

Review of compliance

**Elmwood Nursing Home Ltd
Pinewood Nursing Home
(including Pinewood Home Care Services)**

Region:	SW
Location address:	33 Victoria Place Budleigh Salterton Devon EX9 6JP
Type of service:	Care home with nursing and Domiciliary care service
Publication date:	August 2011
Overview of the service:	This service is registered to provide personal care to adults in their own homes, and accommodation for up to 35 adults who require nursing or personal care, being registered for the regulated activity of Treatment of disease, disorder or injury to provide people living in the care home with nursing care.

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

What we found overall

We found that Pinewood Nursing Home was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.

The summary below describes why we carried out the 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

This review included Pinewood Nursing Home and Pinewood Home Care Services, which are currently registered with us as one service at one location. On a daily basis, the care home is managed by the registered manager, with a second manager (currently unregistered) for the Home Care Services. The provider intends to register the Home Care Services separately from the care home, with its own registered manager, in the near future.

We reviewed all the information we hold about this provider, and then asked them for evidence of their compliance with certain of the essential standards of quality and safety.

We carried out an unannounced visit to the service on 9 June 2011, continuing our visit on 10 & 13 June 2011. We met at least 17 people who used the service, including four who received support in their own homes who we met by prior arrangement, through the Home Care Services manager. Most of the 17 were able to give us their views; two were too frail to speak with us, but we were able to speak with the relative of one of these people.

We looked in more detail at the service received by four of the 30 people who used the home care service and four of the 32 people who lived in the care home. Our sample was based on people with differing needs and circumstances – such as

people with more complex needs or greater dependency on others, those without any relatives or friends supporting them, and people new to the service.

We read their care records and other records related to the running of the service, we looked around the care home, observed some of the care people received, talked to three people's relatives and to six staff in some depth. We also spoke with community-based social care professionals who had had contact with the service. Some of our contact with staff and other professionals was by telephone.

What people told us about Pinewood Nursing Home

When we asked people living at the home what they thought of it, their comments included 'Great', and 'I love it here. It's nice, and the people are nice [staff and fellow residents]'. A care manager who supported people living at the home told us they had 'everything positive to say about the nursing home', as in their opinion it had a most responsive, professional team of staff who were very good communicators, honest, and flexible.

People felt listened to, and that they were given choices about their daily care. One person told us 'They always ask you what you think.' Music was playing in a lounge, and people there confirmed they had been asked about this.

Where people had mental capacity, their decisions were respected even when they were potentially putting themselves at risk of harm. Staff tried to help them make informed decisions. The relative of someone who had cognitive impairment told us that they were invited to the person's next care plan review. Care records did not show how decisions about individuals' lack of mental capacity had been reached, however.

Staff knocked on bedroom doors and paused before entering, which people living at the home told us was usual practice. They felt their dignity was upheld; one person added 'The carers are so nice and patient. They have unpleasant jobs to do and they never seem to worry.'

Some people told us that church services were held regularly at the home, and that they had enjoyed the home's recent fete, to which the local community had been invited. One person told us that the staff posted letters for them, so they could keep in touch with family and friends.

There was a care plan for each person. One person did not recall seeing theirs but said they were happy with the care they received, adding 'There's no rigid routine here.' People did not have any concerns about the service's handling of information about them.

Some people were cared for in bed during our visit. We noted that photos, flowers and other items were placed in their sight. They looked comfortable and as though their personal care needs had been attended to. A visitor told us that they always found their relative looking comfortable.

People with mobility needs confirmed that staff assisted them gently and didn't rush them, with medication for pain given promptly if they requested it. They felt there were sufficient aids and adaptations to help them remain safely independent where possible.

They indicated that staff were watchful of their health, as did other people. Someone had an intermittent medical condition that required immediate attention at times, and they told us they received good support from staff at such times. Although people living at the home were satisfied with how staff managed their medications, we found there was not always sufficient information or guidance for staff to ensure they would manage people's medicines appropriately.

People's comments about the food included 'Very good', and 'I get a good choice and there's usually something I like...I mean, definitely like and not just something I will eat.' Someone felt there were too many non-English dishes on the menu, but knew that alternatives were available. Those who ate in their rooms told us that their meals were sufficiently hot when delivered to them.

People living at the home and visitors felt the home was kept sufficiently clean. They confirmed that staff wore disposable aprons and gloves when helping them with personal care. Information in people's bedrooms included information on infection control measures.

People were satisfied with the facilities in their bedroom, including lighting for reading in the evenings. Some people particularly appreciated the views from their rooms, as they could see the sea.

Some people discussed that the care home was without an Activities Co-ordinator at present. Staff provided some recreational activities, such as hand massage and manicures, with entertainment by visiting musicians particularly enjoyed.

One person, when asked about the staff, told us 'You can have a laugh and a joke with them...' People praised certain staff for their care, approach, and willingness to listen. We asked people if they felt safe with staff and they said they did. One added that they were a nervous person but staff understood them. Two people independently told us that they wouldn't like it if they had to move to another home.

There was a committed staff team who received training and supervision to provide safe care and treatment, although some staff lacked skills or knowledge to appropriately support people with more diverse needs.

People thought there were enough staff around, and confirmed that if they wished to talk to senior staff this was easily arranged. We asked people if they felt able to make a complaint. One said they did, adding 'I'm able to say what I like to them.' Another said they hadn't needed to complain, because the home 'dealt with the small things'.

Two people told us they would speak to the director, who 'was on the end of the phone'.

What people told us about Pinewood Home Care Services.

People were also positive about the home care service. A relative who supported someone receiving a service, when summarising their overall view of this service and the support it had provided to their family, told us the manager was responsive, and the service was 'FANTASTIC - in capital letters'.

There was evidence in people's records that they had been consulted when senior staff had carried out assessments of their needs and written their care plan. The views of relatives and others supporting people using the service were also taken into account, particularly when people did not have mental capacity. Care records did not show how decisions about individuals' lack of mental capacity had been reached, however.

People felt they were given enough choice in their daily lives, and that staff supported them in making decisions for themselves. Care records reflected discussions with individuals to resolve any issues or concerns and agree on the support to be provided. They had an opportunity to share if they had legally appointed someone to represent them, or if they had an advance directive.

People were happy with the support they received, and confirmed that staff were observant of their general health and mood, noticing if they were 'under the weather' and so on. Someone required the use of equipment to meet their mobility needs, and they were satisfied with how staff assisted them in this. Those who needed support regarding meals were also satisfied with how this was provided. There was a risk that people who required support for their medication needs might not receive this in a safe way because there was not always sufficient information for staff to ensure they manage people's medicines appropriately.

When we asked people about measures taken by staff to prevent cross-infection, they told us that each staff member had a holdall in which they carried supplies of disposable gloves and aprons which they used at people's homes.

