

Greenswan Consultants Limited

# Pinelodge Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Pinelodge Care Home provides accommodation, nursing and personal care to older people. The care home accommodates up to 140 people in one purpose built building. At the time of the inspection 109 people were living there.

People's experience of using this service:

The recruitment process was not robust. For example, full employment history had not always been taken and references not always verified to satisfy themselves that the person was fit to work in a care setting. People's view on staffing varied, as did the staff team's feedback. Staff hours were assessed in accordance with a dependency tool which calculated the number of hours of support people needed. There were systems in place to help ensure staff were trained and received regular supervision. Staff felt supported.

There were areas of the home that were in need of repair and refurbishment. There were plans to complete this work. However, bathrooms and communal toilets posed an infection control risk and did not make the bath or shower time experience pleasant.

People had their individual risks assessed and staff were aware of these. People were supported safely. People received their medicines when needed. People's personal care needs were met and the internal monitoring showed a reduction of falls, weight loss and pressure ulcers. This indicated care was delivered in accordance with people's assessed risks.

The provider had systems in place to help them identify and resolve any issues in the home. Many of the issues found on inspection had been identified through this process.

People were happy at the service and were supported by staff who knew them well. People felt privacy and dignity was promoted. People were able to choose how to spend their time and encouraged to make decisions about their care. People's care plans included information that gave staff information on how to support people.

People told us they enjoyed the activities available. People had the opportunity to go out. Staff needed to be reminded to ensure everyone was given the opportunity to join in with activities each day and to communicate to people what was on offer. There were communal areas such as a tea room, pub and library. They were all used on the day of inspection, but staff told us they were typically used once a week.

The registered manager was well known throughout the home and people and staff were positive about them. All staff were clear about what was expected of them and the plans for the service were shared with them, along with any lessons learned from events or incidents.

The service met the characteristics for a rating of "Requires improvement" in two key questions and met the

characteristics for a rating "Good" in three key questions.

More information about our inspection findings is in the full report. Please see the action we have told the provider to take' section towards the end of the report

Rating at last inspection: At the last inspection the service was rated as requires improvement, with Well Led rated as inadequate. There were breaches of regulation. At this inspection we found that well led had improved it's rating to requires improvement and the number of breaches had reduced.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We asked the provider for monthly updates on the progress of the refurbishment plan. We will continue to monitor the service to ensure it provides safe and effective care. We will plan further inspections in the future.

## 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

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not consistently well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Pinelodge Care Home

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by three inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Pinelodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The site visit took place on 30 April 2019.  
The inspection was unannounced.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We asked the service to complete a Provider Information Return prior to the last inspection. This is information we require providers to send us at least

once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, the provider, and 16 staff members.

We spoke with 25 people who used the service and 11 friends and relatives.

We reviewed nine people's care records, medicines administration records and other records about the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- At the inspection on 18 and 25 September 2018, there were not always enough staff to meet people's needs when needed.
- At this inspection we found that staffing had improved. However, recruitment checks were not always completed consistently.
- There were some gaps in recruitment files. We reviewed three staff files and all those viewed had shortfalls. Full employment history was not always completed, references not always verified, DBS (Disclosure and Barring Service) numbers not consistently logged and if staff had a 'spent' conviction, no risk assessment to satisfy themselves that the person was fit to work in a care setting.
- People's views on staffing varied, as did the staff team's feedback. Staff hours were assessed in accordance with a dependency tool which calculated the number of hours of support people needed. One person said, "If I press the buzzer they come quickly." Another person said, "I need a hoist when they move me out of bed and they come as soon as I ring the bell." One person said they had been waiting an hour for the toilet and their call bell wasn't working. The bell was tested by two inspectors and a staff member on three separate occasions and we found it to be working and staff to arrive quickly. Staff were asked to ensure the person was checked on as they may not be able to activate the call bell. Relatives gave mixed views about if there was enough staff too.
- Most staff said there were always enough staff, some staff said at times people occasionally had to wait for a short period for support if they were busy with other people. The home did not use agency staff, but staff told us most shifts were able to be covered. Although at weekends there was at times an issue due to staff absence. This was being addressed by the management team.
- Throughout the inspection we saw people received support when they requested it. There was a staff member available when people needed them. However, staff often responded to a call bell to ask people what they needed and if it was not urgent, they explained they would be with them shortly.

