

Pentlow Nursing Home Limited

Pentlow Nursing Home

Inspection report

59-63 Summerdown Road
Eastbourne
East Sussex
BN20 8DQ

Tel: 01323722245

Date of inspection visit:
08 June 2016
09 June 2016

Date of publication:
01 August 2016

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Pentlow Nursing Home provides nursing and personal care for up to 60 people both long term and for short periods to cover family holidays or times of ill health. People's nursing and support needs varied, some were living with complex nursing needs, including end of life care, diabetes, stroke, heart conditions and Parkinson's disease. Many people needed support with their personal care, eating and drinking and mobility. Some were living with a dementia and memory loss and required support with this along with their physical care needs. Pentlow Nursing Home is based over two neighbouring buildings called Pentlow and Summerdown. There were 45 people living at the service at the time of the inspection including both privately and local authority funded.

This inspection took place on 8 and 9 June 2016 and was unannounced.

At the last inspection undertaken on the 22 and 23 December 2014 we asked the provider to make improvements in relation to the safe management of medicines, appropriate provision and support for people to eat and drink. The provider was asked to ensure the care and support provided was person centred and records were complete, accurate and informed the care needed and provided. The provider sent us an action plan stating they would have addressed all of these concerns by September 2015. At this inspection we found the provider was meeting these regulations although further work was needed to embed and ensure safe and good practice in all areas.

The service did not have a registered manager in post however there was an acting manager and we were told a new manager had been appointed and was taking up post in August 2016. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The quality monitoring systems needed further development to ensure they were used to ensure best practice and to identify shortfalls and demonstrate effective responses. This included the provision of suitable guidelines and records for medicine administration and management of accidents. Guidelines to assist staff in the administration of medicines were not always complete and records of when topical creams were administered were not always accurate. In addition systems for safety in all areas of the home and garden had not been fully established. These areas were raised with the acting manager for improvement. Feedback received from people, their relatives and visiting health professionals through the inspection process was positive about the care, the approach of staff and atmosphere in the home. People said they would recommend the service and one said "I can't think of a better place to end my days." People were looked after by staff, attentive staff who treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and followed correct procedures to protect people's rights.

There was a variety of activity and opportunity for interaction taking place in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships.

Staff were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and able to raise any issue with senior staff and the acting manager. People were complementary about the food and the choices available. Staff monitored people's nutritional needs and responded to them. Preferences and specific diets were provided.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. Feedback was sought from people on a daily basis and satisfaction surveys had been completed. The management style fostered in the home was open and responded to people and staff's views. This provided a friendly and homely environment that people enjoyed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

Some aspects of the service were not safe.

Guidelines and records relating to some medicines including medicine needed only now and again and topical creams were not always clear and could mean that medicines were not given in a consistent way.

The environmental risk assessment process did not ensure all risks were monitored and responded to effectively.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough staff on duty to meet the needs of the people.

Is the service effective?

Good 

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS and the need to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff were trained and supported to deliver care in a way that responded to people's needs.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses as necessary and had established good links with local community resources.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff. Relatives were made to feel welcome in the service.

Everyone was positive about the care provided by all staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good ●

The service was responsive.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of person centred activity and staff supported them either in groups or individually.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality monitoring systems and procedures did not always establish best practice or identify all areas for improvement.

The acting manager and senior staff in the service were seen as approachable and supportive.

Staff and people spoke positively of the management team's approach, support and availability.

Pentlow 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 8 and 9 June 2016 and was unannounced.

The inspection team consisted of three inspectors and an expert by experience in older people's care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service this included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people who lived in Summerdown and eight people who lived in Pentlow.

We spoke with six relatives two gardeners who spend time with people and staff. We spoke with various staff that included the acting manager, the regional manager, the deputy manager, four registered nurses, six care staff, a receptionist, the administrator, one house keeper and the chef.

After the inspection we spoke with two specialist nurses who had regular contact with the service.

We observed care in communal areas to get a full view of care and support provided across all areas and in

individual rooms. We observed lunch in the communal dining rooms and in people's own rooms. The inspection team spent time observing people in areas throughout the home and in the garden and were able to see the interaction between people and staff.

