Care Quality Commission

Greenswan Consultants Limited

Pinelodge Care 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

When we inspected the service on 9 April 2015, we found there were a number of areas that impacted on people's safety, welfare and health.

We placed the service into special measures and they had six months in which they were required to improve. At our unannounced inspection on 13 October 2015, we found that they had made the appropriate improvements and had systems in place to sustain the improvement.

Pinelodge Care Home provides accommodation and personal care for up to 140 older people, some of who live with dementia. There were 92 people living at the service on the day of our inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority and authorised in relation to people who lived at the service. Staff were clear of their role in relation to MCA and DoLS and this included assessing people's capacity to promote people's autonomy.

People received care that met their needs and care plans were developed with their involvement. Staff were aware of people's needs and had formed positive relationships. Dignity, privacy and respect were promoted and staff were aware of what person centred care was.

There was a variety of food and people told us they enjoyed it. Appropriate support was offered to eat and drink. Healthcare was promoted and professionals were easily accessed. The service was visited by other professionals such as opticians, chiropodist and a hairdresser.

Activities were provided and people told us they had enough to do. Staff spent one to one time with people supporting them with hobbies, interests and going out. People's feedback was sought through meetings and surveys. Actions were developed as a result of this feedback and any complaints received and these were completed promptly.

Staff received appropriate training and supervision. Leadership in the home had improved and staff were positive about this. There were systems in place to monitor the quality of the service and address any issues found. The service had involved external agencies to support them to maintain the improvement going forward.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

People told us they felt safe and staff knew how to minimise risks to people. However some risk assessments were not reflected in care plans.

Staffing levels were able to meet people's needs safely and there had been a robust recruitment process implemented.

Medicines were managed safely.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who were appropriately trained and supervised.

Staff worked in accordance with MCA and DoLS and people were involved in decisions.

There was a varied menu available and people received appropriate support.

People had access to health and social care services.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect.

There were positive relationships between people and staff.

People were involved in planning their care.

Good

Is the service responsive?
The service was responsive.

People received care that met their needs.

There was a variety of activities provided.

Feedback was sought and acted on appropriately.

Good

Is the service well-led?
The service was well led.

The was a significant improvement to the leadership in the home and people and staff acknowledged this.

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

There was an open and transparent culture that put people first.

Good

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

This visit took place on 13 October 2015 and was carried out by an inspection team which was formed of three inspectors and an expert by experience. An expert by experience is a person who has experience of supporting someone who uses care services. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also reviewed their action plan which they were required to send us.

During the inspection we spoke with eight people who lived at the service, 10 relatives and visitors, 10 members of staff, the registered manager and the provider. We received feedback from health and social care professionals. We viewed 10 people's support plans and three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires improvement

Is the service safe?

Our findings

When we inspected the service on 9 April 2015, we found there were a number of areas that put people's safety was at risk. This related to safeguarding people from the risk of abuse, staff awareness and the managing of individual's risk and management of medicines. At this inspection we found that there had been sufficient improvement to ensure people were safe. However, some of these improvements were still a work in progress and we will continue to monitor the service to ensure that these improvements are maintained. This was in relation to the service still being in the progress of updating risk assessments and transferring that information in care plans to ensure staff were aware of all areas of risk.

People told us they felt safe. One person said, "I am happy and safe here. This place is easy going; I can really spread my wings here. I am free." People were supported by staff who were able to recognise and respond appropriately to allegations or concerns of abuse. One staff member told us, "If I witness anybody treating a person badly I will report to a senior manager straight away. I know I can find information about safeguarding displayed in the front entrance in case I need to report anything outside the home." We saw that unexplained bruises or injuries and incidents between people living at the home were reported to the management team who also responded appropriately. The manager told us they had spent a lot of time explaining the impact of poor moving and handling, not providing care needs as people need or request and that this was deemed as abuse. Training had been provided and tested to ensure staff were well informed.

People had their individual risks assessed and reviewed. We saw that staff had easy access to this information and this was also discussed at handovers. We also saw that individual risks were reviewed by the manager who then ensured all appropriate risk reduction action had been completed. For example, referrals for reoccurring falls, updates to care plans and support with eating. The manager completed an accident analysis each month to help them identify trends and themes and also monitored other areas such as ill health, infections and the status of pressure ulcers. This helped to ensure that people were at a reduced risk of a reoccurrence of these incidents.