### Preventing and controlling infection

- At the inspection on 18 and 25 September 2018, staff did not always work in accordance with good infection control practices and the home was not always clean.
- At this inspection we found that systems were in place to ensure infection control was sufficiently managed by staff providing care to people. However, some elements of the environment needed to be addressed.
- People were protected from the risk of infections by the way in which staff worked in accordance with their training and guidance. One relative told us, "It's clean when we visit and [person is] always clean."

- The home did not smell clean and fresh on arrival. However, this did improve throughout the visit in the main areas of the home. Bathrooms had a strong unpleasant odour through most of the day. In some this appeared to be an issue with drains, however in other areas were not clean. For example, in baths and under baths.
- Many of the bathrooms and toilets had wood which was porous and meant that they could not be kept clean and hygienic. Some of this wood had split or lifted. The management team had added these areas onto a refurbishment plan. They stated in the plan that completion would take eight months. This needs to be completed in a shorter timeframe to ensure surfaces are clean and hygienic.

#### Assessing risk, safety monitoring and management

- At the inspection on 18 and 25 September 2018, people's safety was not always promoted.
- At this inspection we found that although some issues had been addressed, other areas were identified as a concern.
- Fire drills were practised. A record of staff attended was completed. The record showed some gaps indicating some staff had not attended a drill. However, we noted that training was delivered, and this included an evacuation practice. The management team were told that they must ensure all staff attend a fire drill.
- We saw that two smoke detectors had been covered for maintenance work. Although they were in low risk areas, for example bathrooms, no risk assessment was in place to monitor for fire during the time the detectors were out of action. This was an area that required improvement.
- A sluice room was located within a toilet on the top floor. The sluice room was unlocked on both occasions we checked. Within the room there were cleaning chemicals. People living on that floor were not independently mobile, so this did mitigate some risk, however this was an area that required improvement.
- The management team monitored for pressure ulcers and there was a low number of home acquired ulcers at the service. Checks were in place for pressure relieving mattress settings. Most mattresses checked were set correctly. However, one was not set at the right weight for the person, one had the knob missing on the dial, so it could not be checked, and another seen did not have settings on the dial so staff could not confidently say it was set correctly. In a recent staff meeting staff had been reminded about completing these checks robustly.
- People had their individual risks assessed. Staff were aware of these risks. We observed staff supporting people safely and patiently. We noted a low number of people with bruises which indicated moving and handling was being completed in accordance with training and care.
- A fire risk assessment had been carried out and actions identified had been signed as completed. Water safety checks had been completed.
- People had their individual evacuation needs assessed. Staff were aware of how to evacuate people in case of a fire.
- Accidents and incidents were reviewed, and remedial action taken as needed. This was reviewed by a member of the management team to enable them identify themes and trends.
- People who had bedrails in place had the protective bumpers on to help protect them from injury.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew who to speak to if they had any concerns. One person said, " I definitely feel safe here because I can use the call bell and they come straight away. They are very good to me here." Relatives told us they felt people were safe. However, two people did tell us that at times night staff can be abrupt, but this was because they were busy. We raised this with the management team who told us they would immediately look into this concern.
- Staff had received training in regard to safeguarding people from abuse and there was information displayed around the home. Staff knew how to report any concerns they had. Staff knew that the registered



manager was the home's safeguarding champion. One staff member said, "We have a whistle blowing policy. As well as that I would contact CQC (care quality commission), the local safeguarding team or CCG (clinical commissioning group), if I had any concerns I would go to my manager."

- Staff told us that the registered manager regularly went around the home checking for any issues and ensuring staff were working safely.

#### Using medicines safely

- At the inspection on 18 and 25 September 2018, people's medicines were not always managed safely.
- At this inspection people's medicines were administered, stored and recorded safely.
- Regular checks and audits were completed.
- People received their medicines when they needed them. One person said, "I'm on six or seven medications and they bring them every four hours and make sure I take them."

