

Pinxton Manor Limited

Pinxton Manor Nursing Home

Inspection report

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Pinxton
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Tel: 01773819191

Date of inspection visit:
18 December 2018

Date of publication:
07 February 2019

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

We inspected the service on 18 December 2018. The inspection was unannounced. Pinxton Manor 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 is registered to accommodate 40 people.

On the day of our inspection 35 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Staff had received training and knew how to recognise abuse and how to report it. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. People did not have any undue restrictions placed upon them. The service provided nursing care and there was at least one qualified nurse on duty at all times. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely and these were managed in line with best practice guidance. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People continued to receive an effective service. Staff received the training and support they required including specialist training to meet people's individual needs. Qualified nurses were supported to maintain their professional qualification and received clinical supervision. People were supported with their nutritional needs. Staff identified when people required further support with eating and drinking and took appropriate action. The staff worked well with external health care professionals, people were supported with their needs and accessed the health services they required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act 2005 (MCA) were followed.

The environment was adapted to meet the needs of people living with dementia and was accessible to people who used the service.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided. People's

independence was promoted.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person and or their relative. The service had achieved a 'dementia specialist award and dignity award from their commissioners. People had a person-centred care plan in place for each identified need. Staff knew people well and knew how they preferred to receive care and support. People had opportunities to pursue their interests and hobbies, and social activities were offered and tailored to meet people's needs and abilities. There was a complaint procedure and action had been taken to learn and improve in response to complaints.

People continued to receive a well led service. People and staff were supported by the management team. There was a clear support structure and staff understood their roles and responsibilities. People and staff were engaged and involved. There was an open and transparent and person-centred culture and good leadership. People were asked to share their feedback about the care and support they received and action was taken in response. Staff performance and the quality of service provision was monitored, analysed and used to make improvements.

Further information is in the detailed findings below

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Pinxton Manor 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 comprehensive inspection took place on 18 December 2018 and was unannounced.

The inspection team consisted of one inspector and an expert 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.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with seven people who used the service for their views about the service they received. We spoke with the registered manager, the assistant manager, a nurse, two care team members, a cook and a cleaner.

We looked at the care records of three people who used the service, the management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management fire risks, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

People told us they felt safe at Pinxton Manor. One person told us, "Yes it's all safe here. There are always staff about, I close my bedroom door at night but it's not locked. No one comes in only the staff. The staff make me feel safe there are always a lot of them around there is plenty of staff but they are sometimes short. Another person said, "Oh I am certainly safe they are very friendly people."

Risk assessments were in place for all identified risks along with management plans instructing staff about how to keep people safe. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. These audits had identified an increase in falls at teatime so staffing numbers were increased at this time of the day. There were staff in the communal lounges at all times in order to keep people safe and to offer support when required. This was implemented in response to accidents and to improve safety for people who used the service. Assistive technology such as bed and chair alarms were used for some people who were at risk of falling. Staff had referred people and taken advice from the community falls team.

There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do in the event of an emergency, and the provider had a business contingency plan in place. Routine maintenance and safety checks had been carried out on the premises and equipment to make sure they were in safe working order.

People received their prescribed medicines safely. One person told us, "Staff give me the medicines and I take them myself. We have them in the morning and at night." Another person said, "An electronic system of recording was in use. This system alerted staff to any errors or missed doses and enabled staff to check that people had their medicines at the right time.

Where people required to be given their medicines covertly, this was only done following a best interest decision involving the person's doctor and next of kin and after seeking advice from the pharmacist. Protocols were in place where medicine was prescribed on an 'as required' basis. This meant that staff knew when and in what circumstances the medicine should be used.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. One person said, "I have a bell if I need them but I generally shout them when they are passing if I need them. But when I press the bell I don't generally have to wait a long time." Other people told us that staffing levels were variable, generally good but at times there were not enough staff. Many people were concerned that the staff were working hard and there was so much for them to do. We saw that staff were available when people wanted them and they responded to people's requests quickly. Staffing numbers and skill mix were calculated using a recognised staffing tool. The registered manager told us they had recently identified a need for an additional staff members and this was being implemented for both day and night duty.

