Pinford End Limited

Pinford End House Nursing Home

Inspection report

Church Road
Hawstead
Bury St Edmunds
Tel: 01284 388874
Website: www.example.com

Date of inspection visit: 20 January 2016
Date of publication: 25/02/2016

Ratings

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

Overall summary

This inspection took place on the 20 January 2016 and was unannounced.

At the last inspection on the 1 July 2015 we asked the provider to take action to make improvements as we found people's safety was compromised as there were shortfalls in the management of people's medicines. There were also insufficient systems in place to evidence and ensure appropriate clinical and professional supervision support was provided to nursing staff.

We carried out this inspection to check if improvements had been made. We found that there had been some improvement. The provider had implemented systems to regularly audit the management of people's medicines. Staff had received up to date training in providing care for people living with dementia and updates for nursing staff employed. However, further work was needed to ensure improved monitoring of medicines stocks and balance checks of administration records.

Summary of findings

Pinford End House Nursing Home is a registered care home with 40 beds and provides 24 hour nursing care. This nursing home specialises in the care for people with complex medical needs and end of life care. On the day of our inspection there were 35 people living at the service

There was a registered manager. 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.

Risks to people's safety had been assessed as part of the care planning process. Staff had been trained in how to recognise abuse and were aware of how to report any concerns they might have.

Staff knew people well, respected their choices and understood their roles and responsibilities with regards to the Mental Capacity Act 2005.

People were involved in the planning of menus and supported to eat and drink sufficient amounts. Where people were at risk of inadequate food and fluid intake this was monitored and specialist support sought when required.

People were supported by staff with compassion and their privacy and dignity respected. People's preferences in relation to the planning for their end of life care had been considered. People were supported with specialist palliative care when required.

People had access to a wide variety of group and individualised activities which met their personal needs. People were empowered to make decisions about how they lived their lives.

The service was well led and provided strong leadership which promoted a positive, caring culture which was focused on the needs of people who used the service.

The provider was currently working towards continuous improvement and had implemented a new system and process for the quality and safety, management monitoring of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe. Further work was needed to ensure the effective monitoring of medicines stocks to ensure people received their medicines as prescribed.

Staff had been trained in how to recognise abuse and were aware of how to report any concerns they might have.

Risks to people's safety had been assessed as part of the care planning process.

Is the service effective?

Good

The service was effective as staff were highly motivated and trained.

Staff knew people well, respected their choices and understood the requirement of the Mental Capacity Act 2005.

People were involved in the planning of menus and supported to eat and drink sufficient amounts. Where people were at risk of inadequate food and fluid intake this was monitored and specialist support sought when required.

Is the service caring?

Good

The service was caring.

People were supported by staff with compassion and their privacy and dignity respected.

People's preferences in relation to the planning for their end of life care had been considered. People were supported with specialist palliative care when required.

Is the service responsive?

Good

The service was responsive as people's care plans described their care and support needs.

People had access to a wide variety of group and individualised activities which met their personal needs. People were empowered to make decisions about how they lived their lives.

People were involved in the planning of their care and how they service was managed. For example, in the planning of menus and activities.

Summary of findings

Is the service well-led?

Good

The service was well led and provided strong leadership. This promoted a positive, caring culture focused on the needs of people who used the service.

The provider was currently working towards continuous improvement in the quality and safety management monitoring of the service.

Pinford End House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 20 January 2016 and was unannounced.

This inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of providing care and support for an older person.

We reviewed the previous inspection report to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with eight people who were able to verbally express their views about the quality of the service they received and five people's relatives. We observed the care and support provided to people and the interactions between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with six members of staff including two nurses and four care staff and also the manager.

We looked at records relating to the management of medicines, staff recruitment, staff training and systems for monitoring the quality and safety of the service.

Requires improvement

Is the service safe?

Our findings

At our last inspection in July 2015 we had moderate concerns about the safe handling of people's medicines and the lack of robust and effective audits which would identify and respond to medication errors. We asked the provider to send us an action plan describing how they would make improvements. At this inspection we found that there had been some improvements. However, further work was required to ensure audits were conducted more regularly to identify errors in the audit and balance of medicines stock.

All the staff we spoke with told us that they had received training in the safe handling and administration of people's medicines. People's medicines were stored securely. Since our last inspection the manager had implemented a system of regular audit checks of medication administration records (MAR) and checks of stock. The manager had requested an audit of medicines management from the supplying pharmacy and had responded to advice given.

We found that there were no gaps in staff signatures to evidence administration of people's medicines. Where people were prescribed medicines on a 'when required' basis, for example pain relief, or when they were prescribed variable doses, for example 'one or two tablets', we found that staff did not always record the number of tablets administered. This meant that it was not possible to conduct accurate stock checks. MAR records for the upstairs area of the service did not record the amount of all the medicines recently received into the service and not all the stock carried forward had been recorded. This meant we were unable to audit and balance the amount of stock against MAR records for this area and the provider's audits had failed to identify this shortfall. However, we were able to conduct and audit medicines against MAR records for the downstairs area of the service as accurate records had been maintained.

