Complete Care Homes Limited

Pinfold Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Pinfold Nursing Home is a care home providing personal and nursing care to 31 people at the time of the inspection. The service can support up to 34 older people, some of whom may have cognitive impairment or physical disabilities.

People's experience of using this service and what we found
People told us they felt safe and that staff looked after them very well. Staff understood how to identify and report any concerns regarding abuse or harm, including any external agencies they would need to report to. Risks to people were identified and monitored. Guidance was clear for staff to follow, which minimised risks to people. Staff had good working relationships with a variety of health professionals and worked with them to achieve the best outcomes for people. Medicines processes had been reviewed and improved to ensure medicines were managed, stored and disposed of appropriately.

Staff were friendly, considerate and kind towards the people they cared for. The atmosphere was homely and welcoming. Some areas of the home had been newly refurbished and decorated taking on board suggestions from people living at the service and their relatives. Health professionals told us they felt welcomed and supported by staff when visiting the home. People told us staff considered their privacy and dignity when supporting them in all aspects of their care needs. Processes were in place to maintain confidentiality of people's personal information. Staff told us they were able to meet people's needs and take time to interact with them and their relatives throughout their shifts.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were aware of the importance of gaining people's consent prior to carrying out care and support.

People received a varied menu of food each day and had additional choices according to their preferences. Staff knew the importance of maintaining people's hydration and encouraged plenty of additional fluids. People and their relatives told us they felt involved in making decisions about their care. Relatives described how staff tailored care to support people's individual needs, including emotional support when needed. People experienced personalised care, which supported them to feel valued, and well cared for. The service had identified activities as an area they could improve. Additional one to one support was provided to people in their rooms and the activities team supported people to take part in a range of interactive activities to promote physical and mental stimulation.

The registered manager inspired staff to provide support to people in line with best practice guidance. They had introduced improved governance systems that had already impacted on the service and the quality of support provided. The registered manager had a hands-on approach and was well respected by all the staff team. Since they had come into post they had engaged with the local authority and health professionals to

continuously drive improvements throughout the service and had made an impact on the staff team working more productively together to achieve positive results.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Pinfold Lodge Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Pinfold Nursing 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 in post who was currently in the process of registering with the Care Quality Commission. We will refer to them throughout this report as the 'manager.' Being a registered manager means 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
This inspection was unannounced on the first day and announced on the second day.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with three visiting health professionals and seven members of staff, including the provider, manager, two care workers, one nurse and clinical lead, an activities co-ordinator and administrative assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records; this included three people's care records, multiple medication records, three staff recruitment, training and supervision records. We also reviewed documents relating to the management of the service, such as quality assurance records and policies and procedures.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People living at the service told us they felt safe and that staff looked after them well. One relative advised, "I trust everybody in this place."
- Staff understood how to protect people from harm and abuse. Safeguarding policies and procedures guided staff on how to report incidents of a safeguarding nature. Local safeguarding authority policies were available to reference if needed.
- Staff felt confident using the whistle blowing processes, if they needed to.

Assessing risk, safety monitoring and management

- Risk assessments were detailed and included measures to mitigate future risk. Records were in place to monitor risks such as falls, hydration, nutrition and pressure care. These were well maintained.
- The environment was regularly checked to ensure people's safety. Personal emergency evacuation plans were in place to guide emergency services and staff how to safely evacuate people in the event of an emergency.

Staffing and recruitment

- Recruitment processes were robust to ensure staff were suitable to work in a care environment. The manager was keen to ensure new staff had the desired qualities and values that would fit with the service and existing staff culture.
- Staffing levels were continually reviewed to ensure people's needs could be met. Contingency plans were in place to cover staff sickness at short notice and the manager had a proactive, 'hands on' approach to helping people and their staff team.
- People told us that staff took time out to chat with them.

Using medicines safely

- People received their medicines safely and as prescribed. A specialist had recently visited the service and made recommendations to improve medicines management; these recommendations had been actioned.
- Staff had received training in medicines management, shadowed more experienced members of staff and had their competencies checked regularly.
- Systems were in place to regularly audit medicines and complete stock checks. This enabled the provider to identify any issues immediately, so they could be addressed without delay.
- Records showed that staff considered alternative types of medicine when people's needs changed. For example, one person was unable to swallow tablets, they were prescribed an alternative liquid medication.

Preventing and controlling infection

- Infection prevention and control measures were followed by all staff to reduce the risk of infection.
- Staff were observed wearing personal protective equipment.