Everyone we spoke with felt staff upheld people's privacy and dignity, with one person saying about the staff member that assisted them, 'I wasn't looking forward to anyone helping me with a bath, but her manner is so good...' People confirmed that staff did not talk about other people that they supported, nor did they talk about their own lives. One person added 'They seem to like to listen to *you* talk.'

People said they felt safe with staff, two commenting that although some were relatively young, they were very able in fulfilling their care role. We were told that staff were usually punctual, but that they always informed the person if they were running late. Two said that in the past, visits had been missed but that the agency had dealt with this so it no longer occurred.

People told us they were usually supported by the same few staff, which they appreciated. They confirmed that staff stayed the required time, and checked before leaving if there was anything else the person wanted done. One person described the staff as 'approachable' and 'consistently good'; another said they were 'All very nice, cheerful, and willing.'

People were safeguarded by the service's policies and procedures, which staff had followed – such as when they hadn't been able to gain entry to someone's house. We saw well-kept money records at the home of someone who required help with shopping. People did not have any concerns about the service's handling of information about them.

People said they felt able to complain to senior staff if necessary, some already having made requests or raised matters which they said had been addressed in a timely way. There was a 'Quality assurance' section in each person's office-held file, evidencing monthly reviews with each person who used the service. One form showed action taken by the service in response to comments made, and of the service user's satisfaction with the action taken. We spoke with this person, who confirmed that the agency had dealt with the matter to their satisfaction and that the problem had not reoccurred.

What we found about the standards we reviewed and how well Pinewood Nursing Home was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are treated with respect, involved in discussions about their care and treatment, and can influence how the service is run.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

There is a risk that the rights of people who use the service may not be upheld because robust systems are not in place for gaining and reviewing valid consent, especially regarding people who may have impaired mental capacity.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People receive care and treatment that meets their various needs and protects their rights.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

People's individual dietary needs and preferences are met.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

People should receive safe and co-ordinated care if they move to a different service or if their care is provided by more than one service, because of this service's practices and procedures.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

People are protected from the risk of abuse and their human rights are upheld.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

People using the service, and its employees, are protected from identifiable risks of infection.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

People may not have medicines they need in a timely or safe way because there is not always sufficient information or guidance for staff to ensure they use and manage people's medicines appropriately.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

(This outcome does not apply to the home care service)

People benefit from homely and accessible accommodation that is suitable for their day-to-day needs and welfare.

- Overall, we found that Pinewood Nursing Home was meeting this essential standard.

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

People have safe and suitable equipment that they need.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People are supported by caring and able staff, with recruitment procedures in place that establish the suitability of employees for their work role.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

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

Appropriate staff are employed, in sufficient numbers, to meet people's health and welfare needs safely and consistently.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People benefit from a committed staff team who receive training and supervision to provide safe care and treatment, although some staff do not have sufficient skills or knowledge to appropriately support people with more diverse needs.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard but, to maintain this, we suggested that some improvements were 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

People benefit from effective management of the service, which includes monitoring of the quality of the service overall as well as monitoring of the outcome of support that people receive as individuals.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

People can be confident that their suggestions, views and complaints will be responded to appropriately.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

People's personal records are not maintained sufficiently to protect them from inappropriate care or support, although other records required to protect their well being are kept, with information held securely.

- Overall, we found that Pinewood Nursing Home (including the home care service) was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Action 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.

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 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us

People we spoke with felt listened to, and that they were given choices about their daily care. During our visit, a clothing sale took place at the home. This gave some people who were unable to go out shopping an opportunity to be involved in making personal purchases, promoting their independence. Music was playing in one of the lounges, which some of those present were visibly enjoying; people confirmed they were asked what they would like to listen to.

We met the relative of someone living at the home who had cognitive impairment. The relative told us that the person's care plan was due a review because their needs had changed, and they had had a letter inviting them to this review.

We observed that staff had a friendly but respectful manner. We saw them knocking on bedroom doors and pausing before entering, which people told us was usual practice by staff. Bedrooms had door locks although when we asked some people about these, they told us they didn't use them. They felt their dignity was upheld;

one person added 'The carers are so nice and patient. They have unpleasant jobs to do and they never seem to worry.' We noted that continence aids in people's bedrooms were put away, so they were not seen by visitors.

People told us they had enjoyed the home's recent fete, to which the local community had been invited. The home held an event for Bonfire Night, which was open to the community also. One person told us that the home's receptionist posted letters for them, so they could keep in touch with family and friends.

Other evidence

Information about community events, organisations that support older people, the home's newsletter and hairdressing price lists were displayed at entrances to the home. Such information can help people to make informed decisions about their daily life, as well supporting them to be part of a wider community.

We spoke with some community-based health and social care professionals who had had some contact with the care home staff. A care manager who supported people living at the home told us that senior staff always carried out a pre-admission assessment, and always followed up with the relevant person any gaps in their information, so that they could understand clearly what the person's support needs were.

Senior staff explained a 'Dignity day' had been held at the care home, partly in response to concerns suggesting people weren't always treated in a dignified way. We spoke with catering staff who, among others, had been available to talk to residents and visitors about how they sought to uphold respect and dignity in their area of work within the home (through promoting choice and individualised support for individuals, and so on).

Pinewood Home Care Services

What people who use the service experienced and told us

There was evidence in people's records that they had been consulted when senior staff had carried out assessments of their needs, drawn up risk assessments and written their care plan. These plans were individualised and reflected people's abilities and preferences. The views of relatives and others supporting people using the service were also taken into account.

People confirmed that staff did not talk about other people that they supported, nor did they talk about their own lives whilst with the service user. One person added 'They seem to like to listen to *you* talk.'

Everyone we spoke with felt staff upheld people's privacy and dignity, with one person saying about the staff member that assisted them, 'I wasn't looking forward to anyone helping me with a bath, but her manner is so good...'

Other evidence

We spoke with some community-based health and social care professionals who

had had some contact with the home care service. One observed that the home care staff spoke appropriately with people who they were supporting, and involved them in the provision of their care through explanations, encouraging their independence and so on.

A recent annual survey had been used to check that people had certain information about the service, such as their Statement of purpose and contact details for senior staff. There was level access to the office, although senior staff told us they usually went to meet people at a mutually agreed place, if they wished to discuss anything.

Our judgement

People are treated with respect, involved in discussions about their care and treatment, and can influence how the service is run.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with outcome 2: Consent to care and treatment

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us
People who spoke with us felt they were given enough choice in their daily lives, and that staff supported them in making decisions for themselves. One person told us ‘They always ask you what you think.’ A visitor described how staff continually sought people’s opinions before assisting them further.

We found evidence that where people had capacity, their decisions were respected even when they were potentially putting themselves at risk of harm. In one such case, staff had obtained information from the internet to give to someone to help them make better informed decisions. They also worked with the person when they declined to use recommended equipment, to agree ways acceptable to the individual which met their needs.

One person we followed up was unable to communicate verbally due to frailty and cognitive impairment. They did not have any relatives or friends, but someone acted for them under a Power Of Attorney. We noted that the home had consulted this representative to try to ascertain what the person’s wishes might have been, had

they been able to express them.