We reviewed a variety of documents which included five care plans and associated risk and individual need assessments. This included 'pathway tracking' people living at the service. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at six staff recruitment files, and records of staff training and supervision. We read medicine records and observed two registered nurses administer medicines. We looked at policies and procedures, record of complaints, accidents and incidents and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe living at Pentlow Nursing Home they said staff were available and responded to any requests and individual needs promptly. People said, "Staff are so helpful, I only have to ring this bell if I need anything. Normally they are quick to come; if they are delayed, they explain and apologise," "I am very thankful I came here because I was no longer safe at home. I only have to ring my bell and someone comes." And "The staff are never far away." Relatives also felt people were safe and staff were available and willing to attend. One relative said "She doesn't sleep soundly, and values knowing she is checked on regularly during the night."

At the last inspection on 22 and 23 December 2014 we asked the provider to make improvements in relation to the safe management of medicines and individual medicine guidelines to ensure all medicines were administered safely and appropriately. The provider sent us an action plan stating this would be addressed by September 2015. At this inspection we found the storage arrangements had been improved and each Medicine Administration Records (MAR) charts were in good order. Each person on 'as required' medicines, which are known as PRN had guidelines in place. PRN medicines are only taken if they are needed, for example if they were experiencing pain.

However we found the PRN guidelines were not individualised or person centred and did not always give clear information on when these medicines should be given. For example, one person was prescribed a medicine to relieve anxiety 'as required' we were told this was given when the person was very agitated but the guidelines were not specific and did not ensure staff gave the medicine in a consistent way. PRN guidelines should provide staff with guidance about why the person may require the medicine and when it should be given. We also found that the records relating to topical creams were not always clear and accurate. For example when creams were prescribed to be given two to three times a day the MAR charts were only recording that they were given once a day. This lack of clarity could lead to people not receiving medicines as required. These issues relating to medicines were identified to the acting manager for improvement.

Although Pentlow Nursing Home was clean and well maintained and specific environmental risk assessments had been completed and responded to. Systems were not fully established to ensure all areas in the home and garden and equipment used in the home were safe. For example, there was no system to routinely check that bathrooms and toilets were safe. That people were not at risk from hot water, hot radiators or could fall from windows. During the inspection we found a radiator in a toilet that had not been guarded and when used could pose a risk to people. In addition the fire risk assessment had identified areas to be addressed that included the release mechanisms to fire safety doors. There was no evidence that this matter had been addressed to ensure people's safety. The safety and service certificates for the passenger lifts had identified some required works the acting manager told us these matters were to be addressed but it was not clear that these matters were being addressed prior to them being raised at the inspection. These areas were raised with the acting manager for improvement. Following the inspection the acting manager has confirmed further routine safety checks are to be completed on toilets and bathrooms and the release mechanisms to fire safety doors were being attended to as a priority. There were individual emergency

evacuation plans in place along with fire safety and evacuation procedures.

In order to maintain the staffing numbers and skill mix the service relied on agency staff. As far as possible regular agency staff were used to ensure people were supported by people who were familiar to them and understood their individual needs. People told us they understood the need for agency staff but much preferred being looked after by regular staff who they knew and knew them. One person said "We have had a lot of agency staff but they are trying to recruit more permanent ones but it is difficult," Another said, "We have an excellent young man, whereas some of the young men from the agency are too strong and I'd prefer not to have them." One other said "I like to think I can go to a carer I can respect not a youngster from an agency." The acting manager confirmed that recruitment was being progressed in order to ensure a regular workforce and confirmed recent recruitment success with care staff. She was mindful of the challenges when using agency staff and had recently reduced admissions to ensure the safety of people due to the high use of agency.

People and relatives told us there were enough staff to respond quickly to their needs. One person said "I think the Staff are very good and there are enough of them." Staff told us the staffing numbers allowed time for them to meet people's needs and to spend individual time with people. One staff told us "Specific one to one time for people is part of the care directions and includes individual time with people doing what they want."