Everyone we spoke with told us they did not have any concerns about their safety. One person told us, "This is a truly wonderful place to live. I feel safe here they are all so wonderful and kind." Another told us, "I feel safe with staff and if I ring my bell sometimes they are quick and sometimes they are not so quick. The mornings are busy."

One relative told us, "It is very good here, excellent in fact. [Relative] is safe here and well looked after. Staff treat [relative] well, everything is clean and people are treated with dignity."

Staff were aware and confident in how to escalate any concerns they might have in relation to protecting the safety of people and aware of how to identify those at risk of abuse. Staff had been provided with guidance in risk assessments and training in awareness of how to protect people from the possible risk of harm or abuse. Staff told us they were aware of their responsibilities to report any allegations or safeguarding concerns to the manager. They were aware of the local safeguarding protocols in place and their responsibility to report to the local safeguarding authority for investigation.

People told us that staff had discussed with them any identified risks to their health and safety. For example, in managing their medicines. Staff had been provided with guidance in how to manage and mitigate risks identified. For example, when using moving and handling equipment, the risk of developing pressure ulcers, dietary intake and the likelihood of their falling whilst mobilising. Staff confirmed that risk assessments had been reviewed regularly and they would report any changes in handover meetings and act upon them to ensure that people were safe. However, it was not always evident within care plans that risk assessments were regularly reviewed and updated. We discussed this with the manager who told us they were currently looking to improve the format of care planning to improve in this area.

General environmental risks to the service had been assessed and assessments reviewed. For example, fire safety, legionella risks and risks of scalding. Regular checks had been carried out to check water temperatures and during our visit contractors were cleaning the water tanks to ensure people were protected from the risks of legionella.

People told us that there was enough staff around to care and support them in meeting their needs, in a timely manner. One person said, "They are very quick to help me when I call. They always pop in to check you are alright. At night I ring the bell and they come with a cup of tea when I ask for one. You can ask for anything day or night." Another said, "They are sometimes short of staff but they always come when you need them. I have this pendant thing

Requires improvement

Is the service safe?

around my neck and I can always get help." A relative told us, "They always appear to have enough staff when I visit. The staff are attentive and do not appear to be rushed or too busy to talk to you."

We observed during our inspection there was sufficient staff available to meet people's needs in a timely manner. Staff supported people with their planned group and individual activities. Staff did not appear rushed and spent time throughout the day talking to people on a one to one basis.

The manager told us they had a full complement of nursing staff and only one care staff vacancy. They also told us they occasionally had the need to use agency staff to cover for staff absences. They also told us they would regularly work hands on themselves to cover nursing shifts. This they told us provided consistent care for people and helped them as a manager to support and understand any challenges staff may experience.

Staff told us that there was enough staff available to meet people's needs for the majority of time. They said there were occasional shifts where it was not possible to fill a vacant shift if staff reported absence on the same day with little time available to find cover. One staff member told us, "You could always use an extra pair of hands but we all pull together as a team and we manage quite well. You could always use extra staff when it is busier than certain times of the day." We noted that everyone had access to a call bell and pendant neck alarms. This meant that people could alert staff easily when support was required.

We looked at the staff recruitment records for three care staff most recently appointed. Recruitment records showed that the provider had carried out a number of checks on staff before they were employed. These included checking their identification, health, conduct during previous employment and checks to make sure that they were safe to work with older adults. We were therefore satisfied that the provider had established and operated recruitment procedures effectively to ensure that staff employed were competent and had the skills necessary for the work they were employed to perform.

Good

Is the service effective?

Our findings

At our last inspection in July 2015 we found the service was not consistently effective as the provider did not have systems in place to evidence that staff were provided with appropriate clinical and professional supervision. We asked the provider to send us an action plan describing how they would make improvements. At this inspection we found that there had been some improvements.

People received care and support from staff who knew them well and were supported by staff who had received adequate training, were skilled, experienced and knowledgeable in the roles they were employed to perform. Staff told us they had received more regular supervision which included access to staff meetings. They also told us they had received an annual appraisal. This had given them the opportunity to discuss with their manager their performance including their training and development needs. All staff we spoke with told us they had received recent 'virtual dementia' training. This they told us helped them to understand the needs of people living with dementia. One staff member told us, "I feel confident in knowing what is expected and what I should be doing." Another told us, "We discuss as a team how best to care for people. This is such a lovely place to work and genuinely caring. I would not be asked to do something I would not feel confident to do."

