorded and stored. People's medicines information had not always updated to reflect changes to 'as and when required' medicines.

There were sufficient staff on duty to ensure that people received the care and support when they needed it. Staff had a good knowledge and understanding on how to keep people safe from abuse.

Risk assessments were in place to enable staff to meet people's needs safely.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People's weight was not recorded often enough to monitor it effectively. Advice from health and social care professionals had not always been added to people's care plans to ensure staff knew how to support people with the nutrition and hydration.

People had choices of food at each meal time which met their likes, needs and expectations.

People received medical assistance from healthcare professionals when they needed it.

Staff had the essential and specific training and updates they needed. Staff received supervision and said they were supported in their role.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were

**Requires Improvement** ●

in place.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and patient in their approach or supported people in a calm and relaxed manner. People were treated with dignity and respect.

People and their relatives had been involved in planning their own care.

Relatives were able to visit their family members at any reasonable time and were always made to feel welcome.

### Is the service responsive?

Good ●

The service was responsive.

Care was offered to people in response to their care needs which had been planned with their involvement. Relatives told us that they were kept well informed by the home.

People were engaged with a variety of activities of their choosing.

People and their relatives had been asked for their views and these had been responded to.

People had been given adequate information on how to make a complaint.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Records were not always well maintained, accurate and stored securely.

The registered manager and provider carried out regular checks on the quality of the service. Audits had not picked up the concerns we found during the inspection.

Staff, relatives and health and social care professionals had confidence in how the home was run. Staff told us they were well supported by the management team.

# Pine Lodge Care

## 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 03 and 04 May and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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 also reviewed previous inspection reports and notifications. A notification is information about important events which the home is required to send us by law.

We spent time speaking with five people. Some people were not able to verbally express their experiences of living in the home. 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 staff interactions with people and observed care and support in communal areas. We spoke with four relatives and 10 staff including the registered manager.

We requested feedback from the local authorities commissioning team, local authority care managers and a clinical nurse specialist.

We looked at records held by the provider and care records held in the home. These included seven people's care records, risk assessments, staff rotas, training records, seven staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

We last inspected the home on the 18 June 2014 and there were no concerns.

## Is the service safe?

### Our findings

People told us they felt safe. We observed that staff encouraged people to be safe in their environment. For example, people who were unsteady on their feet were offered guidance and support, particularly when accessing the garden area.

Relatives told us their family members were safe. Comments included, "Feel she's 100% safe"; "They manage her medicines well, she's much better now than she was at home"; "We visit regularly, there's always staff around"; "Feel she's very safe here"; "Mum is safe, the doors [to the home] are locked" and one relative said the homes was "Nice and clean and not smelly".

Robust recruitment procedures were not always followed to make sure that only suitable staff were employed. Employer references were checked. Two out of seven employee files showed there were gaps in employment. One staff member who had been employed since 2008 had a gap of 23 years in their employment history which had not been explored. The registered manager told us that the application forms had been changed shortly after they were employed to ensure a full employment history was gained. Another application form for a member of staff employed in 2015 showed a gap of one year. Records did not evidence that the provider or registered manager had explored reasons for these gaps. This meant that the provider had not carried out checks to ensure the staff member was suitable to work around people who needed safeguarding from harm.

We recommend that the provider and registered manager carry out required employment checks to ensure that staff are suitable to work with people.

New staff had started work before relevant checks had been made through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider's recruitment policy detailed that any offer of employment made was conditional until the relevant checks had been made. The registered manager and the staff member without the DBS explained that risk assessments had been put in place to reduce the risk to people. Staff without appropriate checks were not allowed to work alone and were not able to provide personal care to people.