#### Learning lessons when things go wrong

- Where an issue had arisen, or an event had taken place, this was shared with staff at team meetings, supervisions and any actions needed explained.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- At the inspection on 18 and 25 September 2018, areas of the building required repair and refurbishment.
- At this inspection we found that there remained areas that needed to be addressed.
- Bedrooms were personalised, and communal corridors were designed in a way that made them interesting. However, some areas were looking tatty and were in need of the planned refurbishment. This included the need to paint the woodwork, some walls and carpet replacements. There were plans to carry out refurbishment on these areas.
- The service was set up in a way to promote people to be able to move around freely. There was ample communal space which we saw people using.
- Communal areas included a cinema room, tea room, library, hair and nail salon and a pub. However, staff told us these areas were only used once a week. On the day of inspection, staff ensured all rooms were used. There was also a secure garden area that people could use.

Supporting people to eat and drink enough to maintain a balanced diet

- At the last inspection on 18 and 25 September 2018 people did not always receive the appropriate support or have a pleasant mealtime experience.
- At this inspection we found improvements had been made.
- People told us the food was good. One person said, "The food is very nice, and you get a choice. You ask, and you get it. If fancy it, they will get you something else." Relatives gave mixed views about the food.
- Although the food looked well cooked, further thought was needed for presentation. For example, one meal choice was fish fingers, baked beans and croquet potatoes so the whole meal was orange. Some people told us that they did not know what was on the menu until the mealtime. A member of the staff team told us that there were plans to add a menu to the tables and showed us the pictorial templates.
- Food choices were taken earlier in the day, but staff did not always remind people what they had chosen when they put the meal on the table. This was needed for some people. Condiments were offered in the dining room, however were not offered if people were eating in their bedrooms.
- Tables were set ahead of the meal and drinks were offered. People were given support in a kind and patient way if they needed help to eat. We heard a staff member who was supporting someone say, "Don't worry [name]. I'll help you; take your time."
- Allergies, dietary needs and weight changes were shared with the kitchen staff. One person said, "I've had two strokes and can't swallow properly so they always mash it up (puree it) for me so I can eat it and it's fine." There was a nutritional chart which detailed additional food, snacks and drinks to be encouraged to people who were at risk of not eating enough. Staff recorded when these snacks had been given.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by different health and social care professionals. Staff supported people with this as needed. This included hospital appointments and opticians. There was a regular GP round. A visiting health professional told us that they had no concerns about the service.
- We saw that all changes in health were documented and the nurse had a list of people who needed to see a health professional, and this was followed up as needed. One person told us, "I did mention to staff that I had a sore gum, an ongoing problem that I have put off because I have a fear of dentists. They have been most prompt in bringing me some Bonjela which has helped. I only mentioned it in passing."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were encouraged to make their own choices and decisions. People had their capacity assessed in relation to important decisions about their care. Best interest decisions were recorded, where required.
- DoLS applications were made appropriately to ensure people's rights were respected while promoting their welfare.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People, and their relatives where appropriate, were involved in planning care.
- People's choices were reflected in the care plans and we saw staff giving people choices throughout the day. For example, for drinks, joining in with activities and food offered.

Staff support: induction, training, skills and experience

- Staff received an induction when starting at the service. One person told us, "They're (staff) very good and know what they're doing."
- Regular training, specific to their role, was delivered and refreshed when needed. Staff felt they had enough training but could ask for more if they felt they needed it. Staff told us that their competency was checked after receiving training.
- Staff received supervision and felt supported. We saw that supervisions were recorded as happening regularly. All staff told us that they could go to the registered manager or the deputy managers at any time.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well and this helped to ensure care delivered met people's needs consistently in a way they liked.
- People told us that staff supported them when they wanted to be supported.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated respect and kindness. Staff observed spoke with people in a way that demonstrated they respected them. One person said, "The staff are fantastic." Another person said, "They're very kind and nice to me." "Relatives told us that staff were kind.
- Staff were attentive to people. People told us that most staff were kind and patient. We saw several examples of positive interactions and staff knowing people well throughout the inspection.
- Interactions observed between staff were courteous and polite which made for a pleasant environment to work in and benefitted people living there.
- People and their relatives told us that their relationships were respected. One relative said, "They invited me to the Valentines dinner. There were about a dozen couples I think and we had a nice meal with flowers and they had done a box of chocolates with our name on. That was a nice gesture for us couples."