There was no-one living at the care home who was subject to a deprivation of liberty authorisation, and we did not find that anyone was having their liberty deprived without an authorisation.

Other evidence

There were people living at the home who had dementia or other cognitive impairment. There was a lack of evidence in their care records to show that their capacity to make decisions for themselves or give valid consent had not been formally assessed. Support workers and services need to be able to show that they are working under a proper assessment of capacity in order to comply with the Mental Capacity Act 2008 and related codes of practice.

Pinewood Home Care Services

What people who use the service experienced and told us

People who spoke with us felt they were given enough choice in their daily lives, and that staff supported them in making decisions for themselves. Care records we read reflected discussions with individuals to resolve any issues or concerns and agree on the support to be provided.

Information was sought about people's wishes for themselves in relation to serious illness, sudden collapse, or death. Thus people had an opportunity to share if they had legally appointed someone to represent them in certain circumstances or if they had an advance directive.

Other evidence

Assessments of prospective users' needs included their mental and physical health, though their capacity to make decisions for themselves or give valid consent had not been formally assessed. Support workers and services need to be able to show that they are working under a proper assessment of capacity in order to comply with the Mental Capacity Act 2008 and related codes of practice.

Our judgement

There is a risk that the rights of people who use the service may not be upheld because robust systems are not in place for gaining and reviewing valid consent, especially regarding people who may have impaired mental capacity.

Outcome 4: 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 4: Care and welfare of people who use services

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us

People we met at the care home had call bells within reach, some having portable devices or pendant alarms. They said staff checked on them regularly anyway or were always about, except where some individuals had asked that staff did not disturb them overnight (which we saw was recorded in their care records). A relative told us that people using one lounge were also quickly attended to by the receptionist in the area.

There was a care plan for each person. One person did not recall seeing theirs but said they were happy with the care they received, adding 'There's no rigid routine here.'

Some people were in bed during our visit. They were unable to answer our questions about their life at the home because of their frailty or condition. Nursing staff explained why each person was in bed, and they also explained that some did get up for certain reasons – such as to see the hairdresser. We noted that photos, flowers and other items were placed in their sight. A visitor told us that one person's bed had been arranged specifically so that they could see people passing by their door. One of the housekeeping staff confirmed that rooms were rearranged to suit individuals' wishes and needs. They added that the manager was very observant of

such matters.

People in bed looked comfortable and as though their personal care needs had been attended to, whenever we visited them during our time at the home. Pressure-relieving equipment was in use, although their position was also changed at intervals for comfort, to enable them to watch TV and so on. A visitor told us that they did not visit at any set time and always found their relative looking comfortable. They noted that staff recorded care they gave on forms kept in their relative's bedrooms, so they were able to see when the person had been attended to and that this was being done regularly.

Some people were able to confirm their sight had been checked by the optician who had recently visited the home. The manager told us one person had just had their hearing aids serviced. A physiotherapist was engaged by the service for approximately four hours a week at the home, the time being divided between those requiring such input. Anyone wishing to have more physiotherapy could pay for additional time, at the physiotherapist's usual hourly rate.

People who needed assistance to move confirmed that staff assisted them gently and didn't rush them. They told us that they were given medication for pain promptly, if they requested it. We saw detailed care plans in relation to people's pain, including the site of the pain, reviews by GPs, and so on. One person who had impaired mobility and thus sat for long periods told us that staff assisted them to change their position regularly for pressure relief and comfort.

Someone who was a diabetic told us they had recently had a related health check. They felt that staff were watchful of their health in general, as did other people we spoke with. Someone told us that they had an intermittent medical condition that required immediate attention when it occurred, and that they received good support from staff at such times. Another person who had had a chest infection said they were looked after well whilst ill. The care manager for someone admitted to the home in recent months told us that the person's relatives had commented that they had never seen her looking so well.

Some people told us that church services were held regularly at the home. The manager confirmed there was no-one living at the home of a faith other than Christianity.

Some people we spoke with discussed that the care home was without an Activities Co-ordinator at present, the manager having told us that the role was currently advertised. Staff were providing some recreational events and activities, such as hand massage and manicures, with entertainment by visiting musicians particularly enjoyed by people we spoke with. They also said they had enjoyed the home's recent fete, which had raised money for a national charity chosen by the people living at the home. Most people who were able to speak with us told us that they had enough to do with their time and they didn't get bored. One person said they sometimes got bored; they also confirmed that staff found time to chat to them.

Other evidence

We saw records of care in several people's rooms, and they included fluid monitoring records. A nurse explained that the form had recently been revised to enable better monitoring of whether people's target intake was being achieved, as a running total was now recorded. We noted there was no fluid intake target on some people's charts or in their care plan, although staff consistently told us what the target was, and people looked hydrated. We discussed the value of recording the amount for individuals as this might vary depending on their particular circumstances or needs. Action had been taken to address this by the second day we visited.

The care home had assigned lead roles to nursing staff for keeping the team up to date with nursing-related topics – such as regarding continence management and wound care. Some of these staff had attended courses related to their role or achieved an accredited level of knowledge on their subject.

A wound audit folder showed that the occurrence and healing (or otherwise) of wounds was carefully monitored, with a record kept of action taken. The manager also described learning from staff who had attended a bladder and bowel course recently, which also enabled better monitoring of people's hydration needs.

The home had access to a minibus, with trips offered to local places of interest in the warmer months. Someone with close links to the home also opened their home to the residents, so they could enjoy tea and cake in their garden.

Pinewood Home Care Services

What people who use the service experienced and told us

Senior staff had carried out assessments of people's needs before offering a service to them. These included asking people about their preferences, with evidence of a flexible approach by the service when people didn't give a definite response to certain questions. Information had been sought about people's life histories, routines and so on, to provide a picture of the person as an individual. This can be particularly valuable when supporting people with certain needs – such as those due to dementia - as it can help staff understand individuals through their behaviour and so on, if the person is unable to express themselves verbally.

Risk assessments had been carried out of the environment in which care was to be provided, with records showing that identified hazards had been discussed with the person whose home it was.

Individuals had signed the assessments as well as a copy of their subsequent care plan. Some recalled discussing the information at the time that they signed these records. We saw that they had received care or support indicated in the care plan when we visited them, with people also able to confirm they had received other support shown in the records staff kept of each visit. People were happy with the support they received, and confirmed that staff were observant of their general health and mood, noticing if they were 'under the weather' and so on.

Some people pointed out that the manager provided care herself to them, so she was easily able to monitor their care needs and records. A relative said that the manager had explained the person's care to other staff when they started supporting the person, in addition to the written information available to them.

Staff were provided with a first aid kit, to carry with them on their visits. We saw blank accident forms were kept in the care files at people's homes. Our conversations with people who used the service and with staff suggested accidents were rare, as indicated by the very low number of completed accident forms in people's homes and at the office. Staff had recorded an occasion when they noted someone looked shaken on their arrival, and the individual said they had fallen earlier. This information had then been shared appropriately for subsequent monitoring of the person. Action had been taken regarding the other individual occurrences.