There were sufficient numbers of staff available to meet people's needs. One person told us, "I can use my bell and if I ring I don't have to wait long for them [staff] to come." We saw call bells being responded to promptly and people were supported in a timely manner which helped to alleviate any anxiety. Staff were unrushed and took their time supporting people. There had been an additional lunch time member of staff employed to help enhance the mealtime experience. Staff were positive about the staffing levels and commented that they were now working as a team. One staff member said, "We have time to get to know people."

Staff were recruited through a robust recruitment procedure which now included a written exam. The manager told us, "We want to make sure we get the right quality of staff and get it right from the beginning." We saw that staff files included the appropriate information to help ensure staff were fit to be supporting vulnerable people. This included detailed application forms, verified references, criminal record checks and proof of identity.

The management of medicines had been improved and there were now control measures in place to ensure people received their medicines safely. We saw that records were completed clearly and consistently. Quantities of medicines were recorded and the amount in stock was correct when we counted these. There was a record of staff signatures, care plans and risk assessments for medicines on an as needed basis and for covert administration of medicines. Nurses responsible for the medicines completed weekly stock checks and recorded this. The manager completed a monthly audit and gave the nurses actions to carry where needed. For example, if pain relief or antipsychotic medicines needed to be reviewed by the GP. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Good

Is the service effective?

Our findings

When we inspected the service on 9 April 2015 we found that staff had gaps in training, knowledge and skills and did not receive the appropriate supervision to ensure they worked safely and competently.

At this inspection we found that staff had received an update to their training and knowledge. People told us they were confident in the abilities of staff. One person told us, "Staff really know what they are doing."

The manager had ensured all training had been updated and that training provided was role specific. They told us, "We are now providing training that is not just what is expected, but what is relevant to our home." This included dignity, continence care, moving and handling, safeguarding people from the risk of abuse and person centred care. Staff were positive about the training they had received. One new staff member told us, "I had a good induction. They [other staff] showed me how to lay the tables, how to make sure I assist people the right way. Even now when I assist people eating the nurse will supervise me."

There had been updates to skills and staff competency had been assessed. This was done through a questionnaire and observation of practice. This helped to ensure that training had been embedded in practice. The management team then recapped on this information through meetings, staff memo and supervisions. Staff told us they received regular one to one supervision and we found that those in need for development purposes, received this more frequently. We saw that new staff had commenced on a thorough induction and worked alongside more experienced staff until they were confident and competent in their role. We noted that newer members of staff we met at the inspection were already demonstrating a good understanding of their role and what was required.

People had their capacity to make decision assessed. Where they were assessed as being unable to make decisions independently, the appropriate process had been followed and this was documented, including if a DoLS application had needed to be made. Staff were familiar with the legislation and what it meant to them. One staff member said, "Everybody has the right for us to think they have capacity until proven they haven't." Another staff member told us, "In case it is established people lack capacity we have meetings with family and others to ensure we are doing the best thing for them."

People were supported to eat and drink sufficient amounts to meet their needs. One person told us, "I like the food very much and I always have been offered plenty of choice. In case I cannot make my mind up they will give me a little bit from both options." We observed lunchtime in three units. Staff approached people and offered help in a kind and discreet way. "Would you like me to cut the food up?", "Would you like orange or blackcurrant to drink?" and when asking, they showed people the jugs with the options to make choices easier. We saw people who needed assistance to eat were supported at a pace that suited them. Food was varied and choice was offered visually, staff took a plate of each to show people so they could choose which they wanted. Comments heard during lunchtime included, "This is very nice.", and "I enjoyed this it was nice." We also saw that people who needed assistance to eat breakfast also were given support to eat cereals and then followed on with a full cooked breakfast. This showed that staff took time to ensure people had a varied diet and enough to eat. We saw that the staff monitored people's weight and the amount of food and drink consumed. All concerns were reported to health professionals and this was followed up by the manager to ensure it had happened.

People told us they had access to health and social care professionals. This included opticians and dentists. One person said, "If you've got something wrong with your teeth, they'll take you to the dentist." We saw that referrals were made to supporting health care such as tissue viability nurses, dieticians, speech and language therapists and also mental health team support. We also saw that reviews with social workers were facilitated. There was a visiting chiropodist and hairdresser, who was working at the home on the day of the inspection who knew people living at the home and their relatives well.

Good

Is the service caring?

Our findings

When we inspected the service on 9 April 2015 we found that people's privacy and dignity was not respected or promoted and involvement in planning their care was not encouraged. At this inspection we found that significant improvements had been made. People told us that they felt they were respected and treated with dignity. One person said, "I am very settled here. I really like the staff I built a nice relationship with them."

