

# Review of compliance

## South Coast Nursing Homes Limited Pentlands Nursing Home

<b>Region:</b>	South East
<b>Location address:</b>	42 Mill Road Worthing West Sussex BN11 5DU
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	August 2011
<b>Overview of the service:</b>	Pentlands Nursing Home is a registered care home with nursing and can provide accommodation and care for up to 32 people.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Pentlands Nursing Home was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 June 2011, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

People told us that they are treated well and with respect. We were told that staff respect people's privacy by the use of curtains and 'always' knocking on bedroom doors before entering. People said that they are able to exercise choice in how they spend their time.

People told us that they are asked about their care needs and that staff are responsive when people ask for assistance.

One person said of the service, 'I can't fault it,' and another person said, 'I couldn't wish for more.'

People said that they feel safe at the home and one person said, 'There are always staff around.'

One person said that there are enough staff on duty to meet their needs and another person said that this is the case 'most of the time,' but that the staff are 'sometimes stretched' when there is staff sickness.

People told us that they are supported with their medication.

People said that activities are provided, such as games and entertainment.

The home was said to be clean. One person said, there is regular cleaning and another person said that the home is 'spotless.'

People said that they are asked to give their views about the service by a questionnaire provided by the provider.

## **What we found about the standards we reviewed and how well Pentlands Nursing Home was meeting them**

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People receive safe and effective health and personal care based on their assessed needs and individual preferences. The home has a number of measures to address people's social, relationship, mental and emotional needs.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The home has measures in place to help ensure that vulnerable people are protected and for dealing with any suspected abuse.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

### **Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

The home was clean and has systems for the control and prevention of infection control, as well as maintaining a clean environment.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The home's system for the handling and administration of medication showed that people were receiving their prescribed medication, although there was a lack of clarity about the specific circumstances of when 'as required' medication should be given.

Medication records were not securely stored when not being used.

Overall, we judge Pentlands Nursing Home was not compliant with this outcome area and associated regulation.

### **Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

The service has equipment and measures to help ensure that people are not at risk of harm from unsafe or unsuitable equipment.

On the basis of the evidence provided and the views of people using the services we

found the service to be compliant with this outcome.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The home generally provides sufficient staff to meet people's needs although there are occasions when this falls below the level calculated by the service to meet people's needs. It was not always possible to tell from the staff rota the exact hours being provided.

Overall, we found that Pentlands Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The service has systems to monitor its own performance and for identifying risks and continually updating the environment.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

### **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People said that they get the care and support they need and that they are asked about their care needs and how they would like to be supported.

One person said that he/she has a care plan and that staff make records about care needs. Another person said that he/she wasn't sure whether or not he/she has a care plan or not, but that he/she was always consulted about his/her care needs.

People said that they have enough to do such as reading daily newspapers and magazines. One person said that he/she has a Sky TV package for the television in his/her room and that he/she keeps in touch with friends and relatives by using his/her own telephone in his/her room. People also said that they are able to spend their time as they wish.

##### Other evidence

We received information that a shortage of staff was resulting in people's care needs not being met.

We spoke to a relative of someone living at the service. This person said that he/she visits the home on a regular basis and that the standard of care is 'very good.' Comment was also made that there are regular activities such as entertainment. Staff were said to be prompt when responding to people's requests for assistance.

We looked at care records for 3 people. Each person had an Admission Form with

details of the date the person was admitted to the home, next of kin and important contacts such as the person's general practitioner. There was a Health Assessment pro forma completed for the following: reason for admission, past medical history, breathing, circulation, maintaining a safe environment, controlling body temperature, communication, hearing, sight, skin integrity and a record of the person's pulse, blood pressure, height and weight.

Each person had a separate care plan to cover relevant needs such as personal hygiene and grooming, mobility, nutrition, continence, night time care plan, pain management, prevention of social isolation, catheter care, confusion, medication and communication. These were well structured and gave clear details of the support the person requires and the objective of the care routine. The care plans also reflected the individual preferences of the person, for example in managing personal hygiene and routines for getting up. We saw that either the person involved, or their relative, had signed to acknowledge agreement to the care plan.

Assessments and care plans had also been completed for pressure area care, nutrition, the use of bed rails, the use of a wheelchair and falls risk assessments.

Care records also included details from referring agencies such as social services and hospitals as well as records of any visits to the service by professionals such as the person's General Practitioner, community health services and chiropody services.

Staff told us that the service meets people's needs.

The home has an activities coordinator and we saw a record of individual sessions and group activities including reminiscence, manicures, a chat and board games. We saw people taking part in bingo. The provider told us that musical entertainment is provided as well as garden fetes. There were photograph displays in the home of people taking part in activities. We saw people reading their daily newspaper, watching television and receiving visitors.

