Sanctuary Care Limited

Pinewood Residential Care 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

The inspection was unannounced and took place on 19 April 2016. The service met the five legal requirements at our last inspection on 3 June 2014.

Pinewood is a care home for 54 people living with dementia. It has a large garden area with a café mural. It is spread over five units. On the day of our visit there were 52 people using the service.

There was a registered manager in place. 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 told us that they were treated with dignity and respect and that they felt safe living at Pinewood. They were aware of how to make a complaint if the need arose.

Care delivered was responsive to people's needs. Care plans were comprehensive and contained individual likes and dislikes and were used by staff to actively engage with people.

Activities were ongoing throughout the day and were based on people's personal preferences. Regular outings, birthday celebrations and outdoor activities occurred to keep people occupied and engaged.

Staff completed comprehensive training. All new staff completed an induction program including a period of shadowing . shadowing. They were supported by regular supervision and annual appraisal. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and how it applied in practice.

People were supported to eat and drink sufficient amounts of food according to their preferences. Where needed people were referred to appropriate health care professionals in order to maintain a healthy lifestyle. In addition people were supported to take their medicines at the right time by staff that had been trained and assessed as competent to administer medicine safely.

Staff were aware of how to safeguard people from preventable harm and had attended safeguarding training. They were aware of the procedures to follow in an emergency in order to prevent harm.

There were robust recruitment practices to ensure that only staff that had gone through the appropriate checks and had the appropriate qualifications and experience were employed. However, we noted that disclosure checks were not always refreshed once staff were employed.

Staffing was based on people's dependency and both staff and people told us that any absences were filled by other regular staff members to promote continuity of care.

People, relatives and staff described the management as open and approachable. There was an active effort made to ensure that people and their relatives were involved in care planning and activities that went on within the service.

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. People told us they felt safe living at Pinewood.

Medicines were managed safely. Infection control guidelines were followed in order to reduce the risk of cross infection.

There were robust recruitment checks in place although disclosure and barring checks were not always refreshed.

Staff were aware of the safeguarding reporting procedures in place and had attended training.

There were risk assessments for people and their environment in order to mitigate risks.

Is the service effective?

Good

The service was effective. Staff were knowledgeable about the Mental Capacity Act and how it applied to their daily practice. Before care was delivered staff sought peoples consent.

People told us they enjoyed the meals and snacks that were available. People were supported to maintain a balanced diet. Where needed other health care professionals were involved in supporting people to maintain their health.

Staff were supported by means of regular supervision, annual appraisals and regular team meetings.

We found staff had gained social care qualifications and were supported to became champions in areas that interested them

Is the service caring?

Good

The service was caring. People told us that staff were kind and friendly.

We observed that people were treated with dignity and respect and their wishes were respected.

People were supported to be comfortable and pain free at the

end of their life.

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People's diversity was respected. Staff told us how they ensured peoples, cultural, religious and individual preferences were respected.

Is the service responsive?

Good

The service was responsive. People told us they enjoyed the activities. We found activities were ongoing during the day and kept people stimulated.

Complaints were monitored, investigated and resolved amicably where possible. We reviewed the complaints log and found that all complaints were responded to in a timely manner.

Visitors told us that they could visit at any time. The service had recently started to use a telephone befriending service in order to reduce social isolation.

Care was planned and reviewed regularly with people and their relatives where possible. Care plans took into account peoples, physical, social and emotional needs.

Is the service well-led?

Good

The service was well led. People, staff and relatives told us the registered manager was approachable. The registered manager had a passion for dementia care and had attended various training in order to keep up to date with best practice.

Staff were aware of their roles and responsibilities and told us they enjoyed working at Pinewood

There were robust quality assurance and monitoring processes in place including regional manager checks, night checks, medicine audits and infection control audits.

Pinewood Residential Care 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 19 April 2016 and was unannounced. The inspection was completed by an inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service and the provider. We reviewed the Provider Information Return (PIR). This 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 also contacted the local commissioners and the local Healthwatch in order to get their perspective of the quality of care provided. We also received information from an anonymous source alleging high staff turnover, an odour and the menu not being nutritious and a complaint from a family.

