

Pinford End Limited

Pinford End House Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 31 August and 3 September 2018 and was unannounced.

Pinford End House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to accommodate up to 40 people who require nursing and/or personal care. At the time of the inspection 32 people were living at the home.

At our last inspection in January 2016 we rated the service good. The safe section of the report was rated as 'requires improvement.' This was because when 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 an accurate stock check of medicines. At this inspection we saw action had been taken to resolve this issue.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the home. 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 home is run.

People were helped to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

People were supported to be kept safe because the staff continued to follow relevant policies and had appropriate training. People's risk assessments had been written and were reviewed regularly to minimise the potential risk of harm to people during the delivery of their care.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People were looked after by enough qualified nursing and care staff, who were trained and supervised to support them with their individual needs. Staff were supported through supervision, training and an annual appraisal. Pre-employment checks were completed on new staff before they were assessed to be suitable to

look after people who used the service.

The nursing and care needs of people were assessed prior to them coming to the service and those needs were reviewed on a regular basis and more frequently should that be deemed necessary. Care plans gave staff information on how to support people with their needs.

People had access to healthcare professionals and their healthcare needs had been met. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.

People continue to be offered choices and were supported to eat and drink sufficient amounts of food and drink and the staff knew the people they supported and provided support in a caring way that promoted their dignity.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People participated in a range of activities within the accommodation and also in the gardens of the service and received the support they needed to help them to do this. People's concerns and complaints continued to be listened to and were acted upon.

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.

Quality monitoring procedures were in place and action was taken where improvements were identified. There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service has improved to Good.

The service had clear medicine policies for the administration of medicines on a 'when needed' basis and effective monitoring of medicines stocks to ensure people received their medicines as prescribed.

There were enough staff to provide care to the people living at the service.

Each person had a risk assessment which clearly explained how staff were to support them.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

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 comprehensive unannounced inspection took place on 31 August and 3 September 2018.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

Prior to our inspection we reviewed the notifications received by the Care Quality Commission (CQC) and other information we hold about the service. A notification is information about important events which the service is required to send us by law. We also contacted the local authority to ask for their views about the service.

We observed how staff interacted with people who lived at the service. We spoke with eight people living at the service and four relatives, the registered manager, financial manager, an administrator, two qualified nurses and four members of care staff plus a professional in regular contact with the service.

We looked at care documentation for five people living at the service, medicines records, three staff files, staff training records, complaints and compliments file and other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection of 20 January 2016, the key question Safe was rated requires improvement. At this inspection we found Safe has improved to good.

At our last inspection we found when 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. The Medicine Administration Records (MAR) 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. Therefore the service staff 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.

At this inspection we found the systems in operation for the management of medicines were effective. The registered manager explained to us the medicines auditing system which was used by the service. The records of the stock checks for the medicines agreed with the balance of the medicines in stock. The staff were now clearly documenting the number of tablets administered on each occasion in the MAR. People told us that they received their medicines on time. One person told us, "I know what my tablets are for and the nurse brings them to me." Nurses told us and records confirmed they had undertaken medicine training and competency assessments to ensure they were able to administer people's medicines safely. The clinic room was well organised and stocked with the equipment required in a nursing home which was routinely checked to ensure it was all in working order.

Staff were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention, they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. A member of staff told us, "I have completed training on safeguarding and I know what action to take if needed."

Risks to people continued to be identified by using risk assessments. For example, there were risk assessments in place for people's lack of mobility, nutrition risks and other health needs. The assessments provided details for staff of how to reduce risks for people by following guidelines. Risk assessments had been reviewed regularly. The service used a system which was called the monthly cross to monitor any new and existing risks. The information was updated every day by the nurse in charge and discussed at staff handovers.

Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP) which staff referred to in the event of such an emergency. There were appropriate health and safety plans and environmental risk assessments in place for the safety of all people, staff and visitors. Records were available confirming gas appliances, electrical equipment and moving and handling equipment (hoists and slings) had been regularly checked to ensure they complied with statutory requirements and were safe for use.

People we spoke with informed us the vast majority of the time they were supported by sufficient numbers of suitably skilled and knowledgeable staff to meet their needs. One person considered the staff could be very busy around meal times. This view was shared by a member of staff but being busy did not mean there were not enough staff employed at the service. Throughout our inspection we saw staff working in a relaxed and unhurried manner and had time to respond to people's needs. The registered manager used a dependency tool which considered the individual needs of people. Staff were deployed in a way that was consistent with personalised care.

The registered manager supported by the administration staff continued to carry out robust recruitment practices that ensured new staff were suitable for the role. One member of staff told us, "We ensure that new staff are supported when they join and work with an experienced member of staff."

Staff continued to receive training in relation to the prevention and control of infection, including food hygiene. We found that the service was clean and hygienic and staff understood their responsibilities in relation to infection control and hygiene.

Major incident contingency plans were in place that covered disruptions to the service which included fire, severe weather, or the loss of electricity. The laundry had been out of action due to accidental damage but was now working again. The registered manager explained to us how the service had coped and learnt lessons from that situation.

Is the service effective?

Our findings

At our last inspection of 20 January 2016, the key question Effective was rated good. At this inspection we found Effective remained good.

The service continued to assess peoples care needs and respond to their individual choices. Nursing staff informed us how they continued to stay up to date with nursing practices and procedures to achieve effective outcomes.

People told us that the staff had the skills and knowledge to care for them and this was confirmed by relatives. One person told us, "The staff are confident and know how to look after us." We saw that training continued to be delivered as per the planned training schedule. The registered manager explained how they had revalidated their nursing registration with the Nursing and Midwifery Council so that they remained fit to practice as a qualified nurse. In turn they had supported the nursing staff with their revalidation.