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the home. These included application forms and interview notes, confirmation of identity, references and police checks. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse. Records also confirmed that the provider had checked with the agencies providing staff that they had completed relevant recruitment checks. For agency staff employed as registered nurses confirmation that they were appropriately registered was also in place.

All staff within the service had received safeguarding training on a regular basis and it was clearly documented within the training programme. Staff had a good understanding of their responsibilities in relation to safeguarding people in order to protect them from the risk of abuse. They were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Senior staff understood the local reporting procedures and discussed safeguarding alerts that had been made in the past. There was evidence that staff worked with the local authority to protect people from abuse.

Since the last inspection the security and entry systems at Pentlow Nursing Home had been reviewed and improved. Front doors did not allow people to enter without staff being aware of their arrival. Everyone was asked to sign in and out of the home for security and safety reasons. One relative said "I was very impressed by the safety and security at the home."

There were systems in place to ensure the safe storage and administration of medicines with organisational medicine policies and procedures in place for staff to follow. Pentlow and Summerdown had separate medicine rooms which were locked and drug trollies were secured to the wall when not in use. The temperature of areas where medicines were stored were monitored to ensure medicines were not harmed before use.

Medicines were administered by registered nurses and we observed this followed best practice guidelines. For example they encouraged people to take their medicine at their own pace. Once staff had confirmed the

medicine had been taken they signed the Medicines Administration Record (MAR) straight away. MAR charts were clear and accurate and reflected that medicines were administered in accordance with individual prescriptions. They contained individual information and photographs to support safe administration. Some people had health needs which required variable dose medicines these were well managed. For example, some people required a change to the medicine dose related to specific test results. These were accurately reflected on the MAR chart. Staff were working with the community pharmacist to ensure records and practice ensured medicines were administered safely and effectively.

Risk assessments were in place for people, these were regularly reviewed. Risk assessments included mobility, falls and nutrition and provided information for staff on how to manage the identified risks. Assessments identified the risk and the plan contained information about how to minimise the risk. For example when people were identified to be at risk of skin damage a care plan was generated within the skin integrity section of the care plans. This meant staff knew what specific care and equipment was needed for this person.

Is the service effective?

Our findings

People and their relatives had confidence in the skills and approach of the staff employed at Pentolw Nursing Home. One person said, "They are always doing training to update themselves." One relative said "They all so well trained. I am extremely pleased to leave my mother in such safe hands." People felt that the care and support provided was focussed on them and provided an individual approach that took account of their needs but also promoted their independence. Visiting professionals told us staff had relevant skills and listened and responded to advice given. People were complimentary about the food and told us they had choice on what they had to eat.

At the last inspection on 22 and 23 December 2014 we asked the provider to make improvements in relation to the appropriate provision and support for people to eat and drink. The provider sent us an action plan stating this would be addressed by September 2015. At this inspection we found staff were available to provide suitable support to people to ensure they ate well and at a pace that suited them.

People were supported to have enough to eat and drink and had a pleasant dining experience. Staff supported people and encouraged people to eat a nutritional balanced diet. One person said, "The food is very good. Staff are very good at encouraging me to drink throughout the day. I must, and they are really lovely how they do it, very observant, very patient. The thickener has been explained and staff continue to remind me why it's important."

We spent time observing lunchtime in Pentlow and Summerdown. There was enough staff to attend to people in the dining room and to people in their own rooms. Staff were not rushing and gave people time to eat at their own speed. People were able to choose where they ate their meals and what they wanted to eat. Meals were accompanied by a choice of drinks and condiments. Staff were seen to be attentive and responded to individual needs appropriately wherever they were in the service. For example when one person was seen to have lost interest in their food a carer attended. They noticed that they had spilt a drink on the meal and replaced it and when they spilt another drink into the meal they responded with patience asked if they could help and sat with them providing support when needed. This was seen as an individual person centred approach. The staff member later told us this was a different need for this person that they had reported to the registered nurse. Interaction between people and staff was social with an emphasis on independent dining where possible. For example one person was provided with a plate guard that supported them in using a fork or spoon to eat. Staff offered help but did not impose any assistance and respected people's wish to eat independently even if it took much longer.