Learning lessons when things go wrong

- Accidents and incidents were recorded, analysed and themes identified to ensure measures were put in place to avoid reoccurrences.
- Records showed the manager regularly considered risk, liaised with the staff team to share lessons learnt and continually looked at ways to improve their oversight and management. For example, the manager had worked in partnership with the local authority and a specialist pharmacist to improve medicines management. These improvements had significantly reduced medicines errors in the service.

Good

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.

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs had been assessed prior to admission and their needs continued to be reviewed regularly. Detailed care plans had been developed in partnership with people and their relatives to personalise how people would like to be supported by staff.
● One member of staff told us, "I treat people with respect. I think would I be happy if that was my mother or granddad, would I be thinking that's not done right. I ask how they feel, do you feel refreshed, do you feel alright, what clothes do you want to wear. It's all about involving them."

Staff skills, knowledge and experience.
● People and their relatives told us skilled staff supported them well and made them feel comfortable. One relative said, "They (staff) use the slide sheet correctly and continuously check to immediately identify any redness and then take action. They recently changed to using an air mattress to make [Name] more comfortable."
● Staff received extensive training to support them carry out their role effectively. They knew people's needs well and involved other health professionals without delay.
● All staff had completed an induction.
● The manager had completed regular supervisions and appraisals with care staff. The area manager, who had a background in nursing, completed clinical supervisions to support nursing staff.
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Supporting people to eat and drink enough with choice in a balanced diet.
● People told us they enjoyed the food and had plenty of choices. One relative told us, "Staff are always inviting me to stay for a meal as I spend so much time here. The food is very nice."
● Staff had good knowledge of people's dietary requirements. Monitoring systems were in place to ensure people had eaten at mealtimes and had adequate hydration.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support.
● Staff knew people's needs and what was normal for them. Changes were discussed during handovers or informal chats with the nurses and manager. The staff team worked together consistently to ensure people received the right support from external health professionals as well as their in-house clinical team.
● Staff had received additional in-depth training in various topics including foot ulceration care. One health professional told us, "The staff are very receptive to learning, we have just done a training session with them. Really good audience, all carers and the nursing team attended. We looked at what to recognise, when and

how to refer."

Adapting service, design, decoration to meet people's needs.
● The property was in the middle of a refurbishment programme. Some areas had been newly decorated with input and suggestions from people and their relatives.
● People were supported to personalise the décor in their bedrooms. One person's relative told us, "The manager helped us to redecorate [Name of person]'s room." They showed us individual butterflies added to the wallpaper, low warm coloured lighting and a scent diffuser expelling a citrus aroma.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff described how they supported people to make daily decisions and choices. Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives, ensuring their rights were protected. The policies and systems in the service supported this practice.
● The manager understood how to make an application for deprivation of liberty with the authorising authority when this was deemed necessary.

Good

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.

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.
- People and relatives we spoke with complimented the staff and manager. Relatives comments included, "The staff are kind and lovely" and "The staff gives cuddles. They're amazing with [Name]."
- We observed staff to be kind and caring towards people. It was clear during conversations that staff knew people well and had built trusting relationships with them.
- Staff were attentive to people's needs and used touch to reassure people when needed. One relative told us, "It's the little things. They bob past [Name]'s room and even though they're really busy they swing their head round the door and say morning gorgeous or just give her a kiss. Even the kitchen staff come and say I'm not going to see you for three days as I'm off on leave and give her a hug. They do it because they care."
- The provider promoted equal opportunities for all people living within the service and staff.

Supporting people to express their views and be involved in making decisions about their care.
- People and their relatives told us they were always involved in decisions about their care and support. One relative told us, "Yes I'm involved. I continuously talk to nursing staff and carers. I will go meetings as it's the right thing to do and everything is done in [Name]'s best interests."
- We observed staff taking the time to support people to make choices in their everyday lives, such as what to eat and what activities they would like to participate in.

