Mrs T Schneider

Pinehurst Rest Home

Inspection report

Zig-Zag Road
Mickleham
Dorking
Surrey
RH5 6BY

Tel: 01306889942
Website: www.pinehurstcarehome.com

Date of inspection visit:
22 March 2017

Date of publication:
21 April 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Pinehurst Rest Home is a residential care home for up to 19 older people and for people who have dementia. People had a range of support needs including personal care and assistance with moving and handling. On the day of our inspection there were 17 people living at the home.

The provider was also the designated manager. The provider was responsible for the day to day management of the home. They also have oversight of the management of the regulated activities and the main contact for the service with CQC. Providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 15 December 2015, we told the provider to take action on staff deployment, management of risks to people and good governance. We found improvements had been made and these actions have been completed. We also told the provider to ensure that processes were in place to ensure that people's rights were protected if they lacked mental capacity. Some improvements had been made, however further work needed to be done to met the requirements.

People's human rights were not always protected as the provider ensured that the requirements of the Mental Capacity Act 2005 were followed.

Where people were assessed to lack capacity to make some decisions, mental capacity assessments had been completed, but best interest decisions had not been recorded. Staff were heard to ask peoples consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had not always followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. Some applications had been made to the local authority, however some had not.

The provider told us that they would take action to rectify this after the inspection. Improvements could be made in staff's knowledge of the MCA.

There were sufficient staff to keep people safe. There were recruitment practises in place to ensure that staff were safe to work with people.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records. For people who had 'as required' medicine, there were guidelines in place to tell staff when and how to administer them.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as falls and moving and handling.

The provider ensured that actions had been taken after incidents and accidents occurred to reduce the likely hood of them happening again. However, they were not always informed of when incidents occurred. We have made a recommendation.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was an induction programme in place which included staff undertaking the Care Certificate. Staff now received regular supervision and an annual appraisal.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

Relatives and health professionals were involved in planning peoples care. People's choices and views were respected by staff. Staff and the provider knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care and support was person centred and this was reflected in their care plans. Care plans contained information for staff to support people effectively; however the detail around people's personal histories was inconsistent.

There were activities in place which people enjoyed. People who did not like to join in with group activities had 1:1 sessions.

The home listened to staff, people and relative's views. There was a complaints procedure in place. There had been no complaints since the last inspection.

The management promoted an open and person centred culture. Staff told us they felt supported by the manager. Relatives told us they felt that the management was approachable and responsive.

There were procedures in place to monitor and improve the quality of care provided. The management understood the requirements of CQC and sent in appropriate notifications.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it, if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Mental Capacity assessments had been completed for people where they lacked capacity. Applications had been not always submitted to the local authority where people who were unable to consent were being deprived of their liberty. Improvements could be made with staff's knowledge of MCA.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were well cared for. They were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful, kind and caring way.

People were involved in daily decisions about their care. Relatives and appropriate health professionals were involved in people's plans of care.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred. Care needs and plans were assessed and reviewed regularly.

There were activities on offer for people.

People and their relatives felt listened to. There was a complaints procedure in place to manage complaints.

Is the service well-led?

Good

The service was well led.

There was an open and positive in the home.

There were procedures in place to monitor the quality of the service. Where there had been areas for improvement, actions had been taken to rectify them.

Staff, people and relatives said that they felt supported and that the management was approachable.

Pinehurst Rest 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 22 March 2017 and was unannounced. It was conducted by two inspectors who were experienced in care and support for older people and people with dementia.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law.

We did not request that a Provider Information Return (PIR) was completed prior to this inspection. 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 used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We spoke with ten people, six relatives and friends, three staff members, the provider / provider and the assistant manager.

We reviewed a variety of documents which included four people's support plans, risk assessments, and peoples medicine administration records (MAR). We also reviewed four weeks of duty rotas, some health and safety records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the provider to send us some additional information following our visit, which they did.

Good

Is the service safe?

Our findings

At our previous inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care, medicine management and safe recruitment of staff. The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

People were safe in the home. A person told us "Oh I do feel safe here." Another said "Yes I definitely feel safe all the time." Another person said "I feel safe. I'm ok."

Risks to people were managed to ensure that people were safe. Guidance was available to staff so they could provide support to people when they needed it to reduce the risk of harm to themselves. Staff were able to describe individual risks to people and how to address these to keep people safe. Where people needed support to move or need equipment there where moving and handling risk assessments in place. Risks assessments were written in a way to support people to maintain their independence, for example, it stated in one "Likes to be as independent as possible." We saw this person being supported on the day from a distance, to enable them to move around the home freely and independently.

