BUPA

Pinehurst House Nursing Home

Inspection report

Pinehurst
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Website:

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out this inspection on 10 and 15 December 2014, it was unannounced.

Pinehurst House Nursing House in Sevenoaks, Kent provides accommodation and nursing care for up to 30 older people, some of whom are living with dementia. This service is one of many services registered with the Commission under the BUPA company name. The management and staff team included nurses, and care assistants. The ancillary staff team included administrators, receptionist, activity co-ordinator, kitchen and housekeeping staff.

A newly appointed manager has applied to the Commission to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected against the risks associated with the unsafe use and management of medicines. You can see what action we told the registered provider to take at the back of the full version of this report.

Medicines were not always managed and administered safely, in that some medicines needed to be kept in a fridge for correct storage, but the fridge temperature was not recorded. Therefore the registered manager could not confirm that medicines were being stored at correct temperatures to prevent deterioration. There were several gaps in recording medicines. This meant that staff could not confirm that people had been given their medicines correctly, or if people had missed doses, which would have an impact on their health needs.

The provider did not use an effective system to make sure that there were always enough staff to safely meet people's needs. We have made a recommendation related to providing enough staff.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager said none of the people in the home had been formally assessed as lacking mental capacity. However, there were clear records to show who peoples' representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

Staff had been trained in how to protect people, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

People and their relatives told us that they were involved in planning their own care, and that staff supported them in making arrangements to meet their health needs. Visitors said they felt able to talk to staff or the manager if there were any problems.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People were provided with a diet that met their needs and wishes. Comments from people included "A choice of food is offered and I can have something not on the menu if I prefer".

People were given individual support to take part in their preferred hobbies and interests, such as reading the newspaper and taking part in a quiz. The premises included a garden which was accessible and was used for summer events and relaxation.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and annual appraisals so they were supported to carry out their roles.

Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

People were involved in making decisions about their care and treatment. The manager investigated and responded to people's complaints and people said they felt able to raise any concerns with staff or the management.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the manager and staff. People said that the manager was "Friendly and approachable."

The quality of the service was regularly reviewed, although shortfalls in the medicine procedure had not been identified during these checks. Meetings held

Summary of findings

regularly gave people the opportunity to comment on the quality of the service. People were listened to and their views were taken into account in the way the service was run.

We recommend that the provider seeks and follows guidance relating to the effective operation of a system to provide adequate staff to meet people's needs at all times.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Medicines were not always managed safely and we have recommended that the provider ensures that there are always enough staff to provide safe care.

People were protected from abuse and staff were recruited using safe procedures.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Requires Improvement

Is the service effective?

The service was effective. People said that the staff understood their individual needs. Staff were suitably trained.

The menus offered variety and choice and a provided people with a well-balanced diet.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed. Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Good

Is the service caring?

The service was caring. Staff treated people with respect. Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs.

People were treated with dignity and respect.

Good

Is the service responsive?

The service was responsive. People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people so they were involved.

People were supported to maintain their own interests and hobbies. Visitors were always made welcome.

People were given information on how to make a complaint in a format that met their communication needs.

Good

Is the service well-led?

The service was not consistently well-led. Although there were systems to assess the quality of the service provided in the home, we found that these were not always effective.

Requires Improvement

Summary of findings

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

People's views were sought and acted on. Complaints and concerns were properly investigated and addressed.

Pinehurst House 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 inspection took place on 10 and 15 December 2014 and was unannounced. The inspection team consisted of two inspectors and a pharmacist specialist advisor who looked at the medicine practices of the service.

We spoke with eight people who lived at the service, four relatives and a visiting community nurse. We saw people's rooms and the rest of the service. We looked at personal care records and support plans for four people. We looked at the medicine records; the activity book; individual activity records; and four staff recruitment records. We spoke with staff and observed staff carrying out their duties, such as giving people support at lunchtime.

We normally ask providers to send us a Provider Information Return (PIR). Because we carried out this inspection in response to concerns the provider would not have had time to complete this form. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sought information during the inspection and the provider provided a list of health care professionals that visited the service. We used this to contact them and ask them to tell us their experiences of working with the service.

Before the inspection we examined previous inspection reports and notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We received positive feedback via e-mails from a doctor, a physiotherapist and a podiatrist.

We last inspected the service Pinehurst House Nursing Home on 7 October 2013 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service. People said, "It is a good home", and "The staff are very kind and caring, I have never heard anybody shout or be unkind". One person told us that following an accident they had moved to the home and they felt safe and that they would 'come to no harm'.

The medicines room was tidy and medicine stocks were stored in a locked cupboard. Both medicine trolleys were locked and secured to the wall. There were suitable recording procedures in place to show the receipt and the disposal of medicines. Some medicines were not stored safely. The medicine fridge was found to be unlocked as the key was broken. Concerns had been raised in September about the fridge temperature records but no action had been taken. On the second day of the inspection, the manager told us that the pharmacy was providing a new medicine fridge.