Most staff had completed safeguarding adults training. The staff training records showed that some were due to update their training. There was a safeguarding course planned for the 24 May 2016 for staff to attend. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns and was proactive in doing so. Effective procedures were in place to keep people safe from abuse and mistreatment.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person's abilities and current care needs. Risk assessments corresponded with each section of the care plan. Risk assessments and care plans had been reviewed monthly or more frequently if people's circumstances changed. Risk assessments relating to people's pressure areas were completed and suitable equipment was put in place to reduce the risks, such as pressure relieving mattresses and cushions. One person's risk assessment had not been reviewed and amended when their needs changed. They had developed pressure areas whilst staying in hospital, when they returned their risk assessments and care plan had not been amended. We spoke with the registered manager about this and they amended the person's care plan and risk assessment during the inspection to ensure staff had the right information to provide the person's care.

The premises were well maintained and suitable for people's needs. Staff reported that any concerns in relation to the maintenance of the premises were addressed in a timely manner. The registered manager monitored maintenance requests to ensure that issues were dealt with as soon as possible. A log of the repairs that needed to be carried out was maintained in each part of the home. This showed that when concerns had been identified steps were taken to remedy the issue.

Records relating to the maintenance of the premises showed that regular checks were made to ensure that the home was well maintained and safe. Checks on fire equipment were made regularly. People had personal emergency evacuation plans in place that detailed how they should be supported in case of an emergency that meant the home needed to be evacuated. Fire drills were carried out regularly in accordance with the fire risk assessment.

Accidents and incidents at the home were clearly and thoroughly documented. The registered manager produced a written report on a monthly basis to evidence that relevant action had been taken as a result of accidents and incidents, such as admissions to hospital, medicines reviews and referrals to the falls clinic. A record was kept concerning the location of falls. This was to assess if preventative measures could be introduced to lessen the risk of falls for people who lived at the home. The registered manager evidenced that staffing numbers had increased following an analysis of falls. The registered manager had introduced an additional staff member who started at 06:00 to assist the night staff. This was because some falls had happened early in the morning. Since the introduction of this early shift, accidents from falls had reduced.

There were enough staff on duty when we inspected the service, which were suitable to meet people's needs. We carried out an observation of care being provided in the Firs lounge area. Staff were very busy in this area providing support for people who were confused about their surroundings. We spoke with the registered manager about staffing levels and they evidenced that staffing numbers had increased to meet people's needs as they changed. The registered manager felt confident that they could speak with the provider about increases to staffing when required and they were able to apply for additional funding from commissioner when needed.

People were protected from the risks associated with the management of medicines. We observed people being given their medicines individually by trained staff. The medicines were dispensed from the medicines trolley and taken to people. They were given at the appropriate times and people were aware of what they were taking and why they were taking their medicines. Appropriate assessments had been undertaken for people around their ability to take their medicines and whether they had the capacity. Those without capacity were supported by appropriately trained staff. Staff who administered medicines received regular training and yearly updates. Their competence was also assessed by the management team to ensure the medicines were given to people safely. Staff had a good understanding of the medicines systems in place. A policy was in place to guide staff from the point of ordering, administering, storing and disposal and we

observed this was followed by the staff.

Medicines were kept safe and secure at all times. Daily checks were made of the medicines rooms to ensure the temperature did not exceed normal room temperatures. The medicines fridges were also checked and daily records maintained to ensure the medicines remained within normal range. They were disposed of in a timely and safe manner. Accurate records were kept of their disposal and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, if they were refused by the person they were prescribed for. The appropriate containers were used for the medicines being disposed of. During the inspection we found a concern with controlled drugs. The controlled drugs register did not tally with two medicines in stock. We raised this with the registered manager, who investigated this. The medicine record had been made in error as there were two medicines with the same name but different doses, the records for these had become mixed up. The registered manager took the correct action to remedy the error during the inspection.

People had medicines protocols in place which described when they needed PRN (as and when required) medicines. We noted that some people had medicines protocols in place for Paracetamol but their medicines record showed that they had Co-Codamol instead. This meant that their PRN protocols had not been updated and amended when their prescribed medicines changed.

We recommend that the registered persons put in place systems to audit and review medicines records to ensure that staff have access to up to date information about people's prescribed medicines.