Respecting and promoting people's privacy, dignity and independence.
- People were supported to maintain relationships with their friends and family and people told us their visitors were made to feel welcome. One person said, "They welcome my family with open arms" and a relative advised, "It's like home from home for me. I spend more time here than I do at home. The staff are lovely."
- People were supported to maintain their independence. One person said, "[Staff] encourage me to be independent but will help me if I want them to." We observed staff reassuring people when moving and handling them, by gently placing their hand on the persons back and offering words of encouragement.
- One relative told us, "Care staff without exception are hugely enthusiastic towards giving emotional support and they treat [Name] with the utmost dignity, respect and kindness. I have seen a lot of care homes over the years, I would say it's exemplary what they do here."
- Staff respected people's right to private time on their own and knew how important it was to maintain confidentiality. Personal data was stored securely and only shared with appropriate persons that had authorisation to view people's records.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Staff worked with health professionals and the local authority to review people's care and support needs. Staff provided personalised care to people. One health professional told us since the new manager had come into post, "Care plans are a lot better. I can generally pull out what I need. The registered nurse gives me their version, which corresponds well."

● We observed staff empowering people to have choice and control of their day to day lives. People told us staff knew their preferences and supported them well.

● Staff paid attention to how people responded to them. A staff member told us, "Yesterday I brought in my own laptop as [Name] took an interest in a cruise I had been on. They have previously travelled a lot themselves, so we looked through my photographs together and which they seemed to really enjoy."

● Relatives told us the care and support was personalised. One relative advised, "The emotional support and the way they actually treat [name] as an individual with kindness and dignity. They [staff] always ask and explain what's going to happen, it's done in [name] own time and gently which shows respect for her as an individual. They do it because they care, it's delivering real care."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Staff told us the introduction of more one to one activity had been beneficial to people.

● All staff, regardless of their role, regularly interacted with people living at the service. We observed people and their relatives laughing and joking with staff, which created a calm and relaxing atmosphere.

●Staff told us people had access to daily and one to one activity. For example, people had access to visiting animals, music and singing, reminiscence activities, hand massages and the mobile library. Summer fayre's, coffee mornings and events outside the service had been organised.

● Care records captured any cultural or religious preferences and people were supported to attend church if they wished.

● People were supported to maintain a sense of purpose by being part of the local community through contact with schools, churches and were made aware of local events in case they wanted to attend.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Staff had good awareness of people's communication needs and preferences. These were clearly

recorded in care records and documentation passed to other agencies where required, such as hospitals. Information was available in alternative formats if needed, such as easy read or large print.
● Staff were responsive when people's needs changed. Audiobooks were made available and many people opted to use these instead of reading themselves.

Improving care quality in response to complaints or concerns
● The provider encouraged people and their relatives to feedback to the service and raise any concerns. These were recorded and used to make improvements throughout the service.
● Relatives provided examples of improvements which had been made. These included a cleaner environment, better communication, happier staff team and more consistent documentation.

End of life care and support
● The provider had arranged specialist training from the local hospice to support staff to provide the best end of life care experience for people. One relative complimented the end of life care provision provided to them and their loved one, "We were both cared for through the night. Staff, as always, respected these quiet, intimate, final moments and let [Name] die with dignity. I felt a tremendous amount of support and will be forever grateful for this."
● People were supported to make decisions and plans about their preferences for end of life care. These were recorded in detail and any advanced decisions included.
● Where advanced decisions were in place, the manager ensured people's wishes were respected.

Good

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.

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager promoted a person-centred culture within the service. People and their relatives told us they felt involved in planning and reviewing care, events and decisions about the running of the service.
- The manager had strong leadership skills and had made numerous improvements to the service over a short period of time.
- The area manager took an active role in providing continuous support to the new manager and the nursing staff. They shared best practice and staff told us they felt comfortable approaching the management team for any additional advice or guidance when needed.
- The management team were visible throughout the service and staff provided very positive feedback about the manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The management team and staff understood their individual roles, what was expected of them and worked together to deliver care tailored to individual's needs.
- The management team recognised the strengths of individual staff. This enabled them to encourage self-development through supportive and reflective supervisions.
- The management team carried out various audits and checks. There was a robust and effective quality assurance process. The manager analysed complaints, satisfaction surveys, incidents and audits to encourage continuous improvements to the service.
- The manager was aware of their responsibilities to notify the Care Quality Commission of significant events that happen in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were asked to share their views, attend meetings and complete surveys about the service. They felt listened to and more involved in the process to make improvements across the service.
- Staff told us they felt valued for their contribution to the service.

Working in partnership with others.

- The service worked in partnership with health and social care professionals involved in people's care. In

addition, they had engaged with health professionals to deliver specialist training to staff. This had improved the standard of care provided to people.

- Health professionals and relatives provided very positive feedback about the manager and staff team.