Supporting people to express their views and be involved in making decisions about their care

- People were asked about their views about the care as part of their care plan review. Staff told us that care was delivered in accordance with people's wishes, choices and preferences. They told us that they tried to keep to the times people preferred as much as possible. People confirmed this.
- Staff were heard asking people for their choices throughout the inspection.
- People and their relatives told us that they felt involved in planning their care and it was delivered how they wanted it to be. One person said, "They ask what jumper you would like to wear today. They ask do you want to get up or stay in bed. If I am getting up they have to find someone else for the hoist. I am a bit nervous of it but they talk to me "Are you alright? Tell me if the strap is too tight. And they listen to me."

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and were discreet when supporting people. One person told us, "The staff are always respectful, knock on the door and pull the curtains too."
- People who needed support by staff were dressed appropriately. However, one relative told us that at times their family member was in their nightclothes in the afternoon and they were not sure if this was choice or staff convenience. The registered manager instructed the deputy manager to look into this. We noted some people only had a blanket on them in bed. Staff need to ensure that this was people's choice and not that a duvet had not been replaced after being taken to the wash.
- Records were stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

### Personalised care

- At the last inspection on 18 and 25 September 2018 people did not always receive care that was personalised.
- At this inspection we found that improvements had been made.
- People received care that met their needs and took account of their preferences. One person said, "I get what I want, they are very nice. Staff are lovely." Another person told us, "I'm quite happy here. My family visit every afternoon. Everyone is so happy and cheerful; I couldn't ask to be more comfortable and better looked after. They've all got a very good manner and keep you happy. I'm getting all the attention I want."
- A staff member patiently and persistently tried to persuade a reluctant person who was living with dementia to go to the toilet as they had noticed they person was wet. After 7 or 8 minutes they got the person to go with them and they were heard singing songs together during the care.
- People's support plans were detailed and person centred so that it covered all elements of a person's needs, wishes, and lives. Staff were able to tell us about people they supported.
- Some relatives gave mixed views about people's care, this included what time people were in or out of their nightclothes and making sure people were shaved.
- People told us that they enjoyed the activities provided. On the day of inspection there was a singalong in the pub and one to ones in rooms on offer. People told us that they had enough to do and were happy living at the service. One person told us, "I'm supposed to go to exercise this morning and then to the hairdresser. I've got my TV and I like to knit." Another person said, "Yes I enjoy some of the activities. The ladies (activity organisers) come in and say what do you want to do today? Sometimes I think they are too busy and don't have time. I don't get asked every day, but I'm satisfied." A relative told us, "We were surprised when [person] came in by the number of things to do. They love the singing."
- There were opportunities for people to go out. Some people told us that they were not always aware of what activities were available each day. This had been identified in a recent staff meeting and staff were reminded to support the activities so that everyone who wanted could attend an activity.

### Improving care quality in response to complaints or concerns

- Complaints at home level were responded to appropriately.
- People and their relatives told us that they could speak to the registered manager or a member of staff if they needed to. One person said, "I haven't any concerns I'd talk to the nurses if I had any." A relative said, "I've had no concerns so far. If I had any I would talk to carers or social services. The staff seem easy to talk to."
- Complaints were monitored to help them address any themes and trends.

### End of life care and support

- The service offered end of life care. When people were nearing the end of their lives, care plans were put into place for supporting people. In some cases, these could be developed further.
- Feedback from relatives about support from staff during the time their family members were receiving end of life care was positive. One relative told us, "I have been made very welcome. They say if there is anything I need to ask them."