People told us that they felt that their privacy and dignity was respected. One person said, "Staff always close the door when they are helping me wash and dress. They will say what they are doing and they are very good. I feel my privacy and dignity is protected." There were reminders all around the home about how to promote dignity and personhood. There was a dignity corner in each unit and quotes framed and displayed stating how one action can change a person's day. For example, smiling, listening, and carrying out a random act of kindness. Bedroom doors were closed for those who wanted them closed, and open for others. We saw staff knocking and waiting before entering rooms. Care notes were stored securely and care products, such as continence aids, were put away. Staff were able to describe how to promote a person's privacy and dignity and the importance of person centred care.

People were involved in planning and reviewing their care. One person said, "Once in a while, the nurse goes through the care plan and sees that it's all up to date and checks it with me." We found that plans included information about what was important to people and their choices. This was recorded in a way that made it easy to access and staff were encouraged to take time to read it. Our observations showed that staff knew people well, people were approached in a way that was appropriate to them and it was responded to well.

All interactions observed in the home between people and the staff were positive. Staff were attentive, patient and knew people well. We saw staff sitting with people chatting and heard lots of laughter. Outside one bathroom where a person was receiving support with bathing, we heard that they were thoroughly enjoying their time with the staff member and the conversation was flowing. We saw staff check on people throughout the day, including checking they were comfortable and had all they needed. For example, a person was not comfortable in their chair at the dining table during lunch so staff fetched a cushion for them. One staff member asked a person if they could put some socks on them as their feet felt cold.

People were given choice and their views were respected. For example, we saw that one person was still in their pyjamas and dressing gown after lunch. They told us that they didn't fancy getting dressed just yet and staff respected their choice. We saw staff ask people what they wanted to eat, drink, how they wanted to spend their time and responded to them appropriately which showed they listened to what they had said. We then saw support being given in the way which had been requested. We noted that one person who at times became anxious was greeted by a staff member who shook their hand and later was spending time in the garden with the same staff member. When people were asleep in the chair, staff gently woke them to offer support, inform them it was lunchtime and one instance gave a person their newspaper which they had been waiting for. This demonstrated that staff culture had adapted to see each person as an individual and the importance of meaningful relationships between them and the people they supported.

People were encouraged to maintain relationships with family and friends. We saw that there were no restrictions on visiting and they were able to invite someone to dinner with them. One relative told us they visited the home most days and were always made to feel welcome. We noted that the dementia café had been opened and were told by staff this was to be used by people and their families to help enhance their time spent together.

Good

Is the service responsive?

Our findings

When we inspected the service on 9 April 2015 people told us that staff did not respond to their needs when requested and we saw that care was not provided in accordance with people's assessed needs. We also found that there were insufficient activities provided and inadequate systems in place to obtain and respond to people's views.

At this inspection people told that staff always supported them and were happy with the way that their needs were met, feedback was actively sought and activities were now meeting people's needs in relation to hobbies and interests.

People told us that they received care that supported their individual needs. One person said, "I have a [health condition] at times and poor staff have to put up with me and they do it very nicely." Another said, "I can see to most things myself and if I need help, I get it." Most relatives also told us that they were happy with care provided. One relative said, "They [staff] are absolutely brilliant I cannot fault the care they give to my [person]." Another relative said, "Nothing is too much trouble for the staff. I visit daily and all the time they are very good." Staff responded to people's requests for support. For example, we heard one person say they didn't feel well. A staff member said they would get the nurse to come and see them. The staff member came back to let the person know the nurse was on their way. We saw the nurse arrived a few minutes later. This demonstrated the person's needs were responded to appropriately.

People's care plan had been rewritten to ensure they included up to date and accurate information to enable staff to provide safe and appropriate care. There was an overview page which provided staff with clear guidance. We saw staff support people in accordance with their care plans. For example, appropriate moving and handling or support with taking medicines. Staff knew people's needs well and were able to describe to us how they supported people. However, one person who was at risk of developing a pressure ulcer did not have their care plan updated to reflect their skin integrity assessment so as a result, staff were not aware that they were at risk of developing a pressure ulcer. The manager told us this was immediately rectified following the inspection this had been updated to reflect their full needs. Care plans were still in the progress of being robustly updated with a new format.