Other evidence

One community-based professional felt the home care staff followed their advice, and noted that staff were also quick to get advice from individuals' GPs. They told us the staff were mindful of safety issues and tended to err on the side of caution, such as in relation to use of equipment for helping people with reduced mobility.

Staff told us that they had sufficient information for meeting people's needs, including when they first visited them – reading care plans from social services as well as the service's own, and with verbal information from the manager who was also usually on call. Occasionally the manager went with them on a first visit. They felt the manager was responsive to their observations about people's health or needs – in one case, she had ensured that equipment was obtained through the community nurses.

They told us that the service tried to arrange visits within the same location, and to the same people who used the service. This reduced staff travelling time, thus improving punctuality, as well as providing continuity of staff to people using the service.

Our judgement

People receive care and treatment that meets their various needs and protects their rights.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us
People’s comments about the food included ‘Very good’, and ‘I get a good choice and there’s usually something I like...I mean, definitely like and not just something I will eat.’ Someone felt there were too many non-English dishes on the menu, but knew that alternatives were available.

One person told us that they had complained about their meal that day and was immediately asked what they wanted instead. They explained to us that they had ordered a salad on their menu sheet, which was completed for a week at a time, but the weather had changed and they wanted a hot meal instead. This was brought to them without any issue being made of it. If they had forgotten what they ordered, they asked to see their menu sheet and staff fetched it.

We noted there was a ‘Comments’ box on the menu sheet. One person spoke about a problem they encountered at mealtimes, and when we asked them if they had told staff about this, they said they would write it in this box.

Tablecloths and matching serviettes were provided in the dining room. We saw that staff politely offered people protective tabards at mealtimes. People around the home, who ate in their rooms, told us that their meals were sufficiently hot when delivered to them. One said staff willingly fetched sauces if they requested one. We

saw a serving trolley on the top floor, with covered sandwiches, salads and provision for serving hot meals. The director later told us that certain catering equipment had been purchased since our last visit, in response to comments from people on the top floor that their meals were not hot enough.

We saw soft and pureed diets being served. A visitor confirmed that for the latter, the individual constituents of the meal were always presented separately (rather than all mixed together). People could thus enjoy the different flavours and colours at mealtimes.

Records showed that nutritional screening had been carried out and regularly reviewed in relation to the people we followed up. Daily notes for one person included that they were losing weight, with advice sought from the GP and followed up by staff, as well as evidence of referral to a dietician who had supported the person before.

Other evidence

The cook explained that there is a vegetarian option and a fish dish every day on the lunch menu, with a third main course offered as well as simpler alternatives for those wanting a lighter meal. The menu for the week of our visit offered mainly traditional English meals. Home-made soup was served once a week, with a hot snack offered at teatime as well as sandwiches and so on.

Pinewood Home Care Services

What people who use the service experienced and told us

People we spoke with who needed support regarding meals were satisfied with how this was provided. This involved staff making cold snacks or heating pre-prepared meals, as chosen by the individual.

Other evidence

Care records showed that basic nutritional screening was carried out when the needs of prospective service users were assessed. The manager confirmed that if staff reported concerns about someone's eating or their weight, advice would be sought from the person's GP or community nurses.

Staff who told us they assisted people with meals confirmed they had had food hygiene training and described good hygiene practices.

Our judgement

People's individual dietary needs and preferences are met.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us
One person told us that a carer always accompanied them to hospital appointments. They felt information was shared appropriately and effectively between the home and other services supporting them.

Other evidence
We spoke with some community-based health and social care professionals who had had some contact with the home. They were satisfied with how the service had liaised with their service, and where relevant, felt the service kept in contact with them appropriately.

Staff told us they had access to copying facilities so that, in an emergency, they could copy an individual's medication record and they completed a transfer form, so that the receiving carers could be given necessary information. They told us the transfer letter had recently been updated to include infection control considerations, and that they would add a prompt for informing about diverse needs, faith needs and contact details for staff at the home (which we noted were not included).

Pinewood Home Care Services
What people who use the service experienced and told us

Records kept of visits and by office staff showed that the service liaised in a timely way with other care providers and professionals who supported individuals when people's needs changed or after they had had an accident such as a fall. The number of daily visits had subsequently been increased, for one person. Assessments had been carried out by occupational therapists, community nurses and so on, in other cases.

Other evidence

Staff told us that they obtained the consent of individuals to ring other professionals for their input (unless in an emergency situation this wasn't possible). And they rang them from the individual's house so that they could be party to the conversation.

We spoke with some community-based health and social care professionals who had had some contact with the home. They were satisfied with how the service had liaised with their service, and where relevant, felt the service kept in contact with them appropriately. We have not had any concerns raised with us by other services regarding how this service shares information with them.

There was no formal system for ensuring that all appropriate information was provided to other care agencies in an emergency situation, which the manager told us she would review. Staff said they would show professionals (such as ambulance crews) relevant information in the person's care file, as well as answering their questions.

Our judgement

People should receive safe and co-ordinated care if they move to a different service or if their care is provided by more than one service, because of this service's practices and procedures.

Outcome 7: 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 7: Safeguarding people who use services from abuse

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us
We asked people if they felt safe with staff as individuals and also regarding their care skills. They said they did. One added that they were a nervous person but staff understood them. Two people independently told us that they wouldn't like it if they had to move to another home.

There was information in people's bedrooms that included advice and information on safeguarding matters, as one person we spoke with was aware of.

Other evidence
Senior staff have sought advice from appropriate organisations or raised an alert, where they have had safeguarding concerns, keeping us fully informed. They have co-operated openly in any multidisciplinary investigations, and taken wider measures (showing serious consideration of people's welfare) to ensure people will be safeguarded.

Staff we spoke with knew what practices are considered to be 'abuse' or abusive, as well as signs that might show if someone were being abused. They told us they would report any concerns to senior staff, and that they would contact us if their concerns were not addressed or if the senior staff were implicated. They did not

identify the more appropriate agency to be contacted - that is, the local authority (or the police in certain circumstances). Senior staff told us that relevant information was kept in the home's reception area so that it was easily accessible to all staff. They said they would revisit local reporting procedures with the staff team.

The director told us that the home did not manage personal spending money for individuals. Purchases could be made 'on account', with individuals invoiced monthly. There was a safe for storage of items if people wanted to use it, and we saw that receipts could be provided.

Pinewood Home Care Services

What people who use the service experienced and told us

People using the service were safeguarded by the service's policies and procedures, which we found the staff had followed. They had contacted senior staff at the office on an occasion when they hadn't been able to gain entry to someone's house as they usually did, and also when someone asked staff to withdraw money for them from a cash machine using their bank card. Appropriate solutions were found to address the situations and ensure people's needs were met.

