

Mrs T Schneider

Pinehurst Rest Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Pinehurst is a residential care home providing accommodation and personal care to 17 people aged 65 and over at the time of the inspection. The service can support up to 19 people with dementia and frailty needs.

People's experience of using this service and what we found

We found the service had improved since our last inspection. However, there was still further work to be done to embed those improvements as we found some continued shortfalls. Recruitment processes were not always robust with some new employees recruited at the service without the necessary checks taking place.

Record keeping still required further improvement as records did not always accurately reflect people's care needs or known risks to them. We have made recommendations about the management of medicines. People told us they felt safe living in the service. Relatives gave us positive feedback about the safety and quality of care given to their loved ones.

The service was clean, tidy and odour free. We saw staff wearing masks, gloves and aprons in line with government guidance. Thorough health and safety checks were taking place on equipment and the environment.

Staff said that they felt well supported by management. Staff said that they had enough time to support people and we observed a caring approach from staff during our inspection.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 27 September 2019) and there were multiple breaches of regulation. These were in relation to safe care and treatment, management oversight of the service and recruitment processes. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvement to the service and the registered provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we found a continued breach of Regulation 17 in relation to poor record keeping and Regulation 19 in relation to appropriate recruitment checks not being completed.

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pinehurst Rest Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Pinehurst Rest Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the specific concerns we had at our previous inspection in August 2019. At that inspection we found shortfalls in medicines administration, recruitment procedures, and accurate records around people's care.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Pinehurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 provider registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered provider, manager, care workers and housekeeping staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two further relatives about their experience of the care provided.

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 Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about Pinehurst Rest Home. We will assess all of the key question at the next comprehensive inspection of the service.

At our inspection in August 2019 the provider had failed to establish thorough recruitment processes that ensured people received care from experienced staff that were suitable to work with vulnerable people. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 19.

- The recruitment of new staff was not always safe. One member of staff had recently been recruited without an application form being completed or suitable references obtained. There was also no written evidence that this member of staff had been interviewed before they were employed at Pinehurst. The provider told us the member of staff came "highly recommended" and as such they felt confident employing them without completing all the required checks.
- Suitable numbers of competent staff were deployed in order to meet people's care needs. One person told us staff were always popping in and out and, "Everything is good."
- Staff told us they felt they had enough time to care for people. One member of staff told us, "We have the time to do our tasks and sit with people, entertain them, play bingo."

There was no evidence that people had been harmed due these poor recruitment processes. However, the failure to ensure appropriate recruitment checks were completed on staff prior to employment was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were administered safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified some continued shortfalls in relation to medicines management at the inspection. However, these were immediately addressed by the provider.

- The administration of people's medicines did not always follow best practice. While staff received relevant training and regular competency checks to ensure they were safe to administer people's medicines, we observed staff, 'secondary dispensing'. This is where one staff member dispenses and signs that they have administered a person's medicine, but a second staff member physically administers them. Therefore, staff

training, and competency checks were ineffective in their use. We raised this with the manager at the inspection and they confirmed immediately following our inspection this practice had ceased. We will follow this up on our next inspection.

- One person required daily injections to manage their health condition. However, we found a lack of guidance in place for staff to safely support this person such as when to administer the injection and any side effects they may cause. Again, we raised this with the manager who sent us evidence following our inspection to show that guidance was now in place.
- Where people required topical creams (medicines in cream format) there was a lack of accompanying body maps. These are important as they guide staff on where to apply creams. We raised this with the manager who told us these would be put in place immediately following the inspection. We will follow this up on our next inspection.

We recommend the provider consider current guidance on managing and administering medicines in care homes and takes action to update their practice accordingly.

Preventing and controlling infection

At our inspection in August 2019, we found a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 due to poor infection control practices. At this inspection, we had no concerns around infection control.

- Relatives said they felt confident in the measures the home had taken during the COVID-19 pandemic. One relative told us, "They seemed to spring into action really early on."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff received infection control training and there was a policy in place that had been updated to include risks around COVID-19. We saw staff wearing personal protective equipment (PPE) where appropriate including masks, gloves and aprons. When visitors arrived at the service their temperatures were checked, and they were reminded of the policy around wearing PPE.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- We found some record keeping lacked accuracy. For example, one person's Personal Emergency Evacuation Plan (PEEP) stated they could mobilise with a wheeled frame, but staff informed us they now require a wheelchair and use a hoist for transfers. A second person's moving and handling risk assessment stated they used a walking stick to mobilise safely. However, we did not see them use this during our inspection and staff confirmed the person no longer required it.
- Other records of people's needs were accurate, for example, risk assessments within people's care plans contained information for staff around people's individual needs including nutrition, skin integrity and mobilising.

- People were very well known by staff who were able to clearly describe people's risks and what they do to mitigate them. Therefore, despite records not always being accurate in documenting people's needs, we did not have any concerns that people were at risk of harm.
- Staff undertook routine safety checks of the environment. There were contingency plans in place to ensure people's care would continue in the event of an emergency which meant people had to leave their home.

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 our inspection in August 2019 this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about Pinehurst. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our inspection in August 2019 the provider had failed to ensure that robust systems and processes were in place to assess and monitor the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- During our last inspection, we identified records were not always accurate, complete or contemporaneous. We identified similar issues at this inspection. Some records for people were missing or had not been updated for a long period of time including risk assessments and guidance for staff administering medicines.
- As reported in the Safe domain, records did not always accurately reflect people's care needs or known risks to them. Following our inspection, the provider sent us evidence to demonstrate they had addressed some of the shortfalls in documentation, but further improvements were needed.
- People's records were not always kept in a way that made it easy to find information when needed. For example, information necessary for the safe administration of people's medicines was kept in several different places which could lead to errors being made.
- The registered provider had put audits in place to monitor and assess the quality and safety of the service. However these had not identified the issues we found with record keeping and therefore were not effective in their use.
- The provider, manager and staff team understood their roles and responsibilities and were keen to ensure a good quality service was provided to people.
- Staff told us the management team had handled the challenges of COVID-19 well. When the number of COVID-19 cases were high locally, some staff had stayed in empty rooms at the service in order to reduce the risk of people contracting the virus. Those that were travelling to work were collected and taken home by the manager so that they did not have to use public transport.

The failure to ensure accurate, contemporaneous and complete records were in place for people was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a positive culture within the home. One member of staff told us, "I have never been somewhere where they are so kind." The management team and staff were dedicated to ensuring people achieved good outcomes. One person told us, "This is a very nice care home."
- Relatives told us that people had been able to build up good relationships with the management team and staff. One relative told us that the continuity of staffing was good at the home and described this as being "incredibly helpful." Another relative told us staff were "incredibly caring" and said the home had a "family feel."
- Staff told us they were listened to by the management team and were encouraged to offer ideas about how to improve the service. A staff member said, "Anytime I think I have a bit of an idea I can catch them (management) on a free moment."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)(a)(b)(c)(d)(i)(ii)</p> <p>The registered person was not able to evidence that records always accurately and completely reflected people's care needs or known risks to them.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19(1)(a)(b)(2)(a)(3)(a)</p> <p>The registered person was not able to evidence that recruitment procedures were established and effectively operating to ensure the safe recruitment of new staff.</p>