Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Pines

Furze Hill, Hove, BN3 1PA

Date of Inspection: 04 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Gracewell Healthcare Ltd
Registered Manager	Mrs. Debra Jayne McDonald
Overview of the service	The Pines provides personal and nursing care for up to 35 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
Records	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our visit we spoke with four people who used the service as well as a relative of someone who used the service. We also spoke with seven members of staff. These were the registered manager, deputy manager, senior care assistant, care assistant, administrator, housekeeper and head chef. We also looked at meeting minutes and surveys to help us understand the views of the people who used the service.

The people we spoke with told us they felt safe living at The Pines. One person who used the service told us "the care and love that is shown here is great". Another person told us "I have lived here many years, I am happy and have everything I need".

Staff we spoke with felt the home always had a good atmosphere and they worked well as a team. One member of staff told us "this is a fantastic place with lots of opportunities". Another member of staff told us "I enjoy my job, everyone is caring and friendly".

We looked at six care plans, five staff records and observed levels of staff throughout the day. We saw the service had enough experienced and skilled staff to meet people's needs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The six care plans we viewed took into account the people's individual needs, life history, likes and dislikes, medication as well as risk assessments. We saw evidence of detailed risk assessments for each person who lived at the home. Staff had a support plan for each person and a daily progress record to complete on each person's wellbeing.

The rooms we viewed were adapted to the person's needs and preferences. A member of staff told us they encouraged people to decorate the rooms with personal belongings and furnishings to make them feel at home. Staff told us how they encouraged people to make choices about their care and daily living. We saw evidence of this in care plans. This showed people who used the service were given appropriate information and support regarding their care and treatment.

The home provided a wide range of activities including arts and crafts, music, exercises, quizzes and church services. One person who used the service told us " we have some lovely trips out, yesterday we went Christmas shopping and it was lovely to see the shops all decorated for Christmas".

We observed staff throughout the visit and found they were polite and patient with the people who used the service. We observed one member of staff assisting a person into the dining room, they were considerate and patient with the person's needs. They showed respect and involvement with the people's care and treatment.

We saw evidence of a meetings matrix which planned the staff and resident meetings for the year. An agenda was produced for each meeting. Various meetings took place including; staff, resident, social committee, kitchen and care assistants. Meeting minutes were produced for each meeting.

We spoke with a relative who was visiting someone who used the service. They told us "this home was recommended to us and we are very satisfied, staff are caring and encourage people and give them choices, they have some wonderful activities".

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We viewed six care plans, each had an individual assessment as well as information documented on the health and needs of the people who lived there. We also saw records monitoring health, medication, weight and nutrition. The manager told us they had recently changed their care plans to a more user friendly version. It was indexed and put into various headings including living well, consent and capacity and personal care. This had created a person centred care plan that flowed and staff could easily find the information they required. This showed people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The care plans we looked at had detailed support plans and risk assessments. Records showed people were involved in their care. We saw that people's health needs were assessed and monitored and people were supported by a range of healthcare professionals when needed. We saw evidence of daily records where staff could document any information for other staff to read about a person's wellbeing.

We saw evidence of monthly audits in place for care plans to ensure they were meeting the needs of the people who used the service. We saw evidence of various audits which had been completed regularly. This included support plans, medication and nutrition. We saw detailed risk assessments in relation to a range of factors such as, moving and handling, evacuation plans and mobility. These identified areas of risk to people's safety and detailed actions to minimise the risks. This showed people's care, treatment and support met their needs and protected their rights.

The home had policy and procedural records in place which were accessible to staff in the home. We saw evidence of these documents and spoke with staff who were aware they were in place and where to locate them if needed. The staff we spoke with told us they had all received a handbook on induction which covered policy and procedures.

We observed that staff were respectful and considered people's privacy and dignity when providing care. Staff spoke in a respectful manner and knocked on the people's doors before entering their rooms. One person we spoke with who used the service told us "I am kept clean and if I ever ring the bell at night staff come straight away".

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate development. The provider had a training matrix for the rest of the year with mandatory training booked. We were shown this plan on a detailed database with training sessions and dates confirmed. The provider used e learning, local authority training and in house training for staff.

We looked at five staff files which included their training certificates as well as development and induction plans. We looked at an induction plan which covered various policies and procedures and training sessions required. Training covered included food hygiene, moving and handling, fire safety, infection control and health and safety. One member of staff we spoke with told us "I received a detailed induction when I joined and then shadowed experienced staff, we always get lots of training to do". This showed staff received appropriate professional development.

Supervisions were held regularly and we were shown a supervision plan for the year. We spoke with five staff and all of them told us they had received regular supervisions and appraisals with their manager. We saw evidence of supervisions that detailed progress and development, improvements and development opportunities. We were told the home provides support to all of the staff and promotes development. This showed staff had been able to obtain relevant training and qualifications.

We saw minutes of staff meetings and group supervisions that had taken place which detailed company updates, training and development as well as giving an opportunity for staff to raise anything they would like to discuss. Meetings were held for various areas of the home including, care assistants, nurses and kitchen staff.

One member of staff we spoke with told us "I think this is one of the best homes, training and communication is good and the management are supportive and if we need anything we can just go and ask".

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw evidence of the complaints procedure in place and comment cards displayed in the entrance hall to the home. Complaints had been handled appropriately and resolved where needed.

People who used the service and their relatives were asked for their views about their care and treatment. The manager told us they conduct quality surveys for relatives of the people who used the service and the residents each year. We were shown they were awaiting the results of the most recent survey. We saw evidence of a previous resident survey one comment included "staff are always pleasant and helpful". A comment from a previous relative survey read "we have been very pleased with the home and their staff".

We were shown a detailed quality assurance folder which had comprehensive information on the home and all aspects of care they provided. This included audits which took place to enable assessing and monitoring of the service.

We saw evidence of audits which had been carried out for care plans and detailed safety plans for each person who lived there, these included environment, activities, behaviours and medical conditions. A range of generic and individual risk assessments were included in each person's care plan and provided information to staff to ensure they gave the appropriate support and care to the people who lived at the home.

The provider had systems in place for the reporting of accidents and incidents. We saw evidence of this with detailed information on any accident or incident that had occurred and any follow up information and actions required.

We saw evidence of various meetings taking place on a regular basis which included staff meetings and relative and resident meetings. We were told that a staff meetings and group supervisions were held regularly to enable staff discussions and communications about

the care of the people who lived at the home and to share best practice amongst themselves.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained

Reasons for our judgement

We saw evidence of staff personnel files which included recruitment, supervisions and training records. These were filed securely. This showed confidentiality and data protection was adhered to.

People's personal records including medical records were accurate and fit for purpose. On our visit we viewed six care plans which were fully completed to the needs of the people who used the service. These included risk assessments and evidence of people's wishes and needs being taken into account.

We saw evidence of the complaints policy and procedure, accident and near miss records. The staff we spoke with told us they were aware of these policies and would know who to speak to if they needed to. We saw evidence of meetings and quality surveys for people who used the service and staff. These were then collated and action plans were put in place from the feedback received.

We viewed the complaints policy and procedure and the accident and incident book which had been completed with any follow up actions documented.

We saw health and safety and maintenance records which were detailed as well as a maintenance request system for staff to request any maintenance needs. We saw evidence of maintenance audits being up to date and requests were being dealt with. The home had clear procedures that were followed in practice, monitored and reviewed, to ensure personal records were kept and maintained for each person who used the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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