

Mrs D C Curtis

Pinehurst Rest Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced comprehensive inspection took place on 12 and 13 November 2015. At the last inspection completed in September 2014 we found the provider had met the regulations we reviewed.

At this inspection we identified breaches of the regulations relating to the management of medicines and maintenance of the premises.

You can see what action we told the provider to take at the back of the full version of this report.

Pinehurst Rest Home provides accommodation, personal care and support for up to 12 people. At the time of the

inspection there were nine people living at the home. There was a registered manager at the home at the time of the inspection. 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.

Although overall the service was safe we found some areas where the safety of the people living there could be compromised. The carpet on the ground floor entrance

Summary of findings

and corridor had become stretched and rucked in places. This could pose a trip hazard for people and was a risk to their health and safety. The upstairs bathroom door had dropped and become jammed which meant people could not open the door to access the bathroom.

We found some shortfalls in the system the provider ran for managing people's medicines. When people had taken all of their medicine the system did not ensure further supplies of medicines were available. This meant some people had been left without prescribed medicines when they needed them.

We found some shortfalls in the storage of medicines. The storage facility for medicines was not secured in accordance with current guidelines. The provider did not have a system in place to record the daily temperature of the fridge. This meant staff would not know if the fridge was operating outside of the required temperature range to ensure medicines stored in the fridge remained effective.

People told us they were happy living at the home, comments from people included, "I like it here, the staff are good, I'm well looked after". People told us they felt safe at the home. Staff knew how to prevent, identify and report abuse.

People's needs were assessed including areas of risk, and reviewed to ensure their safety. People and their relatives were involved in assessing and planning the care and support they received.

There was enough specialist equipment such as pressure relieving mattresses and cushions available. These were well maintained, clean and used safely by staff in accordance with people's needs.

There was a system in place to ensure people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. There were effective recruitment and selection procedures in place and staff commented they had received a thorough induction and found the practical training they received to be useful and effective. Supervisions and appraisals were regularly completed with staff stating they found the supervision process, "Good".

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. People were supported to make decisions and where people did not have the capacity, decisions were made in their best interest.

People were supported and provided with a choice of home cooked food and drink ensuring their nutritional needs were met.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. There was a system in place for people to raise concerns and complaints. Records showed complaints were investigated in accordance with the provider's complaints policy.

People told us they felt the service was well led, with a clear, approachable, management structure in place.

There were systems in place to monitor and improve the quality of the service 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?

Overall the service was safe. However, people who used the service were being put at risk because the safety, suitability of the premises was not always maintained.

There were shortfalls in the management and storage of medicines. Medicines were not stored and managed in accordance with current guidelines.

Staff were recruited safely and pre-employment checks had been conducted prior to staff starting employment.

Requires improvement



Is the service effective?

The service was effective. Staff received support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place and staff received appropriate training to ensure they cared for people effectively.

People were offered a choice of food and drink. Menu's offered choice and provided a balanced diet for people.

People accessed the services of healthcare professionals as appropriate.

Good



Is the service caring?

The service was caring.

People who used the service told us they received the care and support they needed. Staff treated people with respect and dignity.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Visitors were welcomed into the home at any time and people were supported to maintain relationships with friends and family.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

People knew how to raise a concern and felt confident that these would be addressed.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff felt supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a positive, open culture.

The provider had audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Good



Pinehurst Rest 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 comprehensive inspection took place on 12 and 13 November 2015 and was unannounced. One CQC inspector visited the home on both days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we met and spoke with all of the people living there and one of their relatives. We also spoke with the provider, the manager, the deputy manager, a visiting GP and three members of care staff. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked at three people's care, treatment and support records. We also looked at records relating to the management of the service including staffing rota's, three staff recruitment and training records, premises maintenance records and staff meeting minutes.

Is the service safe?

Our findings

During our inspection visit we spoke with all of the people living at Pinehurst Rest Home. Every one told us they felt safe living at Pinehurst Rest Home. One person said, “I have everything I need, there are enough staff to help me when I want”. Another person said, “I’m very grateful, the staff are all very good, they treat me well”.