Nursing staff told us they had been supported with access to update their knowledge in providing specialist palliative care and the use of syringe drivers for the administration of controlled drugs to aid pain relief. One nurse told us they been supported to work towards a qualification in 'death verification'.

People and their relatives were all complimentary of the staff who supported them. One person said, "All the staff here are wonderful. There is not one you would not be happy to care for your very personal needs." Another told us, "I think the staff are well trained and know what they are doing. They cannot do enough for you." One relative told us, "They are truly wonderful here. There is such a lovely atmosphere, every time you visit. This is a happy place."

Newly employed staff told us about their induction which included a period of shadowing more experienced member of staff. Staff told us the manager was supporting them to attain the 'care certificate'. This supported staff in their working towards and competent in accordance with nationally recognised standards of care.

Staff confirmed that most had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were clear that people's capacity to consent could fluctuate and that each person was assessed individually. We observed throughout the day that people's consent was sought before any care and treatment was provided. Staff supporting people to mobilise would explain what they were doing at each stage and reassured people when they became anxious.

People were supported to have enough to eat and drink and maintain a balanced, nutritious diet. People told us they could ask for drinks and snacks whenever they wanted. People were complimentary about the food provided and said they enjoyed mealtimes and did not feel rushed. We reviewed a recent survey where people had been asked to express their views in the planning of menus. One person told us, "The food is very good. If you change your mind about what you have asked for they happily oblige and do their best to provide whatever you fancy." Another told us, "The food is very good and I have no complaints. The food is homely and plenty of it. If you suggest something different to what is on the menu they get it for you."

People's weights were regularly monitored. Staff described to us how they would fortify foods to provide additional calories where people had been assessed as at risk of malnutrition. We saw that the service responded promptly if a person began to lose weight and show signs of malnutrition. Where people had been assessed as at risk of inadequate intake of food and fluid, the amounts of food and fluid people consumed was monitored. Referrals had been made to obtain specialist advice from dieticians and speech and language specialists for people experiencing swallowing difficulties.

A review of records showed us that people had access to a variety of healthcare services including GP's and chiropodists. People told us staff responded promptly to support hem with access to health care services when

Good

Is the service effective?

required. One person told us, “If I need a doctor they arrange this without any problem.” Another person said, “My health needs are well catered for. I have regular check-ups with the foot people.”

People and staff told us there were good links with local GPs to ensure people’s medical needs were met. People and family members told us they were supported to be in control of medical decisions that related to them. The manager described the good relationship they had with GP’s and the access arrangements for providing anticipatory pain relief medicines for people who had specialist, palliative care needs. They also described how they provided updates to out of hours GP’s and local surgeries through multi-disciplinary meetings to ensure adequate planning and support for people with their end of life care and support needs. This enabled people to have access to healthcare services and receive the on-going healthcare support they needed.

However, care plans were limited in describing people’s preferred wishes, preferences and priorities in supporting and managing their end of life care.

Good

Is the service caring?

Our findings

Throughout our inspection all people told us they were happy and satisfied with the service they received and how happy they were with the service provided. One person said, “All the staff are very kind to me, nothing is too much trouble. There are some not very nice things they have to do for me and I apologise but they all say don’t worry it is my job to help you. They are all very kind and helpful.” Another told us, “There are some excellent staff here. Not one is unkind and always so willing to help you.” A relative told us, “The staff are caring and delightful to be with.” Another said, “They are a lovely team, and they work well together. They chat to people and they are never detrimental. They speak nicely to people and are always respectful and kind.”

We observed people were treated with warmth and kindness. Staff had time to sit with people and chat to them. There were positive interactions and people were relaxed and comfortable in the presence of staff. We observed one person calling out; a member of staff attended to them and asked if they had cramp in their foot again. They offered to massage their foot and provided plenty of reassurance.”

Where people required support with their eating and drinking this was provided at a pace that suited the individual. Staff were attentive and care was provided with dignity. Staff respected people’s decision regarding how they wished to spend their time. Where people had chosen to spend time in their rooms this was supported and staff checked on people regularly.

People were cared for and supported by staff who knew them well and understood their likes, dislikes, wishes and preferences. People told us that staff knew their needs and described how staff cared for them in a personalised way. People’s personal histories and life stories were well known by staff and some documented in their care plans.

We saw evidence in people’s care records that they and their relatives had been involved in the care planning process wherever possible. Relatives told us they had been consulted and involved in the planning and review of their relative’s care when this was the wish of their relative who used the service. People told us they were regularly consulted about how they lived their daily lives. One person told us, “There are no restrictions here. My relative can visit whenever they like. I choose what time I get up and go to bed. I like to be active and outside.” Relative’s told us they were regularly consulted and updated with any changes in their relative’s care and support needs. Staff told us that information they obtained to plan people’s care had helped them to provide care and support in a way that was preferred by the person.