We reviewed a total of 15 people's medication administration records. They had been completed accurately with no gaps or omissions. Appropriate codes had been used for any refusal of medicines and a record kept of why the medicines had been refused by people. Staff took appropriate action to seek advice about medicines. One person had already eaten their breakfast when their morning medicine was due to be administered. Their medicine should have been taken one hour before food. The staff member responsible for administering medicines knew this so didn't give the medicine. The staff member rang the person's GP for advice and acted on the information given.

## Is the service effective?

### Our findings

People told us that they received the care and support that met their needs. One person told us, "I get on well with staff". Another person said, "staff mainly are first rate, they really are excellent" and "any requests I've got they carry it out".

Relatives told us their family members received effective care, good food and that their health needs were well met. One relative told us their family member liked the food, they said she "Has two eggs every other day" and "They lets us know if she's taken to hospital". Another relative said their family member "Enjoys the food, she was underweight when she came here, she's increased in size and weight". They also told us that the "Chiroprapist comes every six weeks".

The registered manager told us that people should be weighed monthly to monitor if they gained or lost weight. Records showed that people had not always been weighed frequently. One person had lost 8kg in two months, however there was then a gap of four months before they were weighed again. Relevant action had been taken to refer this person to the community dietician service. The community dietician had provided advice which had not been transferred to the person's care plan. This meant that staff were not aware of up to date guidance on how to support this person with their nutritional needs. Another person had a gap of six months between being weighed.

The examples above evidence a breach of Regulation 9 (1)(3)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. People were offered snacks such as biscuits, cake and fruit during the day.

The menu was clearly displayed on the wall in each dining room, this was available in written form only. We spoke with the chef who explained they planned to introduce photographs of food to help people make their choices. People's feedback about the food varied. One person told us, "The food is average". Another person said, "I have no complaints at all about food". Another person told us they were not a big eater, they explained that there was a choice of two meals and they "Can have something else if you don't want that".

Food was appropriately stored within the kitchen. Staff who worked in the kitchen were suitably qualified and knowledgeable about how to meet the nutritional needs of the people who lived at the home. Checks were made concerning the serving temperature of food to make sure it was properly heated. Staff reported that they were able to access the kitchen at any time if people wanted a snack.

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training courses and events were advertised in the office

and staff room, these showed courses planned for the coming months. The provider's information return (PIR) showed that all staff had attended fire safety training, health and safety, infection control, dementia and moving and handling. The provider employed a staff member who was trained to provide training to staff, they ran support sessions and training sessions for staff. People received care and support from staff who had been trained to meet their needs. Two staff completed the Six Steps end of life care pathway programme which was provided by local hospice. The staff members attended training sessions at the hospice and then provided a portfolio to evidence how they had applied theory to practice. The idea of this training is to embed this into the home so all of the staff follow the same philosophy, so this can reflect people's wishes in the care they receive now and in the future, when their needs change. The registered manager explained this was still in the process of being embedded into practice.

The registered manager had attended dementia training, part of this training enabled them to visit a specialised dementia service to gain ideas around improvements that can be made to people's environments. All of the bedroom doors were numbered, however there was nothing on the door to provide a prompt or reminder to the person so they could recognise their own room, such as a photograph. The registered manager had made some changes to the colours and design of the dining areas and was planning to make changes to the home so that people living with dementia could find it easier to orientate themselves in the home. We observed throughout the inspection this redecoration work and signage was required as people frequently walked to areas and became lost.

Staff told us that they had an induction when they started work. This included shadowing experienced staff providing care and support, reading policies and procedures, completing the Care Certificate (which includes completing course work and observations of practice) and undertaking training. Care staff told us they received regular supervision, records confirmed this. Staff employed in other roles said they had received supervision, however this was not as frequent. Staff told us they had received an annual appraisal. One member of staff told us, "They are good at giving help, I feel listened to and supported".

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. Staff were knowledgeable concerning the need to seek consent when providing care for people. A staff member told us that they helped people to choose by showing them the options. For example, what food looked like, which helped people to make an informed choice.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider had good systems in place in relation to DoLS. Applications were completed by the registered manager and then submitted to the local authority. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. During our inspection several people became unwell, staff gained medical support from the GP and paramedics accordingly. Staff told us that the GP and district nurses visited the home regularly. Records evidenced that staff had also contacted 999, district nurses, the hospice, social services, community psychiatric nurses and relatives when necessary. People received effective, timely and responsive medical treatment when their health needs changed.