We saw well-kept records at the home of someone who required help with shopping. Staff had signed the person's money 'out' and signed the change in on their return, providing receipts. The person said they were very satisfied with how staff handled their money and shopping.

Key-holding agreements had been signed by relevant parties, with reasons shown as to why this was the most suitable option for enabling staff to access some people's homes. People told us they were provided with a printed rota weekly and they were informed of any changes to the rota, so they knew which staff to expect.

Other evidence

Senior staff have sought advice from appropriate organisations or raised an alert, where they have had safeguarding concerns, keeping us informed.

We saw that the staff handbook included guidance on confidentiality, gifts (if offered by people who used the service), and limits to the support that staff could offer. A recently employed staff member told us they were to have safeguarding training in the next month; they had already gained relevant knowledge through taking a care qualification and in previous employment.

We asked staff what they would do if someone did not appear to be at home when they called. One recalled an occasion when the person's neighbour said the person was out, but the staff member still rang the agency to discuss the situation.

Our judgement

People are protected from the risk of abuse and their human rights are upheld.

Outcome 8: 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 8: Cleanliness and infection control

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us
People living at the home and visitors felt the home was kept sufficiently clean. They confirmed that staff wore disposable aprons and gloves when helping them with personal care. There was information in people’s bedrooms that included advice and information on infection control measures, as someone we spoke with was aware of.

Other evidence
The care home service had a named nurse to lead on infection control matters.

We saw mechanical bedpan washing facilities, foot-operated pedal bins, paper hand towels, disposable gloves and aprons around the home, which all help to reduce cross-infection risks. When asked what measures staff took to prevent the spread of infection, they described hand washing and showed us disinfecting hand gel. Some explained the use of colour-coded floor mops for use in different areas – such as for toilets and catering areas.

Staff used wheeled laundry skips, and particular bags for transporting soiled laundry to the washing machines. The laundry area was orderly, with accessible hand-washing facilities and washing machines appropriate for the size of the home as well as for thorough cleaning of laundry.

The kitchen had been refurbished since our last visit, with stainless steel units which are easier to keep in a clean state. Current guidance on food safety was available. We saw that food portions in fridges were covered and dated. Records were maintained of kitchen cleaning, food temperatures and so on, evidencing good practices to prevent food poisoning. A certificate for food hygiene, dated February 2011, showed the home had been given the top rating under the National Food Hygiene Rating Scheme developed by the Food Standards Agency and local authorities.

The cook told us that all care staff undergo basic food hygiene training as they assist with preparation of suppers, as well as serving meals otherwise and assisting individuals with their meals if necessary.

Pinewood Home Care Services

What people who use the service experienced and told us

When we asked people about measures taken by staff to prevent cross-infection, they told us that each staff member had a holdall in which they carried supplies of disposable gloves and aprons which they used at people's homes.

Other evidence

The manager was the lead for infection prevention. There was limited information for people using the service on infection prevention and control, which she said she would address.

Staff said disposable gloves and aprons were freely provided by the service, and they left their used items at the person's house in specific rubbish bags which the service would make arrangements for if necessary. They also said they used hand-washing to minimise cross-infection. They confirmed they had had training on infection control.

Our judgement

People using the service, and its employees, are protected from identifiable risks of infection.

Outcome 9: 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 minor concerns with outcome 9: Management of medicines

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us
People living at the home and visitors were satisfied with how staff managed people's medications, although one person felt they were on too many tablets. People we pathway-tracked had had medication reviews by their GPs relatively recently.

Other evidence
Records were kept of medication received into the home and of those destroyed when no longer required, with signatures and stock levels showing medication had been given as prescribed. Records of controlled drugs were well maintained, and quantities held matched that shown in the records. Stock levels appeared to be appropriate, without stock held excess to requirements.

Some directions were hand written on people's medication administration charts, and these had been signed by two staff members to verify the accuracy of what was written. Medication audits were carried out monthly by senior staff.

Some medication was to be taken only when required ('prn' medications), and thus re-ordered on an ad hoc basis. Medications which people took regularly were

ordered monthly. Existing stock levels for 'prn' medicines had not been recorded on new monthly medication administration sheets, whereas the quantities of medication ordered monthly were recorded. We discussed this with staff, as auditing of the administration of the 'prn' medications was thus made more difficult.

Where medication was prescribed for use 'as required' or with a variable dose, there was no guidance or care plan about when or how they were to be used for the particular individual concerned. This creates a risk that these medications might be used inconsistently, which would also affect assessment of the medication's effectiveness for meeting the individual's needs. Senior staff told us they would address this.

Pinewood Home Care Services

What people who use the service experienced and told us

Most people we spoke with told us they did not require support from staff for their medication needs.

We saw that the assessment of needs carried out with prospective service users included a list of their medications. Risk assessments had been carried out to ensure people were able to manage their medication needs safely and identify any support they needed with medication.

In one person's home, we found that the medication administration sheet had not been signed correctly for the last two days. An entry had been made in the person's care notes on one day, indicating they had been supported with medication correctly on that day. Staff confirmed the medication had been taken by the person, and explained the signature error. The manager told us the action she had taken to stop the issue occurring again, after we brought it to her attention.

Other evidence

Some staff told us they did not have to support anyone with their medication. A new staff member described support they gave to certain people, regarding their medication needs, which was as we saw recorded in those people's care plans.

The staff member was unclear about their responsibilities (if any) if a service user was self-medicating, and hadn't had medication training with the service yet although they had previous care experience. We found the medication policy was limited, in that it did not define the different levels of support that staff were to provide. The manager acknowledged that the policy needed to be more robust and told us that she would be addressing this.

People's medications were audited when the manager carried out monthly reviews with people in their homes. She was also beginning observation of staff practice in people's homes, as part of staff supervision arrangements.

Our judgement

People may not have medicines they need in a timely or safe way because there is

not always sufficient information or guidance for staff to ensure they use and manage people's medicines appropriately.

Outcome 10: Safety and suitability of premises

(This outcome applies to the nursing home - it does not apply to the home care service)

What the outcome says

This is what people should expect.

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

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People were satisfied with the facilities in their bedroom, including lighting for reading in the evenings and the comfort of their bed. Some people we spoke with particularly appreciated the views from their rooms, especially where they could see the sea.

Those who used walking aids independently felt the environment was free of hazards and they could walk safely. We asked about lighting because of sloping corridors in parts of the home, which people might not anticipate if lighting were poor. A visitor recollected that the lighting had been sufficient during the winter months, and staff who had worked night shifts reported it was satisfactory at night.

One person told us the handyman had been in to check their room that day, that they reported that their hot water supply 'wasn't right', and he had looked into it. Another said he had told them he had to check their water in their room in relation to 'legionnaires', that is, as part of control measures to prevent legionnaires' disease.

A visitor told us that the handyman met requests, and we learnt he had made shelves for two people's rooms. People living at the home and the staff told us that repairs were attended to quickly. We saw from maintenance records that matters

reported to the home's handyman were mostly dealt with on the same day. Staff confirmed that any breakdown of equipment or facilities was uncommon.