Although overall the service was safe we found some areas where the safety of the people living there could be compromised. The carpet on the ground floor entrance and corridor had become stretched and rucked in places. This could pose a trip hazard for people and was a risk to their health and safety. The upstairs bathroom door had dropped from the hinges which meant people could not open the door to access the bathroom.

The concerns about the safety and suitability of premises were a breach of Regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed every person’s Medication Administration Record (MARs) and found some shortfalls in the system the provider ran for managing people’s medicines. When people had taken all of their medicine the system did not ensure further supplies of medicines were ordered and available. This meant people had been left without prescribed medicines when they needed them.

We found some shortfalls in the storage of medicines. The storage facility for medicines was not secure and was not maintained in accordance with current guidelines. Some medicines were required to be stored in a fridge to ensure they were kept at the correct temperature to maintain their effectiveness. The provider did not have a system in place to record the daily temperature of the fridge. This meant staff would not know if the fridge was operating outside of the required temperature range to ensure medicines stored in the fridge remained effective.

The concerns around managing and storing people’s medicines were a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed staff that had responsibility for administering medication had received medication training to ensure they could administer medicines safely. The provider used a unit dosage system with medicines being supplied by the pharmacist.

We observed staff supporting people with their medicines and saw staff explaining to people what their medicine was for and waited with them to ensure the person had taken all of their medicine safely. Staff supported one person at a time with their medicine and spoke knowledgeably about how people preferred to take their medicines.

People had their allergies clearly recorded. Many people living in the home had ‘PRN’, as required medicines, such as painkillers. Although staff were able to tell us how people presented if they were experiencing pain, the provider did not have a policy or plans on the use of ‘PRN’ as required medicines. The manager told us they would ensure a suitable ‘PRN’ policy was written as soon as possible. In the immediate days following our inspection visit, the manager forwarded their ‘PRN’ policy which gave clear guidance for staff to follow to ensure people received their ‘PRN’ medicines when required.

Cream application charts were in use which gave clear, detailed guidance for staff to follow, stating what cream to apply, why it was in use, where to apply, how to apply, how much and the frequency to apply the cream.

We spoke with staff about their understanding of protecting vulnerable adults. Staff demonstrated a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they needed to report any form of abuse. The provider had a system in place for staff to follow in regard to safeguarding adults with information and contact details for the relevant local authorities.

There was a system in place to ensure risks to people were assessed and plans were in place to reduce these risks. We found people had their health needs assessed for areas of risk such as falls, moving and handling, nutrition and pressure area care. Records showed if people’s health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

The provider had a system in place to ensure the premises were maintained safely. Regular checks were completed for fire safety equipment and fire panels, electrical testing, lifting equipment and lifts. The manager told us the gas

Is the service safe?

system had been serviced and checked at the same time as the electrical system but they were unable to find the gas safety certificate. Following the inspection visit the manager confirmed a full gas safety check had been completed, we were shown records to confirm this had been done. Records confirmed a full water system check including legionella testing had been completed. Legionella is a water borne bacteria that can be harmful to people's health.

Accidents and incidents were recorded and monitored by the manager to ensure any trends or themes were identified and acted upon. For example, incident monitoring had highlighted one person was frequently slipping from their chair, which could pose a risk to their health. The situation was reviewed by the manager and staff and the person given a lower chair, to reduce the risk of injury and encouraged to always use the call bell when they needed to mobilise so that staff could offer assistance and re-assurance. These measures had resulted in a positive result for the person, reducing their instances of slipping from their chair.

People had basic personal emergency evacuation plans completed for them which gave summarised information for staff to enable people to be evacuated safely should people have to be removed quickly from the home, for example in the case of a fire.

There were enough staff employed to meet people's needs. The manager showed us the staff rotas for a recent two week period which correctly reflected the levels of staff on duty during our inspection visit. Staff told us they felt there were enough staff on each shift to manage the needs of the people living at Pinehurst Rest Home. We observed care was given in a friendly manner and staff were able to spend time with people. Throughout the inspection we saw staff checked people were comfortable and made sure they had drinks and snacks available if they wanted them.