The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role. Checks were carried out

to ensure that qualified nurses had an active identification number and were registered to practice.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to the protective equipment they required such as gloves and aprons. There was a separate team of cleaning staff who followed set cleaning schedules to ensure that infection control standards were met. A member of this team we spoke with was highly motivated and proud of the work they did.

Is the service effective?

Our findings

People felt that staff were trained and competent to carry out their roles. One person said, "Oh yes I think they are trained I think they know what they are doing. I know all the staff and they know me." Staff received induction training when the first began working at the service. The 'care certificate' was used for staff who were new to care. The 'care certificate' is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. Training was provided on-line and there was also a training co coordinator employed by the company. The majority of care staff had achieved a nationally recognised qualification in care.

Qualified nurses attended additional training specific to their roles and received clinical supervision and attended clinical governance meetings. This meant that nurses had opportunities to develop their knowledge and keep up to date with best practice and evidence based legislation.

The service had been assessed by Derbyshire County Council and had achieved their dementia specialist award. This meant that the care and support provided to people living with dementia met best practice and current legislation.

People were supported to eat and drink enough and maintain a balanced diet. People told us the quality of the cooking was 'good' and there was always a choice of menu. One person said, "The food is very good if you don't like what you are offered then they offer you another choice .I don't like fish so I am having a pasty today. The food is lovely I have never had any bad food here. We all have juice and water in our rooms and it's also available in the lounges they check that we are drinking lots." The lunch time meal served during our visit looked appetising and nutritious. People were given the support they required in a sensitive way. We saw staff made sure people were comfortable and had the equipment they required to promote independence with eating and drinking such as plate guards. Staff recognised that one person was tired so they arranged for them to have their lunch a bit later after they had rested. People and staff chatted together and there was a calm and sociable atmosphere.

Risks to nutrition and hydration were assessed and people were offered the support they required. Staff closely monitored the amounts people ate and drank when risk was identified. Action was taken where this was required. Care and catering staff were aware of people's dietary and nutrition needs.

People had access to the healthcare services they required such as nurses and doctors. There was a qualified nurse on duty at all times to provide nursing care. Records showed that staff followed the instructions and guidance provided by external professions. Staff had worked closely with the community dementia rapid response team to receive effective outcomes for one person. One person told us, "The staff always ask me if I am alright, they know about my cataracts and look after me they are very caring. I wouldn't want to go anywhere else."

The building and premises had been adapted to meet the needs of people living with dementia. Signage was in picture format to assist people to orientate themselves around the building. There were interactive objects of interest and colourful landmarks and this encouraged people to move freely around the

communal areas and promoted a sense of purpose. People's bedroom doors were being refurbished in bright colours to help people recognise which room was theirs. Some people had photographs on their doors to also assist with this.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that staff were following these principles. People had decision specific mental capacity assessments and best interest decisions were recorded where this was required. Any conditions associated with restrictions were being met. For example, free access to walking space and garden area was provided in accordance with a persons authorization.

Is the service caring?

Our findings

People were treated with kindness and compassion. People told us about the things staff did for them. One person said, "They know I like to go to bed early. When I have been sneezing, or coughing they bring me the stuff I need to help me." Another person said, "If the staff go shopping they ask if I want anything they sometimes get me a top, I choose it and then they get it for me. I have had some lovely tops."

We saw that staff spent time with people. In one of the communal lounge, we heard a staff member ask each person in turn if they needed anything and if they were ok. One person told staff their cup of tea had gone cold and the staff member quickly replaced this with a fresh cup of tea. Staff responded quickly when people showed signs of distress. One person shouted out for a family member, staff were able to offer reassurance and comforted the person. We saw staff giving people the time they required and people were never hurried. A staff member assisted one person who wanted to go back to their room. The staff member gently assisted the person to mobilise safely and explained what they should do making sure the person did not rush and understood what was happening. One person had been out to attend a hospital appointment, on their return they were greeted warmly and offered a cup of tea.

Support was offered to the friends and families of people living with dementia. Meetings were held to help people understand the changes caused by dementia and how they affected people and their behaviour.

People were involved in making decisions about their care and support. One person said, "I can do anything they take me downstairs for the activities if I want to, I go down in my wheelchair." Staff knew people well and had the information they required about people's preferences. Care plans documented people's strengths, abilities and choices so that these could be respected and used to inform decisions. People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. Regular care and support reviews were held and people's families were asked for their feedback.