## Is the service caring?

### Our findings

People told us that they found the staff kind and caring and staff treated them with respect. One person told us, "Very much so, no trouble there whatsoever" when asked if staff respected their privacy. Another person said, "Everyone sets out to do the best they can". Comments received from other people included, "I think this is a good home" and "Staff treat me well". We observed staff treating people with kindness and compassion, they bent down to be at the same level as people who were seated when communicating and took time to check people's understanding.

Relatives told us that staff were kind, caring and respectful. One relative told us, "Staff are kind, they joke with her". Another relative said, "Staff seem to be very good. Staff were responsive to mum's and my needs, she loves the staff". Another relative told us, "I think the staff are kind and caring" and another relative said, "Everyone is so nice here".

We observed that people were free to move around the home. When staff passed people in the corridors we saw them stop and chat. One person had walked into the dining room, they were confused and disorientated, the staff member gently asked what they were looking for and helped them find it by leading them to the lounge area.

During breakfast people entered the dining rooms at different times, they were welcomed and attended to promptly. People were not rushed at meal times and there was a pleasant calm atmosphere.

Staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. For example, one person was disorientated to the time and date. They repeatedly talked about things they used to do. Staff were kind and patient and engaged the person in discussion and did this in a sensitive way to support and encourage the person.

People's rooms had been personalised with their own belongings. Two people showed us their room, they told us that they liked their rooms. A relative told us they felt that their family member's personal space wasn't always respected as sometimes a hoist was found in their family member's bedroom, they were worried their family member would fall over it and they said that their family member didn't like it there. They had told staff about this.

Interactions between staff and people who lived at the home were positive and caring. We observed one person displaying behaviours that other people found challenging. Staff supported the person appropriately and offered reassurance to others who had become distressed. Staff offered distraction techniques to take the focus away from the person. This quickly calmed the situation. Staff working in the Firs unit explained that they could call staff (including the management team) at the Pines unit if they needed additional help.

Care plans were detailed and included information about people's life such as previous occupation, family and friends and important dates and places. Relatives told us their family members had been involved in their care planning. One relative said, "[Person] is involved in her care". We observed that married couples that lived in the home were given opportunities to be involved in each other's care where appropriate. One person's care record we looked at didn't include the person's life history, which meant that staff may not have all the information they needed to meet this person's needs.

We recommend that registered persons ensure care plans meet people's needs and preferences.

Staff treated people with dignity and respect. Privacy was observed. For example, staff knocked on people's doors and called out to the person before entering. When people had visitors we heard the staff ask people if it was okay to enter the room or if they wanted them to come back later. One person told us, "Some staff knock" and "Staff give privacy". Staff explained how they supported people with their personal care to ensure that people's modesty and privacy was respected. Staff did this by ensuring people were covered up with towels and people wearing skirts or dresses were offered blankets for their legs.

The registered manager had employed a staff member as a dignity champion. A staff member told us that this new role was to improve dignity and be aware of changes. The dignity champion shared they planned to provide awareness sessions for staff.

Relatives told us that they were able to visit their family members at any reasonable time and they were always made to feel welcome. One relative told us, "When I come in, I don't believe it is all for show". We observed that the staff were all friendly and welcoming to people, families and visitors.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely on a computer system which was only accessible to staff with passwords. People's individual care records were stored in lockable filing cabinets in the office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

People's religious needs were met. The activities staff member told us that there is a regular church service which is well attended.

## Is the service responsive?

### Our findings

People and their relatives told us they knew how to make a complaint if they had a complaint. We observed that people knew the registered manager and engaged the registered manager in friendly banter. One person told us, "I would see [registered manager] if I had a complaint, I have done before, she dealt with it very quickly". Another person said they had "No worries or concerns". A relative told us that they had raised concerns about things going missing but this had been resolved. Another relative said they had "Not had to complain and we've been coming here two years".