We reviewed three staff recruitment records, one of whom had been recently recruited and spoke with two members of staff about their recruitment. Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home before they were left to care for them independently. We saw records that showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at Pinehurst Rest Home.

Is the service effective?

Our findings

People told us they felt there were enough staff available to give them the care they needed. One person said, “I’ve no complaints at all, whatever I want they get for me. I can use the bell if I need to and they come quick enough”. Another person said, “Staff are good, they look after me well and we’re in a good routine, they know what they’re doing”. A visiting GP told us the staff followed advice correctly and made appropriate referrals when required.

Staff completed the cooking, cleaning and laundry duties for the home in addition to providing care and support for the people who lived in the home. Staff told us they had enough time to complete their roles at the present time but if people with more complex health needs moved into the home they would need additional staff on shift.

We talked to staff about the training programme the provider followed. Staff said training was thorough and was a mixture of practical training and electronic distance learning. Staff said they found the practical training very useful and felt they learnt the subjects well in a group situation. We reviewed the training schedule and saw staff had received up to date training in all the core topics such as; safeguarding adults, moving and handling, medicines, mental capacity and fire awareness. All staff were studying for National Vocational Qualifications in Health and Social Care either at level 2,3 or 5.

Staff told us they received regular supervision sessions and yearly appraisals which they found supportive and enabled them to put forward suggestions for specific training such as; understanding parkinsons and dementia awareness. We reviewed six members of staff’s supervision and appraisal records. These were regularly completed, clearly written and supportive towards the member of staff and allowed for staff input into the process, specifically around further development and training opportunities staff may require.

The majority of people living at Pinehurst Rest Home had the mental capacity to make their own decisions, and staff respected these decisions. For example, some people preferred to stay in their bedroom for the majority of the day. One person said, “The staff respect my wishes, I prefer to stay in my room, it’s what I like”.

Where people lacked mental capacity to make a specific decision, staff followed the principles of The Mental Capacity Act 2005. Records showed these people had mental capacity assessments completed that correctly reflected their capacity to make a specific decision.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager and their deputy. The manager and deputy manager spoke knowledgeably about the DoLS process and records we reviewed showed that a DoLS application had been appropriately made for two people.

During our inspection visit nobody living in the home was at risk of dehydration or malnutrition. The manager showed us the system they used if people were at risk of dehydration or malnutrition and needed their foods and fluids monitoring. The system allowed for daily totals of food and fluid but did not include people’s target fluid amounts. This meant people could be at risk of dehydration because staff would not be able to clearly monitor how much fluid people required each day. We discussed this with the manager who said they would amend the system to reflect people’s daily fluid targets.

People meals and snacks were prepared and cooked by appropriately trained care staff. People’s dietary needs were assessed, with people having their food prepared for them in a manner which they required, for example fortified meals with added cream and cheese. Snacks, biscuits and fruit were available during the day and staff encouraged people to drink regularly to reduce the risk of dehydration.

The kitchen had last been assessed by the local environmental authority during 2011 and had been awarded a five star rating which was the highest grade.

People could choose where they ate their meals, whether this was in the dining room with others, or in their bedrooms. We observed the lunchtime meal and saw staff supported people at their own pace and in a friendly way. Staff encouraged people to eat their meals and where possible ate their own meal with them, supporting them to

Is the service effective?

eat as independently as possible. Staff had time to give support to people in a calm and unrushed manner. We observed staff worked well as a team during the lunchtime period.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, opticians, district nurses, chiropodists and GP's.

The garden was safely laid out to accommodate people so they could sit outside in the garden in warmer weather if they wished.

Is the service caring?

Our findings

People told us they were happy living at Pinehurst Rest home and they were cared for by staff who were kind and friendly. One person told us, “They always put themselves out to cater for what I want, they are very good”.