Other evidence

We saw adapted baths, raised toilet seats. Several rooms had en suite facilities. Accommodation is on four levels. Besides a passenger lift, there are sloping corridor floors in some parts of the home, for easier access between levels.

There were lounge areas on two floors, as well as a quiet room, with a dining area on the lower floor. Separate facilities were provided for staff, so they did not have to use areas intended for use by people living at the home. There were paved areas for people wishing to sit outside.

Oxygen cylinder storage areas were locked and labelled, as is appropriate for safety reasons.

Staff told us that there were weekly fire drills and that they had taken part in a mock evacuation exercise within the last six months, as part of fire safety training. We saw records of regular checks made on the home's fire safety measures.

Two bedrooms had ramps where there was a step into the room, as the people occupying the rooms had impaired mobility. One of these people, as well as staff, told us that using the relatively steep ramp caused them difficulties, which staff told us had been discussed with senior staff. The manager confirmed this and that as a result the person was to be offered a more suitable room when one was available.

The décor had been maintained throughout the home. External re-painting was taking place during our visit, which would improve the view from some people's bedrooms. Minutes of a residents' meeting showed this was being done in response to requests from people living at the home. New windows had been fitted since our last visit, these being restricted to prevent falls from them.

Our judgement

People benefit from homely accommodation where action is taken to ensure that it is safe and suitable for their day-to-day needs and welfare.

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

Pinewood Nursing Home
What people who use the service experienced and told us
People we spoke with felt there were sufficient aids and adaptations to help them remain independent where possible. Where they required the use of equipment to meet their mobility needs, they were satisfied with how staff assisted them in this. A visitor told us that the home had fitted a ceiling hoist in their relative’s room, so that their mobility needs could be met better.

Other evidence
Some staff told us the provider was responsive if they suggested that extra equipment was needed to meet individuals’ needs. We saw several different types of hoists around the home. Two staff thought an extra ‘Stand-aid’ would be helpful at present, so that they did not have to move one across the building between people needing to use it, although they added that storage space was already an issue. The director told us that three ceiling tracking hoists had been fitted in the home because of limited storage space for portable hoists.

There was evidence that the home had contracts for servicing of equipment at required intervals, although it appeared a hoist and some portable electrical appliances had not been re-checked when the servicing was last carried out. Senior

staff took action promptly during our visit to address this, and were considering systems to ensure this did not happen in future

Pinewood Home Care Services

What people who use the service experienced and told us

One of four people we met required the use of equipment to meet their mobility needs, and they were satisfied with how staff assisted them in this.

Other evidence

Staff told us that the manager was in contact with other professionals regarding equipment someone required at their home on their discharge from hospital, which had not been provided as expected. They reported that few service users required more complex equipment such as hoists for meeting their needs, but two staff would always assisted such people, for safety reasons.

The manager explained that she would meet relevant healthcare professionals with the individual concerned, to learn about any specific equipment required by a service user. She would then train other staff who would be assisting that person. She had undertaken specific training for this teaching role.

Staff told us it was the responsibility of the service user to ensure equipment at their home was serviced as required. They also said they would phone the manager if they thought equipment they had to use was unsafe, or found evidence that it hadn't been serviced recently. The manager told us that she would ensure individuals' care records contained clear information about arrangements for ensuring required equipment was safe to use, when relevant.

Our judgement

People have safe and suitable equipment that they need.

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us
One person, when asked about the staff, told us ‘You can have a laugh and a joke with them...’ People were positive about the staff, with some getting particular praise, and said they felt safe with them.

Other evidence
We looked at recruitment records for four recently employed care home staff. We found that most of the information required by regulation had been obtained, in a timely way, to establish these individuals’ fitness for their role. Full police checks had been obtained before they started working at the home. Three had relevant experience, and a nurse’s registration had been checked to ensure she was still able to practice as a nurse.

There were gaps in three individuals’ employment histories. Senior staff said these were discussed during interviews, with reasons for gaps explored and followed up further sometimes, but this had not been recorded in the interview notes we read, which were brief. The director said he would ensure these matters were clearly evidenced, in future.

Newly employed staff verified the recruitment process evident from records. One

added that they had been shown around the home and introduced to people living there, to talk with them.

Staff told us that they had shadowed senior carers initially, for their induction, before being supervised by them. One said they shadowed senior staff for two weeks, while they got to know people living at the home and the layout of the building. They felt this was sufficient, confirming that they were asked if they wanted to continue shadowing for longer, and that staff without care experience did shadow other staff for longer. Written records were kept of staff induction.

Pinewood Home Care Services

What people who use the service experienced and told us

People were positive about the staff, with some getting particular praise, and said they felt safe with them. Two commented that although some staff were relatively young, they were very able in fulfilling their care role. They were clearly appreciated by these people.

Other evidence

Staff employed for the home care service had often been employed initially in the care home, but we looked at recruitment records for two staff newly employed just for the home care service. We found most of the information required by regulation had been obtained and obtained in a timely way, to establish these individuals' fitness for their role. Full police checks had also been obtained before they started working in people's homes. Evidence of their car insurance had been obtained.

A staff member who we spoke with told us they had had a supervisory meeting at the end of their induction, when the sufficiency of their induction was checked before they worked more independently. They were now to be enrolled on an accredited care course.

Our judgement

People are supported by caring and able staff, with recruitment procedures in place that establish the suitability of employees for their work role.

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

The provider is compliant with outcome 13: Staffing

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us
People living at the home praised certain staff for their care, approach, and willingness to listen. They felt there were enough staff around, and confirmed that if they wished to talk to senior staff this was easily arranged or addressed.

People around the care home told us that staff answered their call bells in a sufficiently timely way, that they received their medication on time, and they usually got their meals delivered on time. One added that if they thought it was getting late for a meal, they just rang their bell to check with staff.

We spoke specifically with people who remained in their bedrooms in different areas of the home. Five confirmed that staff looked in on them 'often enough' to see if they were alright. A sixth indicated they didn't think this was the case, although care records in their room and our conversations with staff showed that staff visited them approximately two hourly, to attend to their care needs.

Other evidence
A visitor told us that in their experience there was a stable core team of staff, which they felt was beneficial to their relative and themselves. Another said the staff seemed 'genuinely caring'.

On the first day of our visit to the care home, there were six care staff - including one nurse and senior carers - to look after 32 people living at the home. They were supported for at least part of the day by the registered manager, who was also a nurse, and seven ancillary staff (including cleaning and laundry staff).

Call bell response times were monitored by the senior staff. Staff appeared calm during our visit and did not rush people, taking time to listen to individuals and answer their queries.

We were told that there were sometimes seven care staff on duty in the morning, and five care staff on duty in the afternoons/evenings, with three overnight. These numbers always included a nurse.