People's nutritional needs had been assessed and regularly reviewed. Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment. Staff asked for professional advice if people lost weight or showed signs of eating problems. For people who had difficulty in eating and swallowing suitable meals were provided that included soft pureed meals and food that was provided via tubing. . Appropriate advice was followed and included contact with the Speech and Language Therapist (SALT). Where a need had been

identified staff monitored how much people ate and drank each day to ensure they received appropriate nutrition and fluids. Associated records were completed and included fluid charts that recorded fluid offered and taken.

Staff had a good knowledge of people's dietary choices and needs. The chef and catering staff took a positive role in responding to people's needs and preferences and were proactive on promoting suitable food. The chef described how he met people's needs that included lactose and gluten intolerance. A varied menu was provided and people influenced the content of this. Staff received regular feedback from people either directly or through surveys and meetings held in the service.

Staff had completed training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). There were relevant guidelines within the organisations procedures for staff to follow. Staff understood the principle of gaining consent before any care or support was provided. The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Mental capacity assessments were completed on each person on admission as a baseline assessment. Staff confirmed that most people had capacity to make decisions about their care and treatment and these were responded to on a daily basis. Staff were aware any decisions made for people who lacked capacity had to be in their best interests and the need to include appropriate representation for the person concerned. Senior staff had applied to the local authority for DoLS applications when necessary. These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. Recent applications had related to safety and restriction if wanting to leave the home unescorted.

Staff always asked people for their agreement before completing any task and offered choices throughout the day. For example, staff asked people if they wanted a sun cream applied as a specific choice when they were sitting in the garden. Choices around activity food and drink were evident and were given a high priority throughout the day.

Staff were aware of their roles and responsibilities within the service and received training to support them in providing the care and support required by people. Staff were provided with terms and conditions of employment and policies and procedures that underpinned their roles within the service. New staff received an induction programme. This included working alongside senior staff in a shadowing role and the completion of competency assessments and induction handbook. Staff new to care or inexperienced were also commenced on the 'care certificate framework' based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. Training was co-ordinated internally by an administrator. Training included health and safety, infection control, food hygiene safe moving and handling, MCA and DoLS and safeguarding. The acting manager was aware that the training programme had fallen behind and this was being addressed along with the provision of further specific training to meet the individual needs of people in the home. For example people with increasing dementia. The regional manager confirmed a planned training analysis for all staff was being progressed to ensure all staff had the required training and to identify further training development needs.

Staff told us the training provided them with the skills they needed and included practical sessions along with time to discuss specific areas of care. Newly established and reviewed supervision sessions supported them to complete the required programme and to plan additional training. The registered nurses were supported to update their nursing skills, qualifications and competencies. For example, one registered nurse was taking on the role to support other registered nurses through the revalidation process that enables them to maintain their registration with the Nursing and Midwifery Council (NMC). Staff worked closely and attended training updates with the local hospice and Macmillan nurses to support end of life care that met recognised standards of excellence.

People were supported to maintain good health and received on-going healthcare support. People said they had their health needs attended to and would speak to a registered nurse if they were unwell. They told us they could see the GP when they wanted to. Their comments included "I didn't feel well yesterday so I am staying in bed so I shall feel able to get up for the Queen's party," "I am going to see the GP about the pills he gives me," and "I sat in the garden when I did not feel well and felt much better. The staff kept coming out to see if I was all right." Relatives confirmed health care support was sourced appropriately and they were kept informed of any health changes.

Records and discussion with staff confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. The staff worked hard to communicate effectively and co-ordinate a multi-disciplinary approach to care. For example, specialist nurses were contacted and involved in planning and reviewing of care for people who had specific chronic conditions. For example the specialist Parkinson's nurse had regular contact with the home and were used for advice and support. Feedback from this nurse indicated a very good working relationship used for the benefit of people living in the home.

Is the service caring?

