Inspection Report

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

Pinewood Nursing Home

33 Victoria Place, Budleigh Salterton, EX9 6JP

Tel: 01395446161

Date of Inspection: 04 March 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Elmwood Nursing Home Limited
Registered Managers	Mrs. Karen Thomas Ms. Sally Williams
Overview of the service	Pinewood Nursing Home provides accommodation, support and nursing care for up to thirty five people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 4 March 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People received good quality support. People were encouraged to express their views and live as they wished. We saw that people had full and varied social lives.

People we spoke with told us that they were happy with their care and felt included in their plans. One person told us they "really like it here" and "I can't fault it". One person told us they "like the view from my room" and "I get on with all the lovely staff".

People and their families were encouraged in developing their care plans. We saw that care plans were person centred and reflected each person's needs and preferences. People told us they were happy with the staff support they received.

Staff were knowledgeable about people's support needs and treated people respectfully. They were supportive and patient. They explained and reassured people where necessary. Complaints and concerns were listened to and acted upon immediately.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and support. People's privacy, dignity and independence were respected.

Reasons for our judgement

We viewed seven care records and saw that people's wishes and preferences were central to the admission process and delivery of care. We saw that people were asked for their views in pre-admission assessments, where preferences and daily routines were recorded. This demonstrated that that things that were important to people were established as early as possible.

We saw that staff supported people to make their own decisions wherever possible and gave people the time they needed to make choices. For example, whether to join the group for an activity or not. We saw staff reassured people and answered any questions they had. Staff told us they "make a point of giving people the time they need". One person told us "staff always wait with me in the mornings until I've made my mind up about what to wear". This showed that people had their support needs met because they were listened to and were given information in order to make informed choices.

We saw that people were given a service users guide that had information about facilities in the service, visiting arrangements, use of call bells and how to make a complaint. The manager told us that families were also given this information. A relative we spoke with confirmed this.

We saw that entries on the care records demonstrated respect for each person. We saw that all terminology promoted each person's dignity.

From the care records, we saw that support was flexible, depending on individual choices. For example, people could go to bed when they chose and had drinks and snacks when they chose. One person told us staff "bend over backwards to please us all".

We saw that staff recognised and understood people's social and cultural needs. Staff we spoke with told us there was no one currently in the service with any particular cultural or religious support needs, but they "feel confident with all the training we've had". The

manager told us the service held 'dignity days' where relatives and friends were invited to spend the day talking to key members of the team about how the service promoted people's dignity. One person we spoke with told us "yes, my family came and were very impressed with what they heard".

We saw staff patiently listened to people and showed they had through their actions. For example, where one person found it difficult to make themselves understood due to the noise, staff sat with them to talk quietly instead.

People we spoke with had family members who supported them. One person told us "I've got my family on the end of a phone if I need them". We met a friend of one person who told us the service was "good at getting hold of me when they need to". The manager told us that where people did not have families to support them, a local advocacy service was available. We saw their contact details displayed on the wall in a communal area. One person told us "I know about them".

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We saw that individual needs were assessed when people arrived at the service and care was planned and delivered to meet those needs at an early stage. From the care records, we saw the service assessed all aspects of the person's health. For example, physical health, personal care, communication needs and mental health. We saw that support plans and risk assessments were developed from this information. This meant staff provided support that was responsive to each person's needs.

The manager told us that the service liaised with other healthcare professionals when necessary. For example, one person accessed a physiotherapist to improve their mobility, whilst another person's swallowing had been discussed with a dietician. From the care records, we verified that that both people's care plans had entries from healthcare professional visits.

Care records were clearly written and provided clear guidance for staff to follow. We saw that they focussed on each person's individual needs. For example, how much support was needed for personal care and to access the shower.

We saw that the support identified in people's care plans was being followed and recorded in people's daily care records. For example, we saw one staff assisting one person to eat their lunch and saw that they recorded it afterwards. We saw that terminology in care records was respectful.

We saw that care plans and risk assessments were reviewed by the nurses monthly, or more frequently if necessary. For example, we saw a care plan that had been updated after a person's health had deteriorated. We also saw an updated risk assessment for a person whose mobility had reduced recently. This ensured that people received good quality support that was responsive to each person's needs.