People’s preferences in relation to the planning for their end of life care had been considered. People were supported with specialist palliative care when required.

People told us that they were supported to maintain contact with their relatives and friends. One person said, “There are no restrictions here. You are treated as an adult not like a child. This is a home from home. A peaceful and good place to be.”

Good

Is the service responsive?

Our findings

Since our last inspection in July 2015 we found improvements in the management and monitoring of people who spent the majority of time in their rooms and those people requiring 24 hour bed care. This included people at risk of pressure ulcers and inadequate food and fluid intake. The manager had developed daily monitoring tools for staff to record and evidence the support staff provided to people. For example, with repositioning, support with eating and drinking and checks on the environment.

Care and support plans showed us that people were involved and supported in how their care was planned and their opinions and decisions informed their daily routines. People and their relative's told us that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care and support. However, it was not evident that care plans had been reviewed regularly. The manager told us this had been recognised within their auditing as an area for improvement. They told u they were planning to implement a new care plan format to support staff in providing up to date guidance as to people's care needs and actions they should take in managing risk.

People received care and support that was personalised and responsive to their needs. People and their relative's told us that a thorough assessment of their needs had been carried out before they came to stay at the service. For one person recently admitted to the service from another service, the manager had visited them to introduce themselves and assess this person's needs. The information obtained following the assessment of their needs, had been used to develop their care plan so that staff had the guidance they required to provide safe and appropriate care.

We observed people were supported to be involved in activities of their choosing which promoted their sense of well-being. One person told us, "It is home here. I do the hanging baskets, the rose beds and I love being outside. I sort out the papers in the morning and deliver them to people. I also fill up the bird feeders, It is my choice, it gives me a sense of purpose and a reason for being. I love it." Another told us, "I wake up when I want to and go to bed early which I like. Over Christmas we had lots of activities going on and you can choose to be involved or not and that is respected. I go out and about with my family but mostly I stay in my room, I prefer it, I have a comfortable chair."

The service employed staff with designated hours to provide group and one to one activities. These included reminiscence sessions for people living with dementia, exercise, craft sessions and entertainment on occasions. The service was also supported by a group of volunteers and people visiting from local churches of various denominations who provided worship services and communion for people who had expressed a wish for this specific support to meet their spiritual needs.

The provider took people's concerns and complaints seriously and used these to inform their planning for improvement of the service. We looked at the provider's concerns, suggestions and complaints log. We noted that all concerns and complaints had been responded to in a timely manner.

People said that they were supported to voice any concerns they might have and the manager had been supportive in listening to suggestions they had made to improve the service. One person said, "They are always willing to listen to anything you have to say. If you don't like something they will do their best to change it." People told us they were empowered to voice their expressed wishes and concerns freely without hindrance. We noted from surveys that people had recently been consulted in the planning of menus. People also told us they were consulted in the planning of activities and planting for the garden.

Good

Is the service well-led?

Our findings

People were positive about the manager and told us they were consulted about all aspects of the service and their care. One person said, "The manager is a very nice person. They always have time to listen to us." Another said, "I would recommend this place to others. The manager is very nice and I feel that I can talk to them about anything. When I am upset I can talk to any of the staff and they take time to listen."

Staff had clearly defined roles and they understood their roles and responsibilities in ensuring the service met the desired goals for people. Staff were complimentary about the support they received. The leadership structure was understood by staff and they told us the management team were supportive and provided them with clear direction and a sense of value. Staff told us the manager was visible, worked hands on alongside them on occasions and was responsive to any concerns staff raised with them. All staff consistently told us they were well supported by the manager. Staff described the culture of the service as, "Friendly", "Good team working", "This is a genuinely caring place" and "I enjoy working here, it is a very tight team. The support you get from other staff and management is very good."

The provider supported people to share their views collated through regular surveys, meetings and care reviews. This enabled people to be involved in the planning of their care and discuss issues and feedback on the quality of the service they received. People were able to express their views about how they were cared for and what they needed to promote and protect their quality of life. The registered manager said that when people had any concerns or were not happy, they listened to them and tried to work with them to solve the problem.

We observed during our inspection that people and their relatives could go to the office and chat to the manager and nursing staff who were easily accessible and available in answering any queries or support they required. One person told us, "We have no concerns. We have always found that nothing is ever too much trouble for them. They are all kind and helpful."

The provider was currently working towards continuous improvement in the quality and safety management of the service. The manager told us they had recently consulted an external auditor who had advised them in their development of a quality and safety monitoring audit tool. We saw a copy of the most recent audit using the newly developed audit tool. This system enabled the manager to evidence their monitoring of the quality and safety of the care provided and included an audit of medicines, infection control, safeguarding systems and processes, maintenance of the environment and assessment of risk. This enabled people to live in a safe, well maintained environment with action taken by the provider to ensure continuous improvement of the service.