During the inspection we looked at five people's care records, six staff files, 10 appraisal records six staff supervision records and records relating to the management of the service. We spoke with the deputy manager, four care staff, two team leaders, the cook, the activities coordinator and the domestic supervisor.

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 spoke with 17 people and seven relatives.

After the inspection we spoke with the registered manager over the telephone as they had been out of the country on the day of inspection.

Good

Is the service safe?

Our findings

People told us that they felt safe and secure and trusted staff that looked after them. One person said, "Yes I feel safe here. If I'm not safe here I'm not safe anywhere [because] they have a big staff looking after you." Another person said, "It's quite secure here. Staff are always around when needed." Relatives also told us that they were reassured by staff and the management that their relatives needs would be met. One relative told us, "They are very good with mum and proactive in noticing any changes to her health. I have no concerns about her safety at all."

Medicines were managed safely. We checked controlled drugs and found they were stored appropriately and signed for by two staff with a running total of the quantity left in order to account for each tablet. Several audits on medicines management and spot checks were completed by the management team to ensure that medicines were handled safely. Although there had been a number of errors reported, most of them were incorrectly completed Medicine administration records (MARS). This had been addressed by discussing with the staff involved and monitoring their progress. Staff who administered medicines had their competency assessed to ensure that they were able to administer medicines safely. Staff were knowledgeable about the use of antibiotics and getting pain relief promptly when required in order to maintain people's health and well-being.

There were procedures in place for recording topical medicines and for ensuring that skin patch medicines records specified where the pain relief patch was applied to ensure safe removal before the next patch was applied. We observed medicines being administered safely during lunch time. Staff waited for people to take their medicines before they recorded it on the MARS sheet. People were supported to continue to administer their own medicine and were provided with lockable facilities in their rooms. We saw risk assessments in place to assess their capacity level in relation to self-administering medicines and found advice from the GP and pharmacist was sought where appropriate.

Risks assessments were comprehensive and included steps staff could take to mitigate the risks. These included, but were not limited to, continence, waterlow (risk assessment to detect pressure damage), nutrition, moving and handling and falls. These were completed monthly and action was taken when the risks were high such as ensuring pressure relieving equipment was in use to prevent skin damage.

Incidents and accidents were managed safely. Staff were aware of the incident and accident reporting procedure and we saw evidence that any incidents were investigated and acted upon to ensure staff learnt from them. In addition patterns of falls were monitored in order to find preventative measures.

Staff had attended training on safeguarding people from harm. They were able to explain to us actions they would take if they witnessed or were told of any allegations of abuse. There was an up to date policy with clear guidelines to follow. We reviewed all the safeguarding incidents and found that the appropriate authorities including the Care Quality Commission had been informed. Any actions following investigation by the local authority were completed in order to keep people safe.

There were procedures to deal with foreseeable emergencies and these were known and followed by staff in order to keep people safe. Fire drills were held weekly and staff were aware of the evacuation procedure in a fire. Each person had a personal emergency evacuation plan. Regular checks on alarms, emergency lighting, and nurse call systems were in place to ensure peoples safety. Staff were able to tell us the steps they would take in a medical emergency such as putting a person in recovery position and calling for an ambulance.

Health and safety checks of the environment and equipment were completed. These included fire drills, maintenance and service checks of equipment such as lifts, hoists and wheelchairs. All equipment was clean and stored away when not in use. Fire exits were kept clear to allow for a quick escape in the event of a fire. We found portable appliance testing, gas, electrical safety, water temperature checks were also completed. In addition the registered manager completed a daily walk round where any issues were highlighted and rectified.

Prior to our inspection we had received an anonymous complaint alleging that the service had an odour. We reviewed all bathrooms, communal areas and a few people's rooms with their consent and found them to be clean and odour free. People told us that the service was always clean. One person said, "It's always clean." A relative said, "It's a five star service. Mum is always clean, her room is always tidy, no unpleasant odours. We spoke to the domestic supervisor and reviewed cleaning schedules and found that there was always cleaning staff around during the day. Staff wore clean uniforms and told us they always had a supply of protective clothing. We observed hand washing and appropriate use of gloves and aprons. Staff had attended infection control training. Substances hazardous to health were stored appropriately and there were risk assessments for each cleaning product used in order to ensure prompt action could be taken should the product be accidentally inhaled or ingested.. Furthermore the cleaning trolley had lockable cupboards to prevent people from being exposed to cleaning products should the trolley be left unattended. Laundry was segregated appropriately and washed at the appropriate temperatures. Clinical waste was segregated appropriately and there were arrangements in place for the collection and safe disposal of clinical waste.