If a person needed preventative measures to ensure that their skin integrity was maintained, staff ensured that the relevant creams were applied. However, there was no risk assessment in place to tell staff how the risks to the person were being reduced. Despite this, no harm had occurred to people. We told informed the provider and they told us that they would complete the risk assessments.

For people who needed them, there were risk assessments in place for certain health conditions and specific health interventions. These informed staff on how to keep the person safe and to reduce the symptoms of the health condition, such as short term infections.

The provider had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. The provider told us that the system relied on staff sharing information when incidents and accidents had occurred to people. However, there was one example, when this system did not work. The provider had not been made aware of one incident as staff had not informed them about it. The provider had taken about action since the incident. Incidents and accidents were recorded in people's care records. Staff told us how they would respond to an incident and accident and understood what to do in emergency situations that included accidents and falls.

We recommend that the provider reviews its accident and incident reporting processes.

Medicines were now stored, administered and disposed of safely. One staff member was responsible for ordering and disposing of the medicines, this was to minimise the risk of mistakes being made. People required staff support to enable them to take their medicines. We observed medicines being administered to people. The records were signed by staff and without gaps, indicating that people received their medicines. Staff had knowledge of the medicines that they were administering and explained to the person

what the medicine was for. The administration and storage of medicines followed guidance from the Royal Pharmaceutical Society.

For people who needed medicines that were 'as required' (PRN), there were guidelines in place to tell staff how and when a person should receive it. Staff were knowledgeable about the medicines they were giving. Staff received regular training or updates in medicines management and all staff had their competency checked by the provider as part of the supervision process. For people that needed a homely remedy (this is a medicine that you can buy over the counter) protocols had been agreed by the GP.

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. A staff member told us "There is verbal, physical and financial abuse. I would report it to the home manager or to CQC."
Staff told us that they had training in safeguarding and this was confirmed by the training records we saw.

There was guidance and information provided to staff, relatives and people about how to report concerns to outside agencies. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information and whistleblowing information was displayed in the main corridor of the home. The provider had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

There were enough staff to meet the needs of people safely. The provider told us that there four care staff in the mornings and three in the afternoon. At night there was one member of care staff with two other care staff on call. The rotas and our observations on the day confirmed that these staffing levels were consistently maintained. People told us that call bells were answered promptly. A person said "I use the call bell staff generally come quickly." Another person said "There are always staff around if I need them. They come as quick as they can if I call." We saw that care or support was provided when it was required and staff were always available in communal areas. The home also employed a cook (who also provided care), a cleaner and a maintenance person. This meant that the care staff were focused on providing care for people.

Staff were now recruited safely. Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references, checks on eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People would be kept safe in the event of an emergency and their care needs would be met. The service had a plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency.

Requires Improvement

Is the service effective?

Our findings

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.

Some people's rights were not always protected because the provider did not always act in accordance with the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make decisions about their care, mental capacity assessments had been completed. However, there were no best interested decisions recorded for people who lacked capacity to make decisions about their care. Relatives told us that they were involved in discussions about their loved ones care. Some consent to care forms and care plans were signed by a person's next of kin, without the provider knowing if that relative had a legal right to do so. Staff were seen throughout the day to ask for people's consent before providing care.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, some people were unable to consent to their care and required staff support and supervision in the home and outside of the home. Where people lacked capacity to understand why they needed to be kept safe the provider had not submitted some DoLS applications to the relevant authorities, but others were needed for people. We discussed this with the provider and they told us that they would complete the necessary applications as soon as possible.

People, relatives and staff told us that they had the right training and skills to care for people effectively. A relative said "The staff look confident in what they do." A person told us "Oh yes the ones (staff) for me are 100%." Despite this, we found that improvements could still be made about the staff's knowledge on MCA and Deprivation of Liberty Safeguards (DoLS). A staff member said "We can restrict residents in their best interests." Another staff member said "If a person wanders, we can't restrain them, or use any restraint. We have to take them out and escort them."

The provider had not always ensured that they met the requirements of the Mental Capacity Act 2005. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt that had the right training to support and care for people effectively and that training had recently improved. A staff member told us "I have done so much training. Care plan recording, fire safety, moving and handling, its all on the board what we have done." Training for staff also consisted of safeguarding people, dementia awareness and medication. Staff and records confirmed this. We saw staff provide care safely, for example, staff knew how to move people in safely by using equipment in the correct way. The provider told us that they were due to complete a new training programme on person centred care and care planning. They told us that this was to be rolled out to all staff by Summer 2017.