Medicines were given to people as prescribed by their doctors and records were kept. We looked at fifteen medicine records. There were several gaps in recording. Medicines audits were carried out in line with the registered provider's policy which covered only a random check of medicine records. However, this did not cover all aspects of medicines management. For example, the provider's own policy relating to the administration of controlled drugs was not being followed, but this had not been highlighted in the medicine audit. The controlled drugs register had some gaps where there should have been signatures, and dates had been added with no further information. This meant the register was not maintained as required, and the auditing process was not robust.

People were at risk of receiving their medicines inappropriately or unsafely and this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not at all times provide suitable numbers of staff to care for people safely and effectively. For example, on the day of the inspection the staff rota showed that one member of care staff had not arrived to work for their shift, so the staff team were one person short in the morning and the afternoon. Records showed that in November 2014 there were nine occasions when a shift was short of staff by one care staff. Normally the manager would seek to cover staff absence by seeking staff that are available, however on these occasions this had not been possible. The failure to ensure an adequate system was used to cover for absent staff meant that on the occasions when they were short staffed people were waiting an unreasonable time for their care to be provided. People said "Sometimes it seems like there are not enough staff. Calls bells are answered fairly quickly, but sometimes you have to wait". Another person said "The staff sometimes seem busy. They will answer the call bell promptly but sometimes ask you to wait if they are busy". We have made a recommendation related to providing enough staff.

The provider operated safe recruitment procedures. Staff files included application forms that included a full employment history, and proof of identity. Applicants were also asked to complete a health declaration to show they were fit to carry out the tasks they would be asked to complete. Applicants attended an interview and legally required checks were carried out before they started work. One member of staff told us that she found out about the role via the job centre, completed an application form and came for an interview. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

People who lived in the service were included in the interview process to make sure that they had an opportunity to meet applicants and express their views. These processes ensured that the service employed suitable staff to care for people who lived in the home.

Staff were aware of how to protect people and the action to take if they had any suspicion of abuse. A member of staff was able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local social services department. Staff had received training in protecting people, so their knowledge of how to keep people safe was up to date. The manager was familiar with the processes to follow if any abuse was suspected in the service. The manager said if any concerns were raised, he would telephone and discuss with the local safeguarding team. The manager and staff had access to the local authority safeguarding protocols and this included how to contact the safeguarding team.

Requires Improvement

Is the service safe?

Accidents and incidents were clearly recorded, and monitored by the manager to see if improvements could be made to try to prevent future accidents. Risk assessments were reviewed and plans were in place for emergency situations. Staff knew how to access these and what actions to take in an emergency.

The premises had been maintained and suited people's individual needs, as they included communal rooms and single bedrooms. These were personalised to people's tastes. Equipment checks and servicing were regularly carried out to ensure the equipment was safe. The manager carried out risk assessments for the building and for each separate room to check the service was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff showing how the risks could be minimised. For example, a skin integrity risk assessment gave staff exact information about where and when topical cream was to be applied for someone who had sensitive skin.

We recommend that the provider seeks and follows guidance relating to the effective operation of a system to provide adequate staff to meet people's needs at all times.

Good

Is the service effective?

Our findings

People told us that staff looked after them well. They said "The staff are all very good". Relatives said, "Staff are friendly and helpful".

New staff told us that they had received induction training, which provided them with essential information about their duties and job roles. One staff member said "I had a three day corporate induction at another home that included safeguarding, dementia awareness and fire training". She then told us that she had carried out fire safety training again that was specific to this home, so that she could know how to protect people within this environment.

Staff received refresher training in a variety of topics such as infection control and health and safety. Staff had received training in people's specialist needs such as pressure ulcers and care of a person living with dementia. They told us that the training provided was both on line training and practical training sessions. This gave them the opportunity to discuss training together and how to apply it to give people effective care. Staff were supported through individual one to one meetings and appraisals. The head of care (a registered nurse) provided regular clinical supervision for the nursing team.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representatives as appropriate.

Care plans contained mental capacity assessments where appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person's best interest. The management team were aware of how to assess a person's ability to make less complex decisions. The manager told us that currently none of the people had their liberty unlawfully restricted.

People were supported to have a balanced diet. We saw breakfast, lunch and supper menus on display. Lunch and supper menus were changed weekly. There were two choices of main course and pudding. Cooked breakfast items were available and there was a list of snack items that were always available. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. One person said "A choice of food is offered and I can have something not on the menu if I prefer". Another person said "The food here is very good and I always have enough to eat". People were weighed regularly to make sure they maintained a healthy weight.