People had access to a range of activities. One person told us, "I go to the coffee shop sometimes in the afternoon. I went to the garden centre." One relative told us, "All the time something is going on here and people are occupied." We saw that there were outside entertainment visiting the home such as a mobile zoo and pat dogs. We also saw that people had regular access to gardening, an interest for some, and arts and crafts. People who were living with dementia enjoyed sensory stimulation and some people benefitted from doll therapy. We heard a staff member say, "[Name] your baby is in your room, would you like her to sit with you?" This was positively responded to and we observed this person caring for the doll. The engagement leader was very enthusiastic and included everyone in the conversation, speaking to everyone, as they came into a room. On the day of our inspection there were plans to make jam tarts and they asked a person to tell them how to make them due to a background of enjoying cooking. The engagement leader told us that they provided one to one time with people in their rooms and this included reading and hand massage. We also saw that a rota of care staff was organised to support people with activities.

People were asked for their feedback during meetings and through external surveys. Responses were analysed and actions developed to address any issues and act on suggestions. For example, the development of a rota for care staff to supporting engagement staff with activities. We saw that actions from recent meetings and surveys were completed and there was a survey about to be sent out followed recent improvements to compare results.

Complaints were responded to in accordance with the complaints policy. People and their relatives told us they were satisfied with the outcome if they had raised a complaint. One relative told us, "I have no complaints at all." Another said, "I am confident in raising any issues with management, but I have no complaints because they communicate well with me."

Good

Is the service well-led?

Our findings

When we inspected the service on 9 April 2015, we found that the home lacked leadership and systems to ensure the safe running of the service. At this inspection we found that appropriate action had been taken to address these shortfalls and therefore improve the quality of the service provided.

People were positive about the manager. Apart from one person who told us they did not know who the manager was, everyone spoken to knew who the manager was and were positive about them. People said that the manager comes to see them in their rooms. One person said, "[The manager] is very good." It was noticed that the manager was 'out and about' round the service on the day of the visit. One person commented that they thought the service was well run and said, "As far as I'm concerned, I'm content as things are for me. I'm a satisfied customer."

Leadership on the units had improved. Staff were now clear on their roles and as a result people were receiving the appropriate support. There was organisation and structure to the day and people benefitted from it. For example, mealtimes were more relaxed, care people were assessed for was provided in a timely manner and staff were aware of people's needs. Staff we spoke with were positive about the changes to the leadership in the home. One staff member said, "Managers are around and I can ask any questions any time or ask for support if I need it." Another staff member said, "There are a lot of good changes here." There were noticeable changes in the culture and morale of the staff and this had an effect on the home and the people they supported. In particular staff spoke about the changes to the manager at the home and told us that the manager worked part of their day on the units providing guidance and support. One staff member said, "Management changed in a positive way. They are listening and helping more than they used too." We spoke with the manager about this. They said, "It helps to make me more accessible and approachable and to really know what's going on out there, before I depended on what I was told. It didn't work."

Staff were provided with regular meetings and memos. These emphasised the importance of being open and transparent and what the aim of the service was. Staff were clear on what was expected of them and how to put people first. One staff member told us, "We are encouraged by management to bring our ideas forward in how to improve the standard of care." The manager had been open and honest with people living at the home, their relatives and professionals to enable them to move forward and improve the service. The manager acknowledged there were still improvements to be made but had embraced the need for change and was working with external agencies to reach their goals. We viewed the progress of the action plan which was developed following our last inspection and saw that they used a colour coded rating tool to show the status of each action. Many actions were green, showing as completed, some were amber which indicated they were almost complete and were still in progress, many relating to good practice and to sustain the improvements. For example, on going training and auditing. This showed that the service had worked hard in six months to achieve a significant amount of changes and had a clear plan on how to complete the remaining actions.

There were regular audits being completed to identify any shortfalls. Issues found with these audits also had an action plan with them showing as completed at the next audit. For example, gaps in care plans and a missing signature in a medicines record. The manager had been carrying out at daily walk round were they checked care records, care provision and spot checked staff knowledge and awareness. This contributed to the staff competency assessments. In addition, an external auditor was invested in to provide an overview of the service, their progress and supervise the manager and the provider. Both had found it beneficial. The manager told us that their ideas and guidance had supported their development and growth as a manager. This helped to ensure that issues were identified and resolved straight away to reduce the risk of the service regressing to its previous regime.

The manager and the provider told us about the plan to move forward when they start to admit new people into the home. There was a structured plan and they were both clear that this would be adhered to. The manager and provider told us that they were glad to have had the opportunity to improve the service and were proud of what they had achieved. They were aware of the many of the contributing factors to the previous breaches in regulation and were confident that systems in place, and support provided by external auditor and supervisor, would ensure they continued on the correct path.