Staff spoke knowledgeably about how people preferred their care to be given. They gave good examples of how people were treated as individuals. One person told us how the staff had taken him to the local remembrance service, they said, “It was a really good service and it was great to see all the youngsters there”. The person showed us their suit and medals which were very important to them and said the staff had made sure the suit was clean and ready for him to wear.

People’s care plans had a section that covered their life history. This was a useful summary that included what people had done in their lives, what made them happy, their hobbies and interests. Records gave good descriptions on what people liked to do during the day such as ‘make sure the person has their paper every day’ and for people who enjoyed music, staff ensured they had a selection of music available for them to listen to.

People told us they felt involved in their care. Care plans showed people and their relatives had been involved in decisions about their care wherever possible. People’s care records were kept secure and no personal information was on display.

Throughout our inspection visit we observed staff giving support to people with kindness. Staff knew the people who lived at Pinehurst Rest Home well and we observed them regularly chatting to people and checking they were comfortable and had everything they needed.

Staff supported people patiently and did not appear rushed, responding to assist and support people in a calm and friendly way. We observed staff encouraged people’s independence, supporting people when they needed assistance. Staff told us they had recently changed the layout of the dining area. Tables were arranged so that people could sit and eat with each other in small groups if they wished.

People told us they were treated with consideration and respect by staff. Staff told us they always made sure people had their dignity respected when they were being assisted with personal care or if they needed assistance to move from their bed or around the home. Staff were respectful of people’s wishes, knocking on bedroom doors before entering bedrooms and using people’s preferred names when speaking with them. We observed that people’s bedroom doors were closed when people were receiving personal care and people told us the staff were respectful of their wishes and made sure they were comfortable at all times. People saw visiting healthcare professionals in their own bedrooms, so their dignity was maintained and privacy respected.

There was no set visiting times and visitors were welcome at the home at any time. We spoke to a visiting relative who told us, “I come to visit every day, I’m always made to feel very welcome, the staff are very good to us both”.

Is the service responsive?

Our findings

We asked people if they had to wait long for staff to assist them when they needed to use the call bell. People replied, “No, not long at all” and, “No, they are always quite quick, even during the night”. Another person said, “I can use the bell in my room at any time, it’s all ok...at night they come quickly”. Every one told us they did not have to wait for lengthy periods for assistance and support.

People had their needs assessed before they moved into Pinehurst Rest Home. This ensured the home was able to meet the needs of people they were planning to admit to the home. Assessments covered areas including; medicines, weight, manual handling requirements and skin integrity. The assessments showed the person or relative had been included and involved in the process wherever possible.

Records showed the information was then used to complete a person centered care plan which gave staff information and guidance on how to deliver appropriate care. The provider used recognised risk assessments tools to assess the risk of skin integrity and malnutrition.

People’s assessed needs were then recorded in their care plans that were person centred and provided staff with information regarding the person’s history and preferences. We reviewed three care plans in depth and saw good examples of person centered care, such as; ‘Likes to choose their own clothing and likes to be smartly turned out. We observed this person was smartly turned out as per their wishes in their care plan. Another care plan stated, ‘They like their independence, support them to do as much for themselves as possible, they need help with reaching lower back and lower areas, assist with putting socks on’. Care plans gave staff clear guidance to follow, for example where one person may struggle to move their care plan stated, ‘Staff to give them time they need, offer positive encouragement and re-assurance and take as much time as they need’. Care plans were reviewed on a monthly basis or more frequently if people’s care needs changed. Staff had signed each person’s care plan to state they had read and understood it.

One person had a diagnosis of epilepsy. Staff told us the person had not had an epileptic fit whilst they had been living in the home and staff were able to speak knowledgeably about how to care for this person. However,

their care plan did not have detailed guidance for staff to follow if the person should have an epileptic episode. We discussed this with the manager who said they would ensure an epilepsy care plan would be put in place as soon as possible. In the immediate days following our inspection visit, records showed an epilepsy care plan had been completed for this person.