Pinewood Home Care Services

What people who use the service experienced and told us

People receiving this service told us that staff were usually punctual, but if they were running late, staff always informed the person. Two said that in past months visits had been missed but that the agency had dealt with the matter and this no longer occurred.

People told us they were usually supported by the same few staff, which they appreciated. They confirmed that staff stayed the required time, and checked before leaving if there was anything else the person wanted done. One person described the staff as 'approachable' and 'consistently good'; another said they were 'All very nice, cheerful, and willing.'

Other evidence

The Home Care Services team of six staff and the manager supported 30 people. With recent recruitment, staff felt that there were sufficient staff available to cover people's visits appropriately, and that they were not working excessive hours. The manager covered staff absences if she was available, besides providing care routinely and making visits for supervisory purposes.

One community-based professional told us that they had observed a relatively young staff member from the Home Care team communicating well with an older person who used the service. The staff member had not rushed the person, but regularly explained what they were about to do, checking for the person's agreement and so on. The professional described staff as 'caring', confirming they were also professional in their approach.

Our judgement

Appropriate staff are employed, in sufficient numbers, to meet people's health and welfare needs safely and consistently.

Outcome 14: Supporting workers

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 competent staff.

What we found

Our judgement

There are minor concerns with outcome 14: Supporting workers

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us
Staff had to assist some very frail people, who were in bed and who could not easily sit upright, with their meals. We noted that one person was not sat very upright whilst having their meal, although staff we asked said that they would ensure people eating in bed were sitting up. The manager told us that some staff had had specialist training on assisting people with their food, although this had not happened in the last year.

Other evidence
Five care assistants had attended a five-week care course run by a local hospital, and five had attended a bladder and bowel course of the same length, in the last year. Three had undertaken training at a hospital so that they could take blood samples when required.

The home's link nurses attended courses relating to their particular role, and then fed back their learning to the rest of the staff. Some care assistants had also attended these courses, with a view to developing their 'Senior carer' roles within the home in promoting appropriate care.

The manager was developing competency checklists for senior carers, to develop

their role safely. She had consulted a Speech and Language Therapist when looking at the senior carer's role in supporting people who needed tube feeds, for example.

We saw notices about forthcoming staff training events, such as on infection control, wound care, use of creams and ointments, and safeguarding. A nurse we spoke with confirmed they were supported to undertake updating necessary for nurses who wish to remain registered to practice. The director told us that the home will pay for non-nursing staff to undertake a care qualification if they want to do this.

The service supports people with physical care needs who also have dementia. The registered manager told us about ongoing training provided by someone with experience of living with someone who had dementia, and other recent training about dementia. This had been arranged recently because people moving into the home with now had dementia at its earlier stages than previously experienced by the home.

Staff were positive about the training about dementia, although some felt it had not fully addressed the practicalities of meeting the needs of the people they supported. In conversation with us, one staff member said that people with dementia were unable to communicate their choices; they told us they offered choices verbally, but did not offer choices visually, when we asked about this. Visual choice helps some people to indicate their preferences (such as about their clothes for the day, or meals) when their dementia hinders verbal communications.

Staff felt there were senior staff easily available to them, who they could ask for advice or practical assistance if they were unsure about an aspect of care or about someone's condition and so on.

The home used its own induction programme, with the new staff member and a more senior staff member signing to indicate their progress through it and competency. The director discussed with us that the service will be using a nationally recognised induction programme in due course, although he wished to add to this in order to emphasise more about customer service.

The manager showed us how she used assessments of competencies if she was concerned about staff performance, as part of staff supervision. We read some records of staff appraisal and found staff had engaged with this process very positively.

Pinewood Home Care Services

What people who use the service experienced and told us

Those we spoke with were satisfied with the abilities of the staff that supported them and with the support they received. Records showed that their independence was respected and promoted, with one person telling us they required less support and fewer visits from the service than when they first started using the service.

Other evidence

New staff had shadowed colleagues initially, although those who had no care experience worked first in the nursing home to gain required skills and knowledge. One new staff member confirmed they had always been introduced to service users new to them either by the manager or by staff who knew the person already.

Staff told us they had not had recent training about dementia, and said they would appreciate it, especially as some of the people they supported had behaviours that challenged them. One staff said they would gently remind someone of the truth if someone with dementia asked for their now deceased parents. This can be distressing to the individual and thus an inappropriate approach, though well-intentioned. The staff member also described using diversions to help the person think about less upsetting things. This can be helpful when used appropriately.

The manager evidenced that she has begun observation of staff in their workplace, as part of staff supervision. Staff confirmed they had had one-to-one discussions with senior staff, for formal supervision, when they could discuss training needs. A staff member told us they would ask about dementia training at their next supervision, as they supported someone who had dementia. And that staff meetings allowed two-way communication, when they took place.

Staff felt there was good communication within the service. One staff member told us they felt valued by this service, and had far more training, compared to other care settings they had worked in. They also said that they could ask the manager if they were uncertain about any aspect of their work, such as about people's health conditions and about meeting their specific needs.

We asked them about the service's arrangements to support them as lone workers. One said they were provided with torches, and that they could report any risks they identified to the office staff and log them in the person's care notes. They told us their rosters were not changed without informing them first, and this was usually in a timely way. This meant the whereabouts of staff was known consistently, and they didn't miss visits to people. They weren't required to ring senior staff if they were still working in people's homes when they should have finished for the day, however. They felt they had a safe working environment overall.

Our judgement

People benefit from a committed staff team who receive training and supervision to provide safe care and treatment, although some staff do not have sufficient skills or knowledge to appropriately support people with more diverse needs.

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

Pinewood Nursing Home

What people who use the service experienced and told us

Two people told us they had phoned the director when their TV stopped working and also when the home's hot water had failed, which he dealt with straight away. Someone else spoke about a breakdown of the boiler and told us that staff checked on them at the time to see that they were warm enough, which they confirmed they were.

One person recalled completing a survey for the home, which sought their views on different aspects of the service.

Other evidence

We spoke with a Social Services care manager who supported people living at the home. In their experience, senior staff were always available to speak to them. They also gave examples of situations that had arisen in relation to someone we followed up, where the home had responded very professionally and acted appropriately, upholding the person's best interests when resolving the various matters.

A 'Dignity Day' had been held to emphasise the importance of promoting people's

dignity, and to show how the service did this. The day was held after a concern was raised that people had not been treated with dignity. Again after concerns were raised in a survey carried out by the home, for people using the service, a call bell monitoring device was installed. Information for residents showed that results of this ongoing monitoring had been shared with them on different occasions.

Audits were carried out, such as of wounds and medication. We were given examples of how learning staff gained on training days had been used to develop and improve the service people were offered or received. Staff also told us about practices that had been revised or developed after they had been reviewed, such as the fluid balance charts (see Outcome 4) and transfer letter (see Outcome 6).

This shows that the provider actively listens to people's comments, proactively seeks their views, and tries to improve the service through learning from incidents or complaints. As reflected elsewhere in this report, systems are in place for assessing, monitoring or reviewing various aspects of the service which develop the service in ways that are relevant and beneficial to current service users.

