Inspection Report

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

Pinehurst Residential Home

1-2 Haldon Terrace, Dawlish, EX7 9LN

Tel: 01626863500

Date of Inspection: 22 October 2013

Date of Publication: November 2013

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
Management of medicines	✗ Action needed
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Pinehurst Partners Limited
Registered Manager	Mr. Antony Squire
Overview of the service	Pinehurst is registered to provide accommodation and personal care for up to 20 people who may have mental health issues. The home is a large end of terrace property with access to a private park. Pinehurst is situated within easy reach of the town centre of Dawlish.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Management of medicines	10
Supporting workers	12
Complaints	14
Information primarily for the provider:	
Action we have told the provider to take	15
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

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 carried out a visit on 22 October 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

There were 15 people living at Pinehurst at the time of our inspection. We spoke with nine people who lived at the home, two care workers, a senior care worker, the manager and two visiting community health care professionals.

People who lived at the home told us they were well looked after and were happy. One person said "I like it here, wouldn't improve anything."

We saw that care workers respected people's wishes and people told us they felt respected. People's privacy was protected by care workers. For example we saw care workers knocked or doors and waited to be invited in before entering people's rooms.

People had not been protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

People were cared for by suitably qualified, skilled and experienced staff. One care worker told us "I love this job, I absolutely love it".

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

People who lived at the home were aware of how to make a complaint if they were unhappy.. We asked one person whether they would feel comfortable making a complaint. They told us that they would and added "Not made one yet, don't think I ever will".

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

What we have told the provider to do

We have asked the provider to send us a report by 10 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Nine people we spoke with confirmed that they had been encouraged to express their views and had been involved in making decisions about their care and treatment. During this inspection we saw a person being offered choices in relation to attending a GP surgery. Two other people were offered a flu injection but declined.

People we spoke with all told us that they were supported to make their own decisions and were able to make choices about how they spent their day. One person told us they could "come and go as I like".

One person told about the different things they did including reading, baking cakes and painting. Another person showed us their art work and knitting.

We saw that people were able to do what they chose to on the day of this inspection. Some of the people went out with the manager, one person went out for lunch with a care worker and other people chose to stay at home. People told us they were able to get up and go to bed when they wanted.

People we spoke with told us that they were offered meal choices. We saw that the daily menu, which included a choice of two main meals, had been written on a notice board in the dining room. The also said that there was always an alternative on offer if they didn't want either of the meals on offer. One person told us they were a vegetarian. They told us that they were given appropriate vegetarian meal choices.

Care workers told us and people we spoke with confirmed that they were encouraged and supported to be involved in reviews of how they had chosen to have their care provided. They told us that during the reviews they had been able to talk about their care and make decisions about their daily lives. This meant that they could contribute and have their say

about how they were supported.

Throughout this inspection we saw that care workers interacted well with the people in the home. We saw that care workers treated people with respect. For example all bedroom doors had been fitted with locks. We saw that care workers knocked on bedroom doors before entering and adapted their approach with different people. Care workers spoke to people in a respectful manner, responded to people's requests and listened to what they had to say.

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

During this inspection we observed engagement and interaction between care workers and people who lived at the home. We saw that care workers were kind and considerate in their approach to each person and were sensitive to the needs of people. During our observations we saw that care workers spent one to one time with some people. We saw that care workers talked with people about their history and the things that they used to do. People moved freely around the home, they looked relaxed and comfortable in the environment and in their interactions with care workers and each other. We saw that people responded positively to care workers.

We found that care workers at Pinehurst had a good understanding of people's needs. Care workers were able to tell us about care that they had provided to people at the home. They described what areas of need people required support and assistance with. They described how they would approach people and use the person's body language to assess how they were feeling.

We looked at the care records for three of the people who lived in the home to find out how the home had assessed their health and personal care needs, and how they planned to meet those needs.

Each person had a care file that contained a range of documents relating to their care and support needs. We saw that each person had a detailed care plan that had been provided by the person's care co-ordinator. These told the home what they needed to do to meet any needs that had been identified. The home also produced a 'daily care plan' that told staff how the
person's needs should be met on a day to day basis.

Care plans noted the person's likes, dislikes and preferences. Care staff we spoke with told us that they are able to develop a relationship with people and get to know peoples' likes and dislikes. Information gathered by care workers would be reported to a senior carer and this helped to inform the care plan. The provider may wish to note that plans of how care would be delivered and monitored in the case of an acute situation had not consistently been recorded. For example we saw no plan of how care would be provided,

monitored and reviewed for a person who had recurrent infections.

We saw that a range of risk assessments had been completed. For example we saw that one person had been identified as being at risk of becoming isolated in their bedroom. In order to minimise that risk staff were to encourage the individual to mix with other people living at the home. Information about how care workers would recognise when the person's behaviour might be deteriorating had been included in the risk assessment. For example there were indicators for care workers to look for that would tell them that the person was becoming isolated.

Daily records showed how people had spent their day and how their needs had been met. For example records showed that one person had gone into Dawlish for lunch and that another had gone out with the manager. Records also showed that people had been encouraged and supported to attend to their personal care such as shaving and bathing.

Care workers told us they were made aware of any changes to people's needs at regular handovers and by looking at care plans. We saw evidence that care plans were regularly reviewed and updated as required. We saw evidence to show how care workers had supported people to meet their goals. For example we saw evidence to show how one person had been supported in their wish to cook and that another person had achieved their cookery goals.

Information about visits from and to health care professionals had been recorded in individual care plans, showing clear evidence that people were supported to maintain access to specialist medical services. Decisions about care and treatment were made by the appropriate staff at the appropriate level. For example we saw that the care workers communicated with the mental health team to obtain advice and seek support for people who had complex mental health needs. On the day of this inspection a community psychiatric nurse visited a person at the home in response to the manager's request.