Our findings

People were treated with kindness and in a caring way in their every day care and contact with staff. People who used the service, relatives and visiting professionals were positive about the patience and caring attitude of the staff and the friendly atmosphere in the service. One person said "I get on well with the staff, they are all good, attentive, friendly and kind. If someone is slow they do not mind. This is my home now." Another said "The staff could not be more helpful and they are very kind." A relative said "This one is a real home it is a community. My mother is very complimentary and that's the important thing." Visiting professionals were also complimentary about the staff. One said "The staff are always welcoming and demonstrated a caring approach."

During our observations we heard and saw staff interact with people in a caring, pleasant and patient way. All staff demonstrated skills in listening and responding to people as individuals and showed a genuine caring approach. For example we noted when staff offered tea and biscuits they checked if it was to their liking and asked if they wanted anything else in a caring way. Following this people told us "They make it homely, they are always like that." When a person expressed anxiety about a future eye appointment and not knowing when it was, a staff member went and found out when this was taking place to reassure them.

When staff supported people they did so with patience and worked at the person's own pace and showed a direct interest in people. When staff assisted people with eating people were not rushed and were given plenty of time to eat and talk if wanted. One relative complimented staff approach and said "They always come down to her level and speak while eye to eye-they use simple sentences and make her laugh." Staff showed a sensitive approach to helping people and treated them as individuals taking into account individual needs and preferences. One person complained to staff that she could not hear during lunch a staff member responded taking their hearing aid away to clean returning it immediately to improve this persons hearing ability.

Staff spoke to people when passing their rooms asking them if they wanted anything and exchanging pleasantries. Staff were constantly checking that people were comfortable and if they needed anything. One person said "They keep coming round, making sure you are not left and if there's anything they can do. If you hadn't eaten all your lunch, they'd ask about it, it wouldn't just be left, they'd do something about it." A relative told us this regular contact prevented people becoming lonely. People told us they liked their rooms and were able to have important items around them and staff recognised rooms and facilities were important to people. One person told us "My room is nice it overlooks the garden." Another told us a staff member had offered them another room "In order to have my own patio door access to the outside and better availability of fresh air." They appreciated this offer and being given time to think about it.

The home encouraged people to maintain relationships with their friends and families and to make new friends with people living in the service. All visitors told us they were welcomed whenever they came to Pentlow Nursing Home. One remarked on the regular beverages provided and how they appreciated the drinks and cakes at the front entrance where people and visitors could help themselves. Staff supported people in spending time with each other and having meaningful conversations and interaction. One

activities person described how skype was used for one person to attend a family wedding.

People and relatives told us people's dignity and privacy was respected and their choices were respected. People received consultations with professionals in private and visitors were supported to see people where they wanted to. Staff responded and supported people's privacy as part of their daily care. One person told us "They have to hoist me out of bed but I don't mind that they are very good. I have to be hoisted into the shower and I don't mind if the carer is male or female they always treat you with respect." Another said "They say after knocking on the door. Can I come in and help you shower? Sometimes I say no thanks, not today or they will take me down to the lounge if I want to go. I decide!" A third said, "I can decide when I want to go to bed and when I get up."

Staff spoke about respecting people's privacy and choices. They demonstrated a good understanding of people's individuality and how people liked to be treated. All were respectful of people's needs and described a sensitive approach to their role. One staff member said "You have to remember you work in people's home, they do not live where I work." An allocated staff member had been identified as a dignity champion and had been allocated further responsibilities to embed and reinforce best practice when promoting dignity in care. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra.

Is the service responsive?

Our findings

People and their representatives were involved in deciding how their care was provided and people received care that was personalised to their wishes and preferences. People felt that staff understood them well. One person said "They know me well but they aren't overwhelming. They like to get to know you as a person, find out what your life experiences and interests are." Staff responded to people's choice and accepted them. For example people told us they could go anywhere in the home and gardens at any time and they were not restricted on what they could do and when. They felt they 'lived life as they chose.' One person said "I enjoy having a shower when I want." Another said "I like going into the beautiful garden when I want to."

At the last inspection on 22 and 23 December 2014 we asked the provider to make improvements in relation to the appropriate use and maintenance of accurate records to ensure safe and appropriate care. At this inspection we found suitable records were being maintained to support appropriate care. They were up to date reflected when people had been repositioned when mouth care had been offered and provided. Care plans were used to identify and plan the care and treatment for people.