Staffing levels were based on people's dependency. We found staffing levels were the same at weekends and during the week. A dependency score was completed monthly in order to monitor people's needs versus staffing. The service did not use agency but covered any shifts with regular pool of staff. We reviewed rotas dated March and April 2016 and found that staffing was in line with what staff told us. There were domestic staff, a chef and their assistant as well as an activities coordinator available throughout the day. Staff we spoke with had been working at the service for an average of four years or more and all had a health and social care qualification and an understanding of the needs of the people they cared for.

We found adequate checks were made before staff started to work at the service. These included disclosure and barring checks, references, occupational health and proof of identification. However, disclosure and barring checks were not always refreshed. The regional manager told us and we confirmed that the services policy relied on staff to notify them of any offences once employed. Disciplinary procedures were clear and followed appropriately when required. We saw evidence in folders we reviewed of discussions held between the registered manager and staff in order to address poor practices and keep people safe from avoidable harm.

Good

Is the service effective?

Our findings

People told us they were supported by staff who knew their needs. One person said, "I've been here five years. They work very, very hard. I think they do a wonderful job." Another person said, "I don't find living here bad. All the food is brought, my washing is taken care of, and my room is kept clean and tidy." Relatives told us staff were proactive and looked after people well. One relative said, "I can't fault them at all. They are all very good at what they do."

Staff were supported by means of regular supervision, annual appraisals and team meetings. We reviewed records and found that staff discussed their developmental needs regularly and were offered and encouraged to attend courses. Most staff had a qualification in health and social care and were enabled to pursue areas of interests by becoming trainers and champions. We found one team leader was a manual handling trainer and they said they enjoyed doing this as it impacted the quality of care. Other staff were dignity champions and dementia champions and demonstrated knowledge and passion for their dedicated role.

When staff started they underwent a comprehensive induction. There was a training program which included the care certificate 15 standards and a period of shadowing until they were confident to deliver care in accordance with the services guidelines. Training was a mixture of classroom, computer based and external training. We reviewed the training matrix and found that staff attended training such as medicine management, and infection control. There was a system in place to ensure that staff attended refresher training as soon as their current training expired in order to ensure they kept up to date with practice.

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. We found that capacity assessments were completed for specific decisions. Where lasting powers of attorney were in place it was clear whether these were just for health or for finances or for both. Staff were aware of this and involved the named person where appropriate.

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. The application procedures for this in care homes and hospitals are 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 were being met. People were deprived of their liberty only when it was in their best interests to do so.

People told us they enjoyed the food provided with the exception of one person who wanted more lettuce. One person said, "Whether it's a stew or anything, the meat is always good." Another person said, "Generally speaking the meals are above average." A third person told us, "The food here is good. I don't eat [most] vegetables; [I do eat] meat, fish, potatoes and broad beans. The cook downstairs knows this and puts the right things on the plate."

Throughout the inspection we observed that there were three choices of squash and two choices of fruit juice as well as water. A fruit basket was on the units and people could freely pick what they wanted. The tea trolley went round in between meals with homemade cookies. In addition there were bread rolls and variety of fillings available on the ground floor dining room where people could help themselves in between meals. People were weighed monthly and nutritional risk assessments were completed. Any changes were referred to the GP or dietician if required. People told us they were happy with the food and drink available.

People were supported to access health care when required. On the day of our visit a staff member escorted a person to a hospital appointment. People and their relatives told us they could see a doctor if needed and any other professionals such as district nurses, and therapists. One relative told us, "They keep in touch with us if [my relative] goes to the doctor or something. They've got a mattress on the floor [by my relative's bed] which is a good idea. If I had to mark them, I'd give them 8/10." We saw evidence that people were reviewed by dentists and chiropody

Signs were placed around the home so that people were able to recognise and navigate their way around the home, to their own rooms, toilets and communal areas.