People told us that they enjoyed the meals. One person told us, "The food is very good we are asked what choices we want and there are always alternatives so you never go hungry." The service continued to work closely with the Speech and Language Therapy Service (SALT) team. The SALT team provide advice about challenges people have with their swallowing and communication. Staff were knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. We saw that where people were not able to eat their meal unaided they were offered support by the staff.

People continued to have access to healthcare professionals according to their specific needs. The staff had regular contact with GP surgeries that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital or other healthcare professionals visited people at the home when this was considered the most appropriate. One person told us, "I see the GP and I have seen a dentist when I need to do so." A professional informed us that they always found the service staff helpful and supportive.

The service was undergoing some refurbishments and people told us that they had been involved with the colour scheme and selecting the curtains. Thought had been given so people could easily enter the service and have access to the gardens.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication.

Is the service caring?

Our findings

At our last inspection of 20 January 2016, the key question Caring was rated good. At this inspection we found Caring remained good.

The service continued to be caring. Positive feedback about the caring staff was given by all of the people we spoke with. One person told us, "The staff are lovely, they treat me very well." A relative told us, "We have found somewhere that cares, quite content."

From our observations and listening to staff we became aware that the staff knew each person well, including their likes and dislikes. This was confirmed by the people we spoke with. One person informed us they liked their own company and this was respected. The staff always checked upon them regularly and the person told us, "Even I like a chat sometimes and the staff do then spend time with me." Another person informed us that they liked to have their door open all of the time unless personal care was being provided. They said, "I would get so lonely otherwise but I can see what is happening and the staff always acknowledge me and sometimes come in and we chat together."

People told us that their relatives and friends were always made to feel welcome when visiting the service. People told us that the staff did speak with them about their desires and wishes and therefore people did feel involved in making decisions about their own care needs.

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.

Staff continued to support and treated people with respect. A member of staff asked a person what they wished to do and if they could help them. At another time a member of staff asked the person if they were comfortable and were happy to sit in their current position.

Staff respected and maintained people's privacy and dignity. They knocked on bedroom doors and waited for a response before entering. They described to us how they kept people covered as much as possible during personal care. A member of staff said, "We use empathy trying to understand what it is like for the other person and we start from that basis."

Is the service responsive?

Our findings

At our last inspection of 20 January 2016, the key question Responsive was rated good. At this inspection we found Responsive remained good.

The service continued to be responsive. The registered manager explained to us the information they required when carrying out an assessment and how this was recorded. From the assessment an individualised care plan was clearly written with detailed information about the person's needs. For example, the methods of communication for each person so that their choices were promoted and respected. We observed how staff interacted with people in a positive way and provided appropriate choices in line with the person's care plan. Staff demonstrated they knew people well. One person told us, "The staff were thorough when they carried out my assessment before coming here and that gives you confidence in them."

The service had an activity coordinator who supported people with a range of activities. There was some group activity while also some people preferred one to one time with the activities staff. The service also had external entertainers and Pets as Therapy Dogs visit the service. We saw pictures of people enjoying an ice-cream when the service had arranged for an ice-cream van to visit the service. The previous month the service staff had arranged a coffee morning for people and their relatives to enjoy. Regular events were organised and we saw photographs of people enjoying themselves at various events. The garden had raised beds so that people using wheelchairs would be able to garden in those areas.

Complaints and concerns continued to be fully investigated and responded to in line with the service policy and procedure. We saw the complaints file and the registered manager explained the complaint and how this had been resolved. One person told us, "I have no complaints, none at all." Another person told us, "I have never made a complaint and very confident the staff would resolve any matters that arose."

People could be continued to be assured that should their health deteriorate they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their end of life wishes in the event of deteriorating health, staff had clearly identified these in people's care plans.

Is the service well-led?

Our findings

At our last inspection of 20 January 2016, the key question Well-led was rated good. At this inspection we found Well-led remained good.

The service continued to have a clear vision to deliver high quality care to people in need of nursing care. The staff of the service worked closely with other professionals such as GP's, the local hospital and hospice to provide care to people. The staff informed us that they enjoyed working at the service because although at times very busy, there was a pleasant and relaxed atmosphere which promoted care to people living at the service. One member of staff told us, "Many of us have worked here a long time because we are sorted through training, supervision and good team work of supporting each other."

People, relatives and staff told us the registered manager was approachable, listened and acted upon information that was given to them. One person told us, "I have every faith in the manager, polite helpful and very caring nature." A member of staff told us, "The manager works as a role model and does cover some of the qualified nursing shifts when needed."

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

There was a management structure in the service which provided clear lines of responsibility and accountability. This promoted team work as the people we spoke with were clear upon their roles and how they supported other colleagues. The registered manager and all members of staff understood what was expected of them.

The service continued to monitor the quality of the service that the staff delivered to people. The nursing staff each had responsibilities for auditing and overseeing the management of care to people such as medicines, care plans and clinical nursing procedures. When identified improvements were discussed and implemented.

People, relatives and friends had the opportunity to give their views on the quality of the service provided and upon their own care. During our inspection, the registered manager made arrangements to meet with people using the service and their families to discuss individual care need situations

Staff meetings took place regularly for all staff. These continue to provide the opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. There were handovers between shifts and during shifts if changes had occurred.

The service continued to work in partnership with other agencies. The service was approached by the Clinical Commissioning Group (CCG) to take part in the Red Bag Initiative. This was introduced last year as a pilot scheme, with six nursing homes taking part. This initiative is to increase the communication between

the care home and the hospital. When a person needs to go to hospital and discharged back to the service they are accompanied by a red bag which contains important information about them and also their medicines. The service is working with the CCG to review the effectiveness of this initiative.