The provider told us that for new care staff coming into the home, there was a new induction set up, which would include the Care Certificate. This is an induction programme that sets out standards for all health and social care workers. The home had not recruited any new care workers since the last inspection.

People were cared for by staff that received support and supervision. A staff member told us "Yes I have supervision once a month. But if I have an issue we would have a meeting immediately. I had an appraisal about 6 months ago." Staff had regular supervisions and all recently had an appraisal. An appraisal is a tool to review staffs development and check their skills and competencies. This was confirmed by records and by what staff told us.

People were supported to eat and drink; there was a good choice of food for a healthy, balanced diet. People told us that the food was nice. A person said "There is a choice of food." Another said "They do their best with the food for me." Another said "I had a very nice breakfast." The provider told us that people choose their meals for the day at breakfast time. People choose what they wanted for breakfast; some people had cereal and toast, whilst others had a cooked breakfast.

We observed a meal time. People choose where they wanted to eat their lunch, some people sat in the dining room, and some in the lounge or others ate in their room. The meal time was calm and relaxed. Staff provided support to people when they needed it and this was done discreetly. The catering team had a good understanding of the dietary requirements and likes and dislikes of people due to the effective systems that were in place. For people who needed a soft or pureed diet, each food item was kept separate on the plate so people could taste the individual components of the meal, and have different taste experiences. People had a choice of hot and cold drinks offered to them throughout the day.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. People's weights were monitored regularly and weight for people remained stable. Where weight loss had been identified the GP was made aware and the appropriate fortified diets had been put into place.

People were supported to maintain their health and wellbeing. A person told us "If things go wrong with my health they get people in quickly, like the district nurse." When there was an identified need, people had access to a range of health professionals such a GP, district nurse, Speech and language therapists (SaLT) and physiotherapy.

Good

Is the service caring?

Our findings

A person said "They look after me well." Another said "They are good all over; I am more than satisfied with the care I get." Another said "They look after me so well. The staff are all lovely."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. We saw staff using humour and touch when engaging with people. There was a sociable atmosphere, with staff chatting and interacting with people. One person told us "Staff are very good. I couldn't get a better group of people to look after me."

Staff were attentive, caring and supportive towards people. When assisting a person a member of staff was heard to say, "Would you like some breakfast, a coffee?" The person said they only wanted a coffee and to have it in the lounge before getting dressed. The staff member made sure they then got a drink at the person's request. Staff respected people's choices. Staff told us that they always offered people a choice of what clothes to wear. A person told us "If I want something done another way or don't want them to do something they oblige."

When people became anxious or disorientated, staff knew how to support the person to calm them down. One person required reassurance; the staff member used touch to reassure them. They bent down to the person's level to ensure that they had eye contact. The person responded well to this, by becoming calmer and smiled at what the staff member was talking about.

People and their relatives were involved in decisions about their care. People were involved in making daily decisions about their care. Staff told us that they offered choice to people about clothes, food, where and what they would like to do. We saw people being offered these choices Another relative said "We talked with staff about our family member and they have a clear understanding of his requirements and staff have listened to this and supported them."

Staff supported people's dignity and respect. Staff discreetly prompted and supported people with going to the toilet. A person told us "They [the carers] definitely protect my dignity. They shut doors when they help me wash, and they talk to me as they do things." Staff told us that they close doors and curtains when they supported someone's dignity whilst providing personal care. We saw this on the day. We observed staff knocking on people's bedroom doors before entering.

Staff and the provider knew people well and their likes and dislikes. One person always liked to have a particular sauce with every meal. The provider ensured that the person had it with their lunch.

People appeared relaxed and content. The overall atmosphere was relaxed and calm in the home. Staff popped into people's rooms to ensure they had everything they needed and chatted to people who sat in communal areas and when they passed people in the corridors. People told us that they did not feel rushed with their care.

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and their hair was nicely combed and styled. Some people had make up on, put on by staff which demonstrated staff had taken time to assist people with their personal care needs.

People's bedrooms contained their own furniture, pictures and photographs of things that people were interested in and had chosen themselves. Relatives told us people's bedrooms were clean, tidy and they could display their personal items.

Relatives and friends were welcomed into the home. Relatives told us that staff were kind and caring towards them when they visited and they were always made to feel welcome. A relative said "We are always made to feel welcome. There are never any unpleasant odours here."

Good

Is the service responsive?