Good

Is the service caring?

Our findings

People told us that the staff were kind and they liked living at Pinewood. One person said, The carers [staff] are very good and if they leave we miss them." Another person said ,"I'm quite satisfied here. People [staff] are friendly." A third person said, "They look after us very, very well. Very, very well indeed. We're well cared for." A fourth person said, "This is a nice place. I'm happy living here. We've got a nice place here, nice people."

We observed that there was a calm and relaxed atmosphere throughout the inspection. Staff had built a good rapport with people and were aware of their likes and dislikes and any culture or religion specific preferences. We observed staff speak to people respectfully . When speaking to people seated in chairs staff bent down or sat beside them so as to come down to their level and make eye contact and actively engage with people. Staff noticed if people were not eating and offered alternative food or drink. We saw staff respond positively to people who were getting agitated by reassuring them.

People were encouraged to be independent. Throughout the inspection we saw people moving throughout the home on the various floors as they chose. One person went out unaccompanied every day. "I go to my house, shopping. I just tell them when to expect me back." Good colour contrast was evident on the dementia unit to enable people with sight loss and dementia to independently identify key features and rooms such as bathrooms and their bedrooms.

The staff successfully met the needs of people living with dementia by responding appropriately to them when they asked questions. For example, one person asked us if we knew where they lived and a staff member said, "I know where you live. We can go and visit your grandmother together after lunch." The person was satisfied with this. Another person was sitting anxiously when a staff member noticed and sat next to them and explained to them that their son would visit as soon as he came back from his holiday.

People chose where to see their visitors, eat their meals or whether to stay in their own rooms, the main lounge or smaller quiet lounge. There was free flow of movement within the different floors of the service which enabled people to go and socialise on a different unit if they wished People had been involved to a certain extent in their care plans. One person told us they had chosen to come to live at the service so they could be close to their family. They were happy that their family could come regularly and they could also go to visit them.

People were treated with dignity and respect. They were addressed by their preferred names and staff respected their wishes. One person said, "Staff are always polite and respectful." Where people had indicated a preference to have same gender staff especially during personal care, their wishes were known, documented and respected by staff.

Information about the service was readily available on the notice boards and in the form of a newsletter. We reviewed the two newsletters dated 1 January and 1 April 2016 and found them to contain information on upcoming birthdays, welcoming notes for new people at the service, upcoming events and outings. They

also contained an interactive or engaging activity such as a quiz or picture guessing game to keep people's minds stimulated.

Staff told us that they had attended training on how to deliver end of life care and how they supported people and their families during the last stages of their life. They worked with other health care professionals to ensure people were comfortable and pain free. Advance care planning was in place and where possible there were documented last wishes and funeral rites which were honoured when people passed on. People who had passed on were acknowledged in the regular newsletter and staff where possible attended funerals.

Good

Is the service responsive?

Our findings

People were involved in activities that interested them. Activities were continuous throughout the day and delivered by all staff. People told us, "We do have some fun here. We're never miserable. We go to the local church once a month and the priest visits every Friday. The school came to sing carols at Christmas. There's a Community Centre down the road that we go to when there's something on. We live it up." On the day of our visit there was a knitting club in progress. Some people chose to stay in their rooms and have their nails painted. Others read books or played games. A few people had one to one sessions with staff and the activities coordinator. On the dementia unit we observed staff going through photographs with people and reminiscing over the past. In the afternoon people joined in singing and chose what they wanted to sing. We observed some people participating in quizzes. We also saw the use of a bell during the afternoon at which all staff and people responded by coming into the communal areas and starting meaningful conversations. There was evidence of regular outings to the local seaside and weekly chair exercises for people. People told us they were happy with the range of activities provided.

People were supported and encouraged to spend time in the communal areas but their choices were respected by staff. One relative said, "If [my relative] is downstairs she eats downstairs, but if she is up here they bring her food up." A person said, "I've got my dolly and teddy to cuddle. When you ask they all help. They're always on call." Call bells were answered quickly. People told us that they liked it when they had surprise outings to take advantage of the good weather. One person said, They take us on outings; we went to Southend on Sea a couple of weeks ago when the weather was good."