People had their privacy, dignity and independence protected and promoted. Staff had received training about privacy and dignity they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. One person explained how staff protected their dignity during personal care, they said, "They give me a bath weekly its ready and they make sure you are covered up, I do my front and they do my back."

We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. The service had achieved a dignity and respect award from health and social care commissioners. Some staff had completed extra training to become 'dignity champions' and there was information about what dignity means to people and how to promote dignity, displayed at the service.

Is the service responsive?

Our findings

People had a care plan which was developed to meet their identified needs. These records provided staff with detailed and important information about the person and the ways they preferred to receive care and support. This information was important, particularly when people had difficulty expressing their needs and preferences.

Care plans included people's social and cultural needs and the best way to manage behaviour that may be risky. These included the things that may trigger distress, signs of distress and what staff should do to avoid this. For example, distraction was an intervention used for one person. Records showed that staff knew the best way to communicate with people and reduce risky behaviour. People's choices were respected and staff tried different interventions but made sure they were acceptable to the person.

People living with dementia were encouraged to spend time with other people who were at a similar stage in their dementia journey. This meant that interaction and communication between people was promoted because people's communication support needs were at a similar stage. Staff used interventions such as reminiscence and other activities that were meaningful and accessible to people depending on their needs and abilities.

During our visit some people were occupied watching a Christmas film together. In another lounge, staff spent time reading a book to one person. There were objects of interest such as a dolls house and a pram that people could interact with.

Children from a local nursery made regular visits to the service to spend time with people. Staff reported that this had a positive effect on the people who used the service because they had developed positive relationships and enjoyed the time they spent together. A sensory garden had been developed to enhance the experience of people living with dementia when in the garden area. There were sensory plants that people could touch and smell and the area had been made accessible to people with a disability. Staff had attended experiential training about dementia. This increased their understanding of the experience of living with dementia and in turn helped staff to meet people's individual needs and provide the right care and support.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Information was available in large print, pictorial format and in other languages. There was also an interpreter and sign language facilitator available within the organisation.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and the action taken to resolve the complaint. We saw that complaints were

taken seriously and action was taken to improve. Complaints were discussed with staff at team meetings along with strategies to improve.

At the time of our visit one of the double rooms was being converted for use as an end of life suite. This was to provide facilities such as a kitchenette and sofa bed for people to stay with their relative during this time. Pictures of people who had lived at Pinxton Manor were displayed on a 'memory wall' so that people and staff could reflect and remember. All staff had received training about end of life care. Staff had also received training from a local undertaker and this helped them to understand their processes and provide support to families and friends. People's advanced wishes were recorded and people were supported to fulfil their aspirations.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

There was a clear organisational structure and staff understood their roles and responsibilities. Staff carried out key roles such as infection control lead and dementia lead. Dementia leads from other services within the organisation met monthly to share learning and experiences. This helped to promote continuous learning and improvement. One person told us, "The staff are very friendly I bet they couldn't wish for a better boss they all get on well and she (registered manager) is fantastic. We have a gardener he is also the handyman. He comes and puts pictures up in my room and helps if things have fused. I enjoy it here I couldn't be anywhere better."

People who used the service were engaged and involved through 'resident's forums' and weekly coffee mornings. People told us they knew the manager and were asked for their feedback. One person told us, "I have spoken to the manager in the past and we have had several meetings we have to plan them in she is so busy, but they are certainly friendly people here." A relative said, "The manager is very approachable I get on well with the manager."

There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon.

Staff felt supported to do their jobs and to develop their skills and learning. A member of the care staff told us they were proud of working at the service because it was, "Like a family." Another member of the care team told us the registered manager always had time to talk to them and was always accessible. They told us how they delivered care and support that was person centred and how they involved people and their families in order to achieve this. They said about the service, "It's a lovely place to work."

The registered manager carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. Questionnaires were sent out by the quality manager to people and their relatives and to stakeholders such as professionals that visited the service. The results of these were analysed and used to develop a quality report. Information about what people said and what action was taken in response was shared with people and with staff.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

Registered providers are required by law to display the ratings awarded to each service. We confirmed that the rating for Pinxton Manor was on display in the home and on the provider's website. Showing this rating demonstrates an open and transparent culture and helps people and visitors understand the quality of the service.