The manager had procedures in place to monitor people's health needs. Referrals were made to health professionals including doctors, dentists and podiatry specialist as needed. For example, records showed that staff had identified people's specific health needs and had contacted their GP or other health professionals to follow up their concerns. A respiratory nurse told us that they had visited the home in response to someone who needed oxygen therapy. They said that the nurse on duty had been able to explain the person's needs clearly to her.

Good

Is the service caring?

Our findings

People told us the staff were all very good. One person said "All of the staff are kind. I have nothing to worry about". People told us they were happy and that staff knew what care they needed. Relatives and friends said that people were well cared for. Their comments included, "The staff are all very helpful and I always feel welcome when I visit" and "I visit most days and I am happy with the care that is provided for my relative". One relative had written to the manager commenting "He could not have been looked after more caringly anywhere else". Another relative had written "My Mother chose Pinehurst and made a wonderful choice".

People and their relatives told us they had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People said that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible too. Staff promoted people's independence. One person told us "I can do quite a lot for myself". We saw that when people were helped into the dining room in wheelchairs they were offered the choice of staying in their wheelchair or transferring to a chair. Staff helped people that needed assistance during the mealtime, for example by offering to cut up people's food.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

People said they were always treated with respect and dignity. One person said "Staff protect my privacy and dignity while giving care". We saw that people's privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of the staff, and often smiled when they talked with them. Staff knew people's backgrounds and talked to people about things they were interested in. Support was individual for each person.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw that people had personalised their bedrooms according to their individual choice. People were invited to attend residents' meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. The manager followed these up and took appropriate action to bring about improvements in the service.

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. One relative told us “They call the doctor quickly when needed, and they contact us and keep us informed”.

Feedback from health and social care professionals who visited the service on a regular basis was positive about the overall quality of the service. They spoke highly of the staff, and the care that was given. They said that the staff responded to people’s needs and that care plans reflected people’s individual requirements.

The manager carried out pre-admission assessments to make sure that they could meet the person’s needs before they moved in. People, and their relatives or representatives were involved in these assessments. People’s needs were assessed and care and treatment was planned and recorded in people’s individual care plan. These care plans contained clear instructions for the staff to follow to meet individual care needs. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care.

People were supported to take part in activities they enjoyed. The was an activities co-ordinator who supported people to take part in a range of activities. There was a weekly activity programme on the notice board, and we were told that a copy was given to each person. One programme seen included quizzes, music, a visit from a local primary school and an outing to Leeds Castle. The programme included one to one time when the activities co-ordinator spent time talking to people who chose not to join in group activities. One person told us “I read the newspaper every day, and I can choose whether to join in with the activities”. There were links with local services for example, schools and local entertainers. People’s family and friends were able to visit at any time.

The complaints procedure was displayed in reception, and there were leaflets explaining how to make a complaint. These leaflets were available for people to take away with them. People were provided with a copy of the complaints procedure as part of the information about the service when they moved in. People were given information on how to make a complaint in a format that met their communication needs, such as in large print. The manager investigated and responded to people’s complaints. The manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us that they knew how to raise any concerns and were confident that the manager dealt with them appropriately and resolved these.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us that they thought the service was well-led. One relative said "Pinehurst House Nursing Home had exceeded their expectations". They said they had no concerns about the care their relative received. One member of staff said "The staff are a good team, everyone gets on well and the manager is really nice and approachable".

Although there were systems to assess the quality of the service we found that these were not always effective. The quality checks made by the manager had failed to identify that safe medicines practices were not being used at all times by staff. We have made a recommendation that the provider identifies and uses a system for making sure there are enough staff to meet people's needs.

The provider had a clear set of vision and values. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. The management team demonstrated their commitment to implementing these by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs.

The management team at Pinehurst House Nursing Home included the manager who was in the process of applying for registration with CQC at the time of our inspection, the head of care who was a registered nurse and the nursing team. The company provided support to the manager through regional managers. Additional support was provided from the company's training and development department, human resources team, and the sales and marketing departments. This level of business support allowed the manager to focus on the needs of the people who lived at the service and the staff who supported them. Staff understood the management structure of the home, who they were accountable to and their roles and responsibilities in providing care for people.

People, relatives and health and social care professionals spoke highly of the manager and staff. We heard positive comments about how the service was run. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible and listening to the views of people and visitors.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; event; questionnaires; and daily contact with the manager and staff. The provider carried out 'customer' satisfaction surveys annually to gain feedback on the quality of the service as well as quarterly 'resident and relatives' meetings where people were asked about their views and suggestions. The manager told us that completed surveys were evaluated and the results were discussed with the regional manager. As a result improvements plans had been made and put into action for the development of the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person had not ensured that people who use services were protected against the risks associated with the unsafe use and management of medicines. Regulation 13 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014