Care plans were reviewed monthly or more often if required in order to monitor health or emotional needs. Assessments were made before peoples started to use the service and were reviewed monthly or sooner if their conditions changed. The head chef met each new person and discussed their nutritional needs, likes and dislikes. A comprehensive list of food preferences including allergies was then kept in the care record and in the kitchen. People's life history and current goals and aspirations were noted and used by staff to effectively engage with people in day to day conversation keeping them stimulated and occupied.

People were supported to keep in touch with their relatives and friends through the phone or email. Skype facilities were used to facilitate communication with relatives abroad. Training was still underway in order for people to be able to utilise the skype facility independently. On the day of the visit one person went out with their daughter and another person went out on their own. For people who did not get regular visitors staff sat and offered one to one where possible. In addition a telephone befriending service had been sourced where people, with their consent, could receive regular calls from a befriender. Volunteers also visited the service and helped with activities.

People told us they did not have any complaints but would tell the manager if they had any. Instead they had compliments about the service and we reviewed 25 compliments and thank you cards dated between September 2015 and March 2016 were peoples relatives had expressed their gratitude for the quality of care delivered. One person said, "If I did have any concerns I would talk to the manager." We reviewed the

complaints policy and complaints logs and found that complaints were acknowledged and responded to in accordance to the service's policy.

Good

Is the service well-led?

Our findings

People told us that they thought the service was managed well and that the registered manager and her team were approachable and open. One relative said, "The manager is really good." Another said, "I have no complaints. [The manager] runs it marvellously." One person said, "She [the manager] is quite nice. She walks around and has time for a chat and a laugh." Staff told us there was an open door policy as they could go to the manager or the deputy whenever they wanted to express concerns or ideas for developing the service to meet the people's needs.

The regional manager was present for most of the inspection and was well known by staff and people. They engaged with people and staff throughout the inspection and supported the deputy manager. We saw and staff told us they worked well together as a team. Staff were confident in their roles and were able to showcase their individual and collective achievements. For example, the activities coordinator had been one of the first people trained to deliver a new type of exercise therapy. One of the team leaders was a manual handling trainer and another team leader demonstrated the effective relationship the service had with the local GP practice.

Everything was orderly but flexible even in the absence of the manager, indicating good management and leadership. The registered manager was knowledgeable and had a good understanding of dementia care. They had attended several training courses and had been nominated and was due to study a "Dementia Masterclass" delivered by Advance Dementia Studies at Worcester University. The registered manager had recently implemented a new initiative where night staff were now wearing pyjamas at night in order to make people more relaxed. This was based on research that people living with dementia tend to mirror what they see. As a result once people noticed staff were in pyjamas they realised it was night time and started to retire to their rooms when they were ready. In addition falls during the night time had decreased. We were informed that the manager also came in pyjamas to complete unannounced night checks there by modelling to staff the code of dress she expected in order to orientate people of time.

People's views on the different services provided within the home were sought through surveys and residents meetings. People could recall attending meetings with one person saying, "We have a residents meeting every few weeks when we can talk about things." We saw minutes of some of these meetings and found relatives also attended and were given information about future improvements within the service. We reviewed a survey based on 45 respondents and found that people had scored the service 94% indicating satisfaction with the service provided. The survey included questions around the environment, meals, care and support, privacy and dignity, communication and activities. We also reviewed staff feedback about support they received . Eight out of the 10 feedback forms were complimentary and showed staff were happy with their roles. The two negative responses were anonymous and issues raised had been discussed in general at staff meetings

The registered manager completed night visits to ensure that care delivered at night was consistent. We reviewed one of the night visit records and found it covered a range of areas. In addition monthly compliance audits were completed by the regional manager mapped against the fundamental standards of

care. Where actions were identified these were followed up on the next visit to ensure action had been taken to improve the quality of care. We found several audits in place including, but not limited, to care records, infection control, medication and health and safety. They were comprehensive maintenance checks. All records were stored securely in locked cupboards within a secure room.

We saw partnership working with the community evidenced by volunteers coming into the service to befriend the people as well as cater for people's religious preferences. People regularly visited a local community centre and had also been invited to Redbridge museum for reminiscence with a chance to handle and examine some of the collection.