People had ‘Advance Care Plans’ in place which summarised what made the person happy, who was important to them, what the person did not want to happen in their life and what their wishes were for their end of life care. Where required, people had a completed, ‘DNAR’ (Do Not Attempt Resuscitation) form in place.

Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place. Where people required mobility aids these were left positioned so people could reach them easily.

Staff spoke knowledgeably about people’s specific conditions and gave examples of how people presented when they were uncomfortable or in pain, which allowed them to ensure people’s pain was managed effectively.

People’s weight was recorded monthly or weekly, depending on their health needs and records showed they were referred to their GP when required. There were body maps in place to record any bruising or injuries sustained by a person.

An activities organiser was employed four afternoons a week and offered a variety of activities for people to take part in. We observed people enjoying board games, puzzles and quizzes. People told us they knew they could join in if they wished but many preferred to spend time in their own bedroom. One person said, “I like that I can do what I want, If I want to join in I can, but if not they will leave me alone”. We observed staff spent time in the afternoons with people on a one to one basis, chatting and talking with them.

People knew how to make a complaint if they needed to and a poster stating how to complain was on display in the entrance hall. The poster did not give contact details of the local government ombudsman which people would need if they wished to complain. We discussed this with the manager who said they would amend the poster as soon as possible. People told us they would feel comfortable raising a complaint if they needed to and felt they would be

Is the service responsive?

listened to. We reviewed a complaint that had recently been received, records showed the manager had followed the provider's complaint policy in replying and resolving the complaint.

The manager told us about a welcome pack they were in the process of designing for people who were moving into

the home. They were also in the process of compiling a transfer pack for people who needed to move between services, for example if people had to go into hospital or a nursing home. This meant people would receive consistent, planned care and support if they had to move to a different service.

Is the service well-led?

Our findings

People told us they found the manager approachable and supportive. Staff said they were happy to approach any staff member for guidance and support if they needed it.

Staff and people described the culture of the home as friendly and homely and stated they were confident to raise any concerns they may have with the management and that they would be listened to. Staff told us they felt communication in the home was good, stating as a small team they all got on well and had their own routines which ensured people were well cared for.

Observations during our inspection visit showed the service was person centred with a small staff team who knew the people well and could offer consistent support and care.

Staff told us they attended regular staff meetings which they found useful and informative. Records showed staff meetings were held regularly and were minuted for all staff to view. The minutes of the meetings were detailed and gave staff good instruction on how to support people in a person centred way. Staff signed the meeting minutes to state they had read and understood them. The manager told us they had arranged for a resident and relatives meeting to take place in December where all people and their relatives would be invited to attend.

The manager told us a quality assurance questionnaire was sent to a selection of people who lived in the home, relatives, GP's, visitors and district nurses every three

months to review what people thought of the service and care they received. We reviewed a selection of completed questionnaires, the majority of which had been positively completed. Comments from completed questionnaires included; 'It felt like a home from home', 'Mum looked happy and contented, being a small home staff were able to provide time to meet my mums needs' and 'Very welcoming, residents are always clean and well presented'. Records showed the manager completed an analysis of the returned questionnaires and implemented any suggestions for improvements where possible.

There was a programme of regular audits in place to monitor the quality of service provided to ensure people's care needs were met. These audits included, care plan reviews, medication, infection control and falls audits. We reviewed a selection of these audits, which had been regularly completed in accordance with the providers policies. Some audits lacked detail of what remedial action had been taken. We discussed our findings with the manager who showed us the action that had been taken and agreed to amend the audit to ensure all actions would be recorded to ensure a full audit trail.

The manager told us about systems they had recently implemented to ensure a continuous quality service was provided for people. Examples included, a key worker system for staff that enabled staff to have specific responsibilities for people, a revised communication book to ensure all staff were kept up to date with changes to people's care and a staff signature record to ensure staff had read and understood people's health records.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider is failing to provide care and treatment in a safe way because medicines were not always safely managed and stored.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider is failing to provide care and treatment in a safe way because some areas of the premises required maintenance which had not been completed.