Our findings

A person said "We were going to go for a walk today, but the weather isn't very nice. There is plenty of entertainment here; we have people coming in all the time. We have a hairdresser who comes in and someone does our nails, I like a bit of pampering."

Care that people received was personalised. Care plans provided staff with information about people's communication, personal care, nutrition, activities and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. The relatives confirmed that the provider and staff knew what people's likes and dislikes were and how people liked to receive their support.

Care plans contained information about people's personal histories. However, the recording of these were inconsistent. Some care plans contained very detailed histories about people in the 'this is me' document and some contained less. The provider had identified this as an area of improvement and had scheduled some care planning training for all staff in the Summer months. Despite this, staff knew the individual needs and preferences of people. They were able to describe these without the need to refer to records. Care plans were reviewed on a regular basis.

The home operated a keyworker system. This meant that one staff member was the main contact between the person and the relative. The keyworker was also responsible for updating and reviewing the person's care plans and risk assessments. They were responsible for completing reviews of people's care plans monthly and as required, so they reflected the person's current support needs. We saw reviews of people's care had been recorded regularly.

People and their relatives were involved in their care and support planning. People's needs had been assessed before they moved into the service to ensure that their needs could be met. One relative said "They [the provider] had us filling out forms about his life history, the staff know all about X now, as well as their health needs." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, cognition, communication, and their mobility.

To ensure consistency of care, the provider had implemented a handover that occurred twice daily at the change of staff. The handover was a written record and detailed any changes to people's moods, food or fluid intake or if they had an accident or incident.

There was a weekly activity timetable in place. Activities such as exercise with music, hair dressing, flower arranging and quizzes. The provider told us that they were in the process of re-designing a ground floor room to become a hair dressing salon and a nail bar. This was due to be completed in the next few weeks. On the day, there were no activities in the morning, in the afternoon there was an exercise with music session on. One person told us that they liked to spend time in the garden when the weather was nice and was keen to explore some gardening opportunities. For people who chose not to attend group activities, people received 1:1 time with staff in their rooms.

People told us that they felt listened to. There were regular relatives and people meetings. People and their relatives told us that they felt able to make a complaint. One person said "Yes I would know how to complain, but I have never needed to. I would go to the owners; they would definitely listen to me." The home had a complaints policy in place which detailed how a complaint should be responded too. The home had not received any formal complaints since the pervious inspection. The provider had implemented a new complaints log with an outcome and actions taken. Staff had a clear understanding of the complaints procedure and understood that they had a duty of care to report any complaints to the provider so they could put things right. There was a copy of the complaints procedure in the communal area.

Good

Is the service well-led?

Our findings

At our previous inspection we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were no systems in place to monitor and improve the quality of care provided. The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

There were now systems in place to monitor, review and improve the quality of care provided. There were audits and checks in place to identify areas of improvement, including health and safety and medicine management. The provider was in the home five days a week and was working closely with the staff to monitor and identify areas of improvement. The provider said "We want the best for individuals, to make sure people are happy." They told us that they had completed some observations and noticed that staff were not telling people what food was being served at each meal; they were just placing the plate in front of the person. We observed that staff were now telling people what their meal was and what they were being offered.

Feedback from people and their relatives was undertaken annually. Despite there being very few responses, feedback was positive. Thank you letters and cards had been received by the provider from relatives. One commented on the staff making their loved one feel "Safe and wanted." Another said that staff were very friendly and professional. The one area of improvement was around the need for more activities. The provider told us that "Activities have improved greatly."

Record keeping had improved. Records were accurate, reviewed regularly and contained up to date information. However, some care records such as some food and fluid charts, a mental capacity assessment and some daily records were illegible. The provider agreed that this was the case. She explained that they were due to have some training in care plans and it was hoped that this would rectify the situation.

Staff were involved in the running of the home. Staff told us that they now have team meetings, these are held quarterly. Items such as people's care needs and the environment were discussed. A staff member said "We talked about the keyworker system and the role and to make sure people had enough fluid in their rooms to drink." We saw copies of the minutes of the meetings.

People, their relatives and staff told us that the provider was approachable and supportive. One person said "The head staff are nice." There was a positive, open and person centred culture within the home between the people that lived here, the staff and the provider. A staff member told us "The management are very kind and nice. I would not have stayed here so long if I had a problem. They listen to me."

The provider interacted with people and staff with kindness and care. The provider had an open door policy; we saw staff regularly approach her for a chat or advice throughout the day. We saw the provider walk around the home at certain parts of the day to talk with people and staff. People regularly spoke with the provider throughout the day.

The provider was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not met all the requirements of the MCA 2005.