Before people moved into the service a senior staff member carried out an assessment to make sure staff could provide them with the care and support they needed. Where people were less able to express themselves verbally people's next of kin or representative were involved in the assessment process. This meant people's views and choices were taken into account when care was planned. One relative said "They really consider the individuals needs of the residents." The assessment took account of people's beliefs and cultural choices this included wishes surrounding people's death. Relatives were complimentary about the assessment and admission process. One relative told us "I was amazed how Pentlow responded to mum's requirements."

A computer system was used to record the assessment process and create care plans following admission and included a summary of needs placed in people's rooms for staff guidance. When we discussed the content of this with one person they confirmed it was accurate and reflected their care needs. However, she felt the reference to her preferring her own company was taken too far and would like further contact with staff and others. This was raised with the acting manager for her to address. These were reviewed on a monthly basis and the computer system ensured this was completed with alerts generated when overdue. Staff had a good understanding of people's specific care needs and responded to them appropriately. For example, we saw one staff member spend time with a person who was getting anxious, she understood that he was waiting for a telephone call and negotiated with him a safe place to wait. A pressure mat was placed beside him to safeguard against falls in accordance with his individual plan of care.

A relative confirmed that they had seen the care documentation which they felt reflected their mother's likes and dislikes and care needs clearly. Relatives all told us they were kept fully informed of any changes in care and felt they were included and involved as their relatives would want. Staff listened to each other and shared information provided by visiting professionals with care plans updating them accordingly.

A range of activities were provided throughout the service on Summerdown and Pentlow which was found to be active and vibrant with communal areas being well used including the attractive garden. The provision of meaningful activity and entertainment was given a priority within the service. Three activity co-ordinators were employed to organise and facilitate activities, entertainment and the opportunity for social engagement that met people's individual need.

The activity co-ordinators were different in their approach and worked together to ensure everyone had time and support to engage in activity and entertainment that suited them. For example one had a particular interest in literature and poetry which was also important to two people living in the home. Additional training was available for these staff to develop them in their roles. They were seen as vital team member working alongside the care staff and the management team to promote people's general and emotional well-being. The activity programme was varied and people were provided with a copy to inform their individual choice. People were asked about their life histories and individual preferences and interests so individual provision was provided. For example one person always wanted to visit the cysteine chapel so arrangements were made to visit a local chapel with a similar interior. People were encouraged to maintain an interest in the outside world and had been supported in arranging their postal votes for the European referendum. People enjoyed the trips arranged outside of the home on the mini bus. These had included a trip to the pier, bluebell woods and shopping trips.

People and their relatives were very positive about the activity entertainment and social interaction promoted within Pentlow Nursing Home. Everyone enjoyed the conversations held in the lounge which were stimulated with the use of local and national news and quizzes. People were engaged with the preparation and enjoyed the celebrations held for the queen's birthday. This included a garden event and a local band. Staff used birthdays and other family events like anniversaries as a celebration for people and time for cakes singing and fun. One person said "We've had some lovely rides out in the bus, to the seafront and into the countryside. Catherine is the activity organiser, she's very good. She spent half an hour chatting with me yesterday afternoon." They also had people in from the YMCA and played games to help keep fit." One relative said "She loves the pat dog, music put on and the simple keep fit here."

There was a complaints procedure in place and people and their representatives told us they knew how to find and use it if they needed to. People felt that any concerns raised were or would be listened to and responded to. One person said "They always listen to you they will change anything at once." Another said "They're very thoughtful, I've no complaints. I'm sure if I did it would be taken seriously, but there hasn't been the necessity." Relatives told us "If we had any reason to complain we would go straight to the manager" and "If I have any concerns I converse with the very efficient receptionist. She emails me with information." We saw evidence that complaints which had occurred had been recorded and responded to appropriately. One person said "I know what's going on and it would be easy to say if I was unhappy about anything."

Is the service well-led?