People told us that they had activities to keep them active. We received mixed feedback about activities. Comments included, "Plenty to keep busy" and "I am knitting at the moment, I do exercises and join in activities when I want". One person said that activities were "Not my scene" they explained they preferred to be on their own watching television, films and reading books. Relatives told us their family members had activities to keep them active and engaged. One relative told us that activities included "Books, colouring in, knitting, Christmas was brilliant, they had schools in singing". Another relative said, their family member "Appears to have enough to do, I take her out". Another relative said their family member had "Played bowls last week and made friends". Another relative said told us their family member "did a coach trip last month".

A range of activities was available for people who lived at the home. The activities programme was displayed in throughout the home. This included visits from entertainers. We viewed picture books that had been put together by the activities team, these showed people participating in events such as parties, dancing, cream teas, trips to garden centres, boat trips, celebrating armed forces day, garden party and visits from pets as therapy (PAT) dogs and birds. The photo books had been put together frequently to show what events had taken place throughout the year, the pictures showed people and staff smiling, laughing and having a good time.

During the inspection we observed activities taking place in the both lounge areas in the home which included bowling, cards and hoopla, people were encouraged to be involved if they wanted to be. The activities staff told us they also spent time with people on a one to one basis such as helping with knitting, playing cards and chatting and made time to see people who receive their care in bed, to ensure they were not socially isolated. The activities staff arranged for outside entertainers to visit the home on a monthly basis such as music groups, yoga and a regular church service. During the summer months the activities staff arrange trips into the local community, there was a planned trip to a wildlife park for June 2016.

Regular meetings were held with people and their relatives. We viewed the meeting minutes from the meeting which took place on the 17 February 2016. The meeting was well attended by 21 people. The minutes of the meeting showed that the registered manager had shared plans regarding refurbishment, survey results, planned events, laundry, staffing and people were able to share feedback about the service.

People's care files contained detailed assessments of their care needs. Assessments had been carried out prior to the person moving to the home. People and relatives told us they had been involved in the care planning process. Care plans were developed from the assessments and reviewed and updated regularly by

staff as they got to know people or when their needs changed.

People, relatives and staff were aware of the home's complaints procedure and this was displayed within the lobby of the home. We reviewed complaints that had been received. These had been appropriately recorded, investigated to within suitable time periods and appropriate action taken. Complaints responses included an investigation and when warranted an apology was provided.

We viewed recent compliments that the home had received. One read, 'Thank you all very much for the way you looked after mum during the last two years and for the excellent care and affection that she has received from you all'. Another compliment read, 'On behalf of all the family I want to thank everyone who showed dad such kindness and care in his last months'. Another compliment card read, 'We would just like to thank you and your dedicated staff for the way you cared for mum in the last few months of her life. She was always telling us how happy she was in "Pine Lodge". We will be forever grateful to you for the support you gave us throughout'. The registered manager received a compliment letter from a person who lived at the home during the inspection, it read 'I want to thank you for the way you have made it possible for me to live in pine Lodge for 1.5 years. There was always time available for me when I wanted to talk and the carers I had a good relationship'.

The provider carried out an annual survey of people, relatives and friends. We viewed the survey results for 2015. These showed that 31 people had provided feedback about the quality of their care and the home. The survey results were generally positive. The survey showed that 26 people didn't know who their key worker was. The registered manager explained that since the survey, key worker prompt cards had been placed in each person's rooms so that each person knew who their key worker was, we saw these were in place. Survey results showed that 30 people felt their views, opinions and choices were respected by staff. People also provided feedback about food provided by Pine Lodge, changes to menus had taken place as a result and further changes were planned. People had also provided feedback in February 2016 as part of a care and dignity challenge. The completed feedback was generally positive but some people had said that the noise levels within the home were sometimes too much, three people felt lonely. The registered manager had employed a dignity champion since the survey to help to make changes.

Relatives and friends surveys had been completed by 26 relatives and friends. The survey results were mostly positive. Comments included, 'Love what you have done with the gardens'; 'Our relative is very happy' and 'Very pleased with how well our friend is cared for'. Negative comments received were about improvements required for communication, particularly when there are hospital appointments or falls.