### **Our judgement**

People receive safe and effective health and personal care based on their assessed needs and individual preferences. The home has a number of measures to address people's social, relationship, mental and emotional needs.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us that they feel safe at the home. One comment included, 'I feel 100% safe. There are always staff around.'

##### Other evidence

Social services recently carried out an investigation into allegations that people were not being looked after properly mainly due to a lack of staff. West Sussex Social Services Department confirmed that following a visit to the service that these allegations could not be substantiated.

We saw that the service had a copy of the local authority safeguarding procedure and that staff training records show that each staff member has completed training in the safeguarding of vulnerable adults. Staff confirmed that they have completed this training and that they considered the people at the service to be 'safe.' Staff said that they are aware of the home's policy to not accept gifts from people they look after and were aware of the principles of safeguarding vulnerable adults. Staff told us that they felt that they could raise any concerns with the home's manager.

The provider told us that the home provides a facility where people can deposit their valuables for safekeeping and we saw that people had a lockable facility on their rooms.

##### Our judgement

The home has measures in place to help ensure that vulnerable people are protected

and for dealing with any suspected abuse.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

People told us that regular cleaning is carried out and that the home is clean. One person said that the home is 'spotless.'

##### Other evidence

A relative of someone who lives at the home makes regular visits to the home and said that the bedroom is kept 'spotlessly clean' and that the bed is clean. We observed that the home was clean and free from any unpleasant odours.

We received information to say that the bed linen is not clean because of a backlog of laundry. We checked several beds, bedrooms and communal areas and found that these were clean. Hand sanitiser was provided in key areas of the home. We spoke to a member of staff who deals with the laundry who described the system of laundering as effective and that bed linen is cleaned as needed and every day if necessary. The laundry room was organised and clean. The provider told us that bed linen is cleaned at a nearby facility as this is more effective than cleaning it at the home. The home has 98 hours cleaning and laundry staff hours per week.

We spoke to staff who told us that the home is kept clean and that they have received training in infection control and Contamination of Substances Hazardous to Health (COSHH). Staff described a system whereby the cleaning of items such as commodes, frames and hoists is monitored by signing a slip on the equipment. The home has a sluice room on each floor for dealing with waste disposal and the cleaning of soiled equipment.

We saw that the home has policies and procedures for the following: outbreak of

infection, the use of isolation rooms, pest control, laundering of bedding and linen, cleaning, the disposal of waste, clinical waste and sharps and MRSA. The provider told us that there are 3 staff members who have responsibility for the coordination of the prevention and control of infections in different areas of the home. We saw that there was a regular audit of infection control and clinical cleaning. The last audit was dated 20 June 2011.

**Our judgement**

The home was clean and has systems for the control and prevention of infection control, as well as maintaining a clean environment.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

There are moderate concerns with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

People told us that they are supported to take their medication and that they are satisfied with the arrangements for medication.

##### Other evidence

Whilst we received information that staff with responsibility for administering medication place medication in front of people and do not check that the person has taken but sign a record to say the person has taken it we did not find evidence of such practice. We observed staff carrying out the medication administration procedures. We saw that medication administration records and boxes of medication had a photograph of the person so that they could be identified. Medication was taken to people in their rooms where staff observed the person taking the medication, after which, the staff member signed the medication administration recording sheets to say the person had taken the medication. It was noted that the medication was left for one person to take and that the staff member returned a few minutes later to check it had been taken.

We saw that where one person was in receipt of medication that should be taken on an 'as required' basis. It was noted that there was insufficient information recorded in either the care plans or the medication records of the circumstances and symptoms of when this should be taken for two medications. From discussions with a staff member responsible for medication it was unclear what the specific circumstances would be to require one of the medications to be given.

We looked at the home's procedures for controlled medication and found that these followed the correct guidelines where 2 staff are involved and both sign a record that the medication has been administered as well as a record of the balance of medication remaining. We checked the stocks of controlled medication, which matched the balance recorded.

We looked at the stocks of other medication which showed medication had been administered as prescribed. Records showed that medication training has been provided to staff however medication records were left on the medication trolleys throughout the visit. This did not ensure confidentiality or security of personal records.

**Our judgement**

The home's system for the handling and administration of medication showed that people were receiving their prescribed medication, although there was a lack of clarity about the specific circumstances of when 'as required' medication should be given.

Medication records were not securely stored when not being used.

Overall, we judge Pentlands Nursing Home was not compliant with this outcome area and associated regulation.

## Outcome 11: Safety, availability and suitability of equipment

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- \* Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- \* Benefit from equipment that is comfortable and meets their needs.

### What we found

#### Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

#### Our findings

##### What people who use the service experienced and told us

We were unable to discuss this outcome with any of the people at the service.