Our findings

People told us they were happy living at Pentlow Nursing Home and felt the home was well managed with staff understanding their roles. People said they were listened to and the manager and senior staff were available with a relaxed pleasant atmosphere in the home being fostered. One person said "I think the service is well-managed all aspects are reliable staff know what they are doing and check on you all the time." A relative who lived abroad told us "The home is very efficiently run. The receptionist ensures financial and practical implications of my mother's stay at the home are dealt with." Visiting professionals were complimentary about the management of the service and felt it ensured appropriate care provided to people.

People and relatives knew there had been changes with the management of the service and most knew the registered manager had left and had been replaced on a temporary basis by an acting manager who worked for the organisation as a roaming manager. Recruitment had been progressed with a new manager being appointed. This will enable clear leadership to be established. The acting manager took over the management of the home in April 2016 and told us they would remain at the service until the new manager was settled in their new role. Whilst all feedback about the management arrangements was positive we found the leadership of the service was not effective in all areas. We found management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas.

We found the organisational policies and procedures and supporting audit systems did not ensure safe and best practice was followed in all areas. For example, there was no system in place to ensure agency staff working had the required competencies and skills that met the standards required by the organisation. For example there were times when the only registered nurse working in the service was an agency staff member usually at night. There was no evidence that their competency when administering medicines within the service had been assessed. The provider could not be assured that the agency registered nurses who administered medicines were fully competent to do so safely. In addition there was no current system to audit and review accidents in the home to identify any themes or trends. The quality auditing systems had not ensured individualised (PRN) medicine guidelines for medicines were in place for all people. This meant that the provider could not demonstrate that medicines were always delivered in a consistent and safe way or that care was person centred. When required works had been identified for example fire door release mechanisms this had not been progressed effectively. The acting manager was able to tell us improvements that she planned to progress but these were not clearly recorded within the quality improvement documentation. For example the acting manager had recognised the need for improved training that would include areas for specialist care including care of people living with a dementia. The need for improvement had not been included within an action plan that had been drawn up for progression. This would ensure areas for improvement would be actioned appropriately. These areas were identified as requiring improvement and raised with the acting manager and regional manager. Both were in the process of updating and reviewing a full action plan for the service to be progressed.

The management structure in place at Pentlow Nursing Home included a deputy manager who took a

clinical lead on care. Staff were aware of the line of accountability and who to contact in the event of any emergency. There was on call arrangements to ensure advice and guidance was available every day and night if required. All staff were aware of the whistleblowing procedure and said they would use it if they needed to. Staff had responded positively to the changes in management and felt the changes made had been positive and they had been included with the change process. For example recent staff meetings had been very well attended and staff had felt consulted. One senior staff member told us "Some changes have been positive. Meetings have been used to share information and to discuss values of the Company. Staff have been given individual roles and supervisions have been positive with an emphasis on praising staff for what they had achieved." Staff said they felt well supported within their roles and said they could talk to the acting manager and other senior staff within the service. The acting manager was a visible presence in the service and was available to people staff and visitors. Everyone appeared very comfortable and relaxed with her and approached her freely. One Staff member said "The new manager is very good, very approachable and always finds time to listen." Another said "I feel well supported by my colleagues and manager. We all make a very good team and work well together." Systems to ensure staff received regular meaningful supervision and appraisal had been implemented. Staff felt the supervision process was useful for individual development and was used to reinforce the values of best care.

A number of quality monitoring systems were in place and were acted on to improve the quality of the service. This included a full auditing system for medicine safety. Where concerns were identified these were responded to in a consistent way. For example a daily check of the MAR charts identified that some medicines had not been signed for. The registered nurse responsible was called back to the service to jointly check the stocks and confirm that this medicine had in fact been administered but not signed for. The acting manager had also completed some night checks on the service to review the standard of care provided. Where concerns had been identified with staff conduct disciplinary procedures had been followed through with appropriate investigation to safeguard people and the quality of the care and service provided.

The provider sought feedback from people and those who mattered to them in order to enhance their service. This was facilitated through regular meetings satisfaction surveys and regular contact with people and their relatives. Meetings with people were used to update them on events and works completed in the home and any changes including changes in staff. People also used these meetings to talk about their views including the quality of the food and activities in the home.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.