## Is the service well-led?

### Our findings

People told us that they felt that it is a well-run home and the registered manager was easy to talk to. We observed that people knew the management team and felt confident and comfortable to chat with them in the all areas of the home. We also observed that people visited the office when they wanted to discuss things with the registered manager.

Relatives told us they had confidence in the home. Comments included, "[Registered manager] is good, she helps out"; "Managers are very approachable, no problems at all"; "No problems at all" and "[Registered manager] is good, it's a nice home, we are pleased".

Records had not always been completed effectively. For example, one person had developed pressure areas which were being treated by the district nursing team, however their care plan and risk assessments had not been updated to evidence that this. Another person's care plan was dated 26 June 2015, this had not been updated to show changes in their cognition and increased frustration towards their spouse. We viewed one person's fluid records, they had a catheter in place so staff should have been recording their fluid input and output. Fluid charts seen for 01 and 02 May 2016 showed that no output had been recorded for either day. This meant that staff could not monitor if this person's catheter was working effectively. Fluid charts had records of fluids being given each time but nothing had been done to tally up the total amount of fluid per day. Food and fluid charts were maintained when concerns had been identified relating to eating and drinking. Food charts did not always accurately record what people had eaten and drunk. On the first day of our inspection one person did not appear well, they were difficult to rouse and they had refused all food and drink. They were seen by paramedics and taken to hospital. Their food and fluid records for the morning showed they had eaten and drunk. We spoke with the registered manager about this and they agreed these records did not accurately detail the person's food and fluid intake.

The provider had audit systems in place to audit the service on a monthly basis. These take place unannounced at different times of the day. We viewed the last three audits, these showed that different areas of the home were checked, the person carrying out the audit had spoken with staff, people and looked at records. Areas of concern had been noted and reported to the registered manager. Records evidenced that these had been dealt with. The audits had not detailed whether care records were audited. The registered manager explained they had systems in place to audit care records, health and safety and infection control. However, these were informal systems and not recorded. However, audits had not picked up the concerns we found in relation to care records, recruitment records and inconsistent weighing. This meant that audit systems and processes were not always robust.

The failure to operate effective systems of processes to monitor and improve the quality and safety of services and failure to ensure records were complete and accurate was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained that members of the management team attended a local provider forum. This enabled the management team to meet other local providers and the local authority to discuss key

issues and keep themselves updated with local news and events.

Handover sheets were used to ensure that important information was passed on when shifts changed at the home. This included information about people's medical needs and any action that needed to be taken such as referrals to the GP. This meant that care was consistent and communication was effective.

Staff told us that the culture of the home was open and they could admit to mistakes and additional support would be provided. Staff were positive about the support they received from the registered manager. One staff member told us they felt "Well supported by manager". Another staff member said, "I feel well supported by the management team, I wouldn't be here if I didn't". They went on to say that the provider visited the home regularly and provides "Good input". Staff reported that communication was good within the home and meetings were regularly held so they could discuss concerns. A staff member told us "We are a team, as a team we are all responsible".

Staff received messages of thanks from the management team, we saw that some staff had received certificates of appreciation for working extra shifts to help out when the service was short staffed through sickness.

Meetings were held on a regular basis to discuss the running of the home. Some meetings included members of the catering team and housekeeping team. Discussions were documented to show what actions had been agreed at the meetings. Policies and procedures were in place to support the staff to carry out their roles effectively.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, Deprivation of Liberty Safeguards (DoLS) authorisations, safeguarding, any deaths and if they were absent from their role. The registered manager explained that they had good support from the provider. They met with the provider frequently to discuss the day to day running of the service, plans and improvement. The registered manager felt supported in their role.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured that people's care in relation to their nutritional needs had been met. Advice provided had not been added to people's care plans. People had not always been weighed frequently to monitor their weight loss. Regulation 9 (1)(3) (a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not embedded systems fully to effectively monitor and improve the service. Records were not complete and accurate. Regulation 17 (1)(2)(a)(b)(c)