We saw that the home had systems and procedures in place to instruct care workers on what to do in the event of an emergency such as a fire. Information about each person was available and easy to access for emergency service staff. This included information about people's current health needs, medication and allergies. This meant emergency service staff would be able to act as quickly as possible in treating the people safely. We saw that each person had an emergency evacuation plan in their care records and care workers were able to explain to us what the procedure was in the event of an evacuation. The provider may wish to note that there was no evidence that the individuals had been involved in the plan or told about the plan.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the way the service managed the medication for the people who lived at Pinehurst.

We saw that when people had moved into the home several had decided to look after their own medication. The provider may wish to note that we saw no evidence of an assessment of their ability and wishes, to manage their own medication had been undertaken.

We saw that medication was being stored safely. Medication was supplied to the home in a series of colour coded blister packs and stored in a locked medication trolley, which was kept in a locked office. Medication was administered from the office to individuals. We saw the medication storage areas were clean and free from a build-up of excess stock.

We saw the medication systems in use meant people had their medicines at the time they needed them. We saw that staff had received training in medication management and information was available for them on the potential side effects of the medication they were giving out.

The medication systems allowed for a full audit trail to be completed recording the receipt, administration or return and disposal of prescribed medication. The manager told us that an audit of medication was undertaken once a month. The most recent audit had been undertaken in September 2013.

We looked at the medication administration records[MAR] , some of which had not been accurately completed. We saw that not all medications had been recorded on MAR when they had been received at the home. For example medication for some people had been dispensed by a local hospital pharmacy. When the medication had been delivered to the home there was no evidence of it being checked and recorded on MAR's. Not all medication received from a pharmacy had been recorded on MAR's when received at the home. The audit undertaken had not identified errors in the receipt and recording of

medications received at the home. This meant that the audit system was not effective.

One MAR showed that a care worker had crossed out the original name of a cream which had been prescribed for a person and had hand written the name of another cream. The original prescription showed that the prescribed cream was to be applied "liberally" four times a day. The name of the cream which the prescription had been changed to had been prescribed to be applied twice a day for no longer than a week. The care workers signatures on the MAR indicated that the changed prescription had been applied four times a day as prescribed for the original cream. This meant that a prescribed cream had been applied incorrectly and could put the person at risk of receiving incorrect treatment. There was no evidence to suggest that when care workers had administered the cream that the prescription changes had been noted. This meant that the label on the cream and the prescription had not been looked at to ensure the details had been correct.

We saw that some prescriptions had been hand written on to MAR's. There was no evidence that these had been checked by two care workers to ensure accuracy. Some hand written prescriptions did not include detailed information in relation to the administration. For example we saw two prescriptions which only showed the name of the medication. No information relating to the strength, recommended dosage or evidence of receipt of the medication had been recorded on the MAR's.

Copies of the signatures of staff giving out medication were available. This helped to ensure it was possible to see who had given out medication on any particular date.

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

We spoke with two care workers, one senior care worker and the manager of Pinehurst. staff. They told us that care staff were well supported and were encouraged and supported to undertake training at the home to enable them to meet the needs of the people who lived there. For example two care workers told us that they were completing a nationally recognised qualification.

We found that care workers received appropriate training and professional development. For example we were told that care workers had received mandatory training which included fire training and moving and handling. They confirmed that they had also completed basic food hygiene and dementia training. Individual training records had been maintained at the home and we looked at training certificates which confirmed that appropriate training had been completed.

Care workers had received regular supervision and appraisal. For example care workers we spoke with confirmed that they met with the manager regularly and discussed their professional development and training needs privately.

We saw that staff completed a comprehensive induction programme that took account of nationally recognised standards within the care sector. We saw that the related documentation had been completed. We spoke with one care worker who had completed the induction programme. They said that the training had been comprehensive and that they had been supported by the manager and other more experienced care workers when they were completing the training.

Care workers were given a budget to obtain further qualifications and training. For example the manager told us that they allocate a sum of money to each care worker which they can use to undertake training which was relevant to their role at the home.

Staff said they were able to evaluate and improve the quality of the service they provided . For example the manager operated an "open door policy" and all care workers could discuss any suggestions for improvement to the service at any time.

One care worker told us "I love this job, I absolutely love it". Another care worker told us " I have been here for 14 years and I just love it here. We see improvements. It is a family and there's a lot of love in the home".

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We spoke with eight people who lived at the home and all were aware of how to make a complaint if they had concerns. We asked one person whether they would feel comfortable making a complaint. They told us that they would and added "Not made one yet, don't think I ever will".

The provider may wish to note that the home's complaints procedure had not been displayed in the home to help to bring it to the attention of people who lived there or visited.

Care workers told us that in order to help people express any concerns they had care workers had a clear understanding
of how to recognise if a person was unhappy or concerned. This included changes in the person's body language, the person becoming withdrawn or behaving in an altered way. They were able to note the changes as information had been recorded in people's individual care records.

We observed some care workers interactions with these people. We saw that care workers spent time with one person who was distressed. They sat down on the same level as the person; spoke to them in a calming way until they were made aware of the person's concerns. Once care workers became aware the issue was resolved quickly and easily.

We were told that records were kept of all complaints received. We looked at the home's complaints record and saw that none had been received since the last inspection in 2012.

Care workers demonstrated a good understanding of the complaints procedure and told us what they would advise people living at the home or relatives and visitors to do if they were unhappy about anything at the home. They said that if the complaint was about something they could put right immediately, they would do so. If not they would guide the complainant to the complaints procedure or ask a senior care worker to speak to the person.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This is a breach of Regulation 13 of The Health and Social Care Act 2008 [Regulated Activities]Regulations 2010.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 10 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.