People we spoke with confirmed that their views were listened to when the nurses were compiling information for the reviews. This ensured the care plans remained up to date in recognition of the changing needs of each person.

From the care records, we saw these reviews addressed people's physical health, mental

health and communication needs. We saw that the meetings were recorded and the care plans updated accordingly.

Staff we spoke with demonstrated a good knowledge and understanding of people's needs. For example, one staff explained to us the specific support one person needed for completing their personal care as independently as possible. Another staff told us how people were supported with their daily physiotherapy exercises.

People were supported in maintaining their independence and community involvement. People confirmed this and gave us examples, such as fêtes, firework displays and the theatre. We saw these activities were recorded in people's daily care records. One person we spoke with told us "I do go out rather a lot".

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The service had taken all reasonable steps to identify and prevent the possibility of abuse happening and ensured staff understood safeguarding processes. We were shown safeguarding and whistleblowing policies. These were linked to the relevant outcomes in the Health and Social Care Act 2008 Essential Standards of Quality and Safety. We saw that staff had signed to say that they had read and understood these policies.

We spoke with four staff who told us they had received training in safeguarding of vulnerable adults and whistleblowing procedures. Training records confirmed this. Staff described the different types of abuse to us and said they were confident to report any concerns to the senior person on duty. However, if they needed to, they would go to external agencies, such as the local safeguarding office or Care Quality Commission. They knew where contact details of these organisations were. We saw that contact information for these agencies were displayed in communal areas. People in the service had this information in their 'service user guides'.

We saw there were notices around the premises, displaying local safeguarding contact details. These were available for people in the service, their families and staff if they needed them.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were sufficient qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were eight staff on duty during the inspection. We saw that these numbers corresponded with the staffing on the rota. Staffing levels were decided by the management team and were determined by level of need.

Throughout the day, we saw staff were not rushed and gave people time to listen and respond to their needs. People told us "staff come to see me straight away when I call them".

From the training records, we saw that staff received a wide range of training. The manager told us training responded to the needs of the service. Recent relevant courses included wound care and epilepsy. One staff told us "All the courses are useful for working here". Each of the nurses had areas of expertise that were used as a resource for the care staff. For example, diabetes, tissue viability, palliative care and mental health issues.

Staff told us they received supervision every two months where they could discuss any issues they had. We saw a record of supervision sessions. Staff told us they felt "the nurses listen to us" and that it was "easy to make suggestions and mention things that were not right".

The manager told us that all care staff had their national vocational qualification (NVQ) level 2 or are working towards it. Senior carers had obtained or were working towards their NVQ level 3 awards. Training records confirmed this and meant that people were receiving support from well trained staff.

Staff were knowledgeable about people's support needs. One staff told us "we have good handovers at the start of each shift to keep up to date". We also saw a communication book and wall memos regarding updated care issues. This showed that people could expect consistency in their support. In addition, we saw effective communication between staff throughout the day to ensure continuity in support.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our inspection, we looked at some aspects of the quality assurance systems that were in place. We saw an up to date Quality Assurance policy, linked the Health and Social Care Act 2008 Essential Standards of Quality and Safety. We saw that staff had signed to say that they had read and understood this policy.

People who used the service, their families and staff were asked for their views about their support. The service issued annual surveys to families, staff and people that asked for feedback about the quality of support to improve the service. The manager told us that the results of surveys were available for anyone to view and were used to improve the service. We viewed the most recent survey findings and saw it was complimentary.

The provider took account of complaints and comments to improve the service. We saw that there was a complaints policy and procedure, displayed in a communal area for staff, people and visitors. The manager told us that any changes to policies and procedures were highlighted a monthly staff meetings and that all staff signed to say they had read them.

From the records, we saw that where complaints were received, they were investigated and responded to within the timescales in the policy. People we spoke with told us they knew how to make a complaint if they needed to. One person told us "I'd talk to any of the staff if I needed to". A relative we spoke with also confirmed they had been told what to do if they wished to make a complaint.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw that the service gathered information about safety and quality from care, environment and medication audits. We were shown an audit summary, together with changes to a risk assessment that were made as a result of the findings. We also saw record of comments from visitors and care staff questionnaires, all of which had been addressed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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