##### Other evidence

Whilst we received information that staff have not been following the correct moving and handling procedures and that people who were not being assisted by using a hoist we did not find any evidence of this during the visit.

We spoke to a relative of someone living at the home. This person described staff as assisting with the transfer of people by 2 staff and the use of a hoist. We saw that the home had a number of hoists in different locations so that they could be accessed by staff. These included 3 mobile hoists as well as the availability of other equipment for the transfer of people such as slide sheets and stand aids. We also saw that 28 of the 32 bedrooms have a ceiling hoist so that people can be lifted. A bathroom also had a track hoist and was accessible for those with mobility needs.

We saw that individual people had assessments and risk assessments as well as care plans for the risk of falls and mobility. These were comprehensive and included detailed information about equipment that is needed plus care plans for walking, toileting and standing. We saw that these had been reviewed and updated. It was noted that the service intended to carry out a review of an adverse event regarding safe moving and handling. This review, which the service called 'reflective analysis' had not taken place some 7 weeks after the event, although the person's moving and handling needs had

been reviewed and updated. We saw that the home made a record of the number of falls for audit purposes.

Records and discussions with staff confirmed that staff have been trained in moving and handling.

**Our judgement**

The service has equipment and measures to help ensure that people are not at risk of harm from unsafe or unsuitable equipment.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

There are minor concerns with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People told us that there are generally enough staff on duty. One person said that there are enough staff 'most of the time' but that staff were 'sometimes stretched' due to staff sickness.

##### Other evidence

We received information that the service does not have enough staff and that this has affected the care that people receive. This person said that 4 members of staff on duty is the average.

We spoke to a relative of someone living at the service who told us that there are enough staff and that the staffing levels are almost one staff member per resident. Staff were said to be respond promptly when the call point is used to request assistance.

At the time of the visit the service accommodated 28 people. The deputy manager stated that the service has calculated that a minimum of 6 care staff and a RGN need to be on duty from 8am to 2pm and 4 care staff and 1 RGN 2pm to 8pm. We looked at the staff rota for 3 weeks in June 2011. These showed between 6 and 9 staff on duty from 8am to 2pm and this included at least one Registered General Nurse (RGN). For 2pm to 8pm there were generally 4 care staff and one RGN on duty. On some days there would be more staff on duty especially up to 5pm. It was noted on the staff rota that on 2 occasions, 3 care staff and 1 RGN were on duty between the hours of 5pm and 8 pm and that one of these days the hours worked by the RGN, who was the manager, was not recorded. It was also noted that on other days when the manager

was the only RGN on duty that the working hours were not recorded.

Night time staffing consists of the one RGN and 3 care staff. The home also has the following ancillary staff: a chef and a kitchen assistant plus 98 hours laundry and cleaning staff hours a week,

We spoke to staff and they told us that there are generally enough staff on duty but that there are occasions when there may be a staff shortage on a shift. Staff also told us that the staff work well as a team.

**Our judgement**

The home generally provides sufficient staff to meet people's needs although there are occasions when this falls below the level calculated by the service to meet people's needs. It was not always possible to tell from the staff rota the exact hours being provided.

Overall, we found that Pentlands Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People told us that they are asked to give their views about the service by a survey questionnaire.

##### Other evidence

The service obtains the views of people living at the service and their relatives by the use of satisfaction surveys. A relative of someone living at the service told us that he/she has completed 2 of these surveys and described the home as being 'very well run.' The deputy manager told us that these are used to review the service. Staff told us that would feel comfortable raising any concerns they may have. The provider told us that the following provide staff with an opportunity to raise any matters: staff meetings, supervision and the whistleblowing policy. There are also staff meetings where issues about the service and people's needs can be discussed.

The provider carries out an audit visit to the service and completes a report. We saw copies of reports for February and May 2011. The home has a rolling programme of redecoration and we saw that the rooms were well maintained. There is also a maintenance book where any defects are recorded for the maintenance person to complete. There is an audit of falls and of any infections in the home. We saw that care plans had been reviewed and updated with people's changing needs. Risk assessments are also carried out and recorded and reviewed.

##### Our judgement

The service has systems to monitor its own performance and for identifying risks and

continually updating the environment.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p><b>Why we have concerns:</b></p> <p>The home generally provides sufficient staff to meet people's needs although there are occasions when this falls below the level calculated by the service to meet people's needs. It was not always possible to tell from the staff rota the exact hours being provided.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p><b>How the regulation is not being met:</b> The home's system for the handling and administration of medication showed that people were receiving their prescribed medication, although there was a lack of clarity about the specific circumstances of when 'as required' medication should be given.</p> <p>Medication records were not securely stored when not being used.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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