Pinewood Home Care Services

What people who use the service experienced and told us

We saw there was a 'Quality assurance' section in each person's office-held file, with evidence of monthly reviews carried out by senior staff with each person who used the service. These included a review of the person's care plan and associated risk assessments. Where some questions had not been completed with an individual, the reason for this was noted. During our visit, one of the directors was reading recently completed forms, before they were filed.

One form had a record of action taken by the service in response to comments about aspects of staff support, and of the service user's satisfaction with the action taken. We spoke with the service user, who confirmed that the agency had dealt with the matter to their satisfaction and that the problem had not reoccurred.

Other evidence

An annual survey was also given out, which was to be completed without support from the staff. This had been done recently, with a good return rate to date, and mostly with positive responses. The manager confirmed that she would be collating the results and producing an action plan with the director, although some surveys had already been responded to on an individual basis where the person had given their name.

Senior staff told us that someone had informed them of difficulties contacting them, and as a result, the service had reviewed its on-call contacts procedure. They were confident that people could now speak with someone from the service at any time night or day.

We asked staff if the service encouraged learning from untoward incidents. They confirmed this was so, one giving an example of action taken to prevent a

reoccurrence of an accident, which resulted in equipment and adaptations being provided at the person's home.

A staff member told us that whilst staff were given some choice about their work hours and visits, which the staff appreciated, the manager ensured that the service users took priority.

Our judgement

People benefit from effective management of the service, which includes monitoring of the quality of the service overall as well as monitoring of the outcome of support that people receive as individuals.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us

We asked people if they would feel able to complain if something were wrong or not to their liking. One said they had no complaints, appearing chatty and cheerful, happily engaging with staff who started conversations with them; they had some cognitive impairment and didn't know who they would complain to if it were necessary. Another said they felt able to make a complaint if necessary, adding 'I'm able to say what I like to them.' One person said they hadn't needed to complain, because the home 'dealt with the small things'. Some people said they would speak to a named carer, others said they would speak to the manager or the director - who two people told us 'was on the end of the phone'.

Although the few recorded complaints had not been audited overall (for common themes and so on), records kept about individual complaints showed action taken to address the complaint, including asking the person what solution or outcome they wanted, and their view of the outcome. People had been offered the opportunity to review the matter after a period of time.

Positive responses to concerns raised by people using the service have been discussed under Outcome 16.

Other evidence

We asked staff how they would respond if someone wanted to make a complaint or appeared unhappy. They told they would pass the complaint to senior staff or suggest the individual spoke to them, with one saying people usually just went directly to the manager. One pointed out that the complaints procedure and complaints forms were available at the entrance to the home.

We discussed with senior staff that there were different versions of the complaints procedure around the home, some of which (but not all) included information about relevant agencies who may be able to support people wishing to make a complaint about their care – such as the Ombudsman, Social Services or the local Primary Care Trust.

Pinewood Home Care Services

What people who use the service experienced and told us

People said they felt able to complain to senior staff if necessary, some already having made requests or raised matters with the service which they said had been addressed in a timely way.

Other evidence

The recording of compliments and complaints was such that they could be easily audited. The provider had previously informed us of their response to the one complaint listed, and we had not heard further from the complainant.

People had information from the service, such as its Service User Guide. This included contact details for relevant agencies who can support people wishing to make a complaint about their care – such as Social Services or the local Primary Care Trust. However, they were not listed on the Complaints procedure, nor was this role highlighted. The manager said she would review this.

Staff said they would advise people to speak with the manager if they had a complaint, and would also let the manager know if someone became unhappy as changes in people's condition were reported to her. They felt that issues were followed up.

Our judgement

People can be confident that their suggestions, views and complaints will be responded to appropriately.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are minor concerns with outcome 21: Records

Our findings

Pinewood Nursing Home
What people who use the service experienced and told us
People did not have any concerns about the service’s handling of information about them. This included those whose care was shared with other services such as hospitals.

Other evidence
People were satisfied with the care they received, or where they could not express this in detail, they looked comfortable and as though their personal needs were being met. But we noted that people’s care plans were not very personalised, didn’t reflect their individual preferences and so on. This was because standard printed care plans were used, with little additional information added.

They included phrases such as ‘Maintenance of correct weight’, without indicating what that weight was for a particular person, or reflecting the person’s own view. ‘Weekly or more bath’ was stated without indication of whether showering had been offered, what time of day or how often the person would like a bath, for example. Where a person’s religion was recorded, care plans didn’t always state if they had any faith needs, or what support they needed to meet these needs.

This lack of personalised detail could lead to inconsistencies in the support people received, and create a risk of institutionalised care. Several people with dementia lived at the home and it could be anticipated that, over time, they might become unable to communicate their preferences and wishes clearly to staff. Thus this level of detail was all the more important, particularly as it can help staff to avoid provoking negative responses from people who are cognitively impaired.

Occasionally, care plans had been added to or updated without indication that previously planned care was no longer required - so it was not entirely clear what support the person was to receive currently. It appeared from daily records that on one occasion staff had provided care on the basis of previously-recorded information, and not in line with the update, for someone with a medical condition that required daily monitoring.

We discussed these points with staff during our visit.

Some care plan reviews repeated the phrase 'No change'. This did not show how well the person's needs had been met (or not met) by the care planned, or what the outcome has been for the individual receiving that care. The deputy manager told us that this was being addressed with the relevant staff.

We looked at other records required to protect people's well being, such as of fire safety checks, and found these were satisfactory.

Pinewood Home Care Services

What people who use the service experienced and told us

People did not have any concerns about the service's handling of information about them. They referred to the care records kept at their homes, aware that staff wrote notes about the visits they made.

Other evidence

We noted that some care records were undated.

We saw that people's office-held information was stored securely. Records we requested were available, such as policies and risk assessments.

Our judgement

People's personal records are not maintained sufficiently to protect them from inappropriate care or support, although other records required to protect their well being are kept, with information held securely.

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
Personal care Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	18	Outcome 2: Consent to care and treatment
		Why we have concerns: There is a risk that the rights of people who use the service may not be upheld because robust systems are not in place for gaining and reviewing valid consent, especially regarding people who may have impaired mental capacity.
Personal care Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	13	Outcome 9: Management of medicines
		Why we have concerns: People may not have medicines they need in a timely or safe way because there is not always sufficient information or guidance for staff to ensure they use and manage people's medicines appropriately.
Personal care Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	23	Outcome 14: Supporting workers
		Why we have concerns: People benefit from a committed staff team who receive training and supervision to provide safe care and treatment, although some staff do not have sufficient skills or knowledge to appropriately support people with more diverse needs.

Personal care	20	21: Records
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Why we have concerns: People's personal records are not maintained sufficiently to protect them from inappropriate care or support, although other records required to protect their well being are kept, with information held securely.	

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.

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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