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At the last inspection on 18 and 25 September 2018 we found issues within the environment that needed to be repaired.
- At this inspection we found that most of the work was still only at the planning phase and may take up to eight months from the date of inspection to be completed. This timeframe is not acceptable for people living in the home and does not demonstrate that the provider is motivated to provide a pleasant and safe environment for people.
- There was water damage in many areas of the home. Some areas had been patched up but there were cracks in walls. We raised this as part of the last inspection. We asked the provider to obtain an independent review of the building. On the day of inspection, the provider gave us an email dated for the same day stating that in the builder's opinion they were surface cracks. There was planned work to repair these. We asked for a date to be shared with us when the repairs would be completed.
- Bathrooms were not designed in a way that made them easily cleaned and hygienic. Wood that was used in the rooms had become porous and posed an infection control risk. Bathrooms were also not welcoming and were not set up to make having a bath or shower a pleasant experience. Many did not have windows as they were located within the building and lighting was not relaxing. They were bland with no decoration to soften them and the smell in many of them was offensive. We are aware that refurbishment is planned but consideration must be given to improving people's bath or shower time experience sooner.
- The recruitment process had not been robust and the internal checklist used had not identified the shortfalls. This meant that the system and policy in place was not effective.

Due to the refurbishment issues being identified at the previous inspection and significant steps have not been taken by the provider to address these areas, and the shortfalls with the recruitment process, this is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Most people and their relatives told us that the registered manager was approachable and was seen around the home regularly. People told us that were happy at Pinelodge. One person said, "I'm quite happy here. I'd say to any others who asked me what it was like in a care home, don't worry you'll be well looked after."
- Staff told us, and we also saw, that the registered manager and the providers were visible in the home and were available if anyone needed to speak with them.
- There were daily handovers detailing updates or changes to people's needs in some cases, and meetings with staff discussed all relevant information. There was also a staff memo sent to all staff to help keep them

informed.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection on 18 and 25 September 2018 we found that governance systems had not been effective in identifying and addressing shortfalls.
- At this inspection we found that although there were some areas that needed further development, this had improved.
- The registered manager used their governance systems to help them achieve identify and resolve issues in the home.
- These systems included audits, observations and checks. The registered manager empowered deputy managers to carry out some of these checks but also carried out their own assessments to ensure the team were working in accordance with their expectations.
- Action plans were developed following these checks and we saw the actions were signed off when completed.
- However, the audits and checks had failed to identify some of the issues found during the inspection in relation to 'Safe'.

Working in partnership with others

- The registered manager had ensured that other agencies were informed of any issues arising. The registered manager had links with various agencies which included the local authority, the clinical commissioning group and a local care providers association.
- There had been a recent monitoring visit from the local authority and they had rated them as requires improvement. The registered manager had developed an action plan to address the areas identified by them and had made progress at the time of our inspection. For example, improving the care plans.

Engaging and involving people using the service, the public and staff

- People had meetings every two months to discuss the service and anything they wanted to change or plan for the future. They were kept informed about anything that affected the service. We saw where suggestions had been made for activities and updates to the menu, these had been shared with the relevant team for implementing.
- These meetings were not well attended however, and an impartial feedback survey was completed annually. This was due to be completed at the time of the inspection. The registered manager told us that they also asked people's views during a care plan review. There were plans to restart a newsletter to help keep people informed. Further exploration of additional ways on how to obtain people's views would be beneficial to ensure feedback was useful and current.

Continuous learning and improving care

- The staff team included champions for key areas within the home. For example, falls, safeguarding and nutrition. The champions were responsible for reviewing issues within their subject lead role and developing solutions to these. We saw that this had reduced weight loss, pressure ulcers and falls in the home.
- The home was not monitored formally by any independent person. The provider and members of their management team were often on site and checked on progress in the home. However, there was no formal process for this or for example, peer audits from another manager from one of the other provider locations to share learning or help ensure good practice in the home. This would be an area for further development.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to take sufficient action to address the areas in the home that required refurbishment in a timely manner.
Treatment of disease, disorder or injury	