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: 12 December 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ 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. The home is situated in Budleigh Salterton, Devon.
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 looked at the personal care or treatment records of people who use the service, carried out a visit on 12 December 2013, observed how people were being cared for 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

When we visited Pinewood Nursing Home we spoke with five people who use the service, three relatives, the provider, the matron and three care staff. Comments about the service were positive.

Staff were observed to support people in a calm and respectful manner explaining to people what they were doing. Clear information was given to people by staff. People were appropriately assisted with mobility needs.

Staff confirmed that before people received any care or treatment they were asked for their consent. They said that their wishes were always respected. People we spoke with all agreed that they were consulted about their care and treatment daily.

We looked at peoples individual care plans and saw that the information recorded enabled staff to plan and deliver the required level of care and support on an individual basis.

Appropriate arrangements were in place in relation to obtaining, storage, administering and disposal of medicine.

We looked at the training plan for the service. We saw that the majority of staff had up to date training in all mandatory training including safeguarding, manual handling, infection control, first aid and fire safety. Staff told us that they had received regular training and that they felt that they were supported to carry out their roles and meet the needs of people who used the service.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Staff told us that before people received any care or treatment they were always asked for their consent. They said that their wishes were respected. We spoke with five people who lived at Pinewood Nursing Home. All said that they were consulted about their care and treatment.

Some records we checked contained completed Treatment Escalation Plans (TEP) and Resuscitation Decision Records. This demonstrated that people's wishes were considered as regards to end of life. The forms showed that appropriate discussions had taken place, and they were correctly signed and dated by different parties.

We saw a number of examples in people's records showing they had been involved in decisions about their care and treatment. For example, the service had documented where staff had obtained consent for accessing records, night time checks, publicity agreements, personal security and where staff had obtained specific consent for people who needed more specialist care in relation to safety belts on wheelchairs and bed rails for their own safety.

We spoke with three staff who were on duty. They confirmed that they had been informed about the wishes and preferences of people. They told us they would ask the individual concerned, or their relatives, about their likes and dislikes. They also confirmed they would speak to one of the nursing staff or refer to the person's care records if they needed further information.

People that we spoke with told us that they were happy living at Pinewood Nursing Home.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

When we visited Pinewood Nursing Home we spoke with five people who use the service and three relatives about people's care and treatment. We also looked at documents relating to the care of four people at the service.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. For example, we saw that plans contained personal information such as the person's preferred form of address, next of kin and other family members. We saw detailed pre admission assessments and care plans that addressed aspects of daily life. These covered sleep patterns, communication, relationships, continence, personal hygiene, nutrition, pain, tissue viability and bowel movements. We also saw that detailed risk assessments had been completed for people's mobility, moving and handling and falls. We noted that all care plans and risk assessments were reviewed monthly and amended as needed.

Also seen in care plans were assessments and guidance from external health professionals such as Speech and Language therapists and physiotherapists. Information in care plans showed that the advice from these professionals was being followed such as chair exercises for one person and the use of fluid thickeners for some people with swallowing difficulties.

People's health needs were met by community based professionals, for example the General Practitioners, dentists and chiropodists. Records of these visits were kept in the care files with details of any care needs documented.

The staff we spoke with had a good understanding of people's needs and how to support them with their assessed needs and we were able to observe this at lunch time with the variable level of individual support needed.

People we spoke with all said that staff gave them the help that they needed with things like personal care and getting around. One relative told us that their family member always appeared happy and content when they visited them.

Comments from people who use the service included "I like living here very much, we have lovely staff here", I love being with other people, being here I can mix with people as and when I want to" and "the staff look after me well". One relative told us "the home is absolutely marvellous, if I needed to come into a home, I would like to come here".

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining, storage, administering and disposal of medicine.

The matron told us that only the registered nurses and senior carers administered medication to people. We were shown the training matrix which demonstrated that these staff had completed training updates in medication awareness.

We spoke with one of the trained nurses who showed us how the service ordered and returned medication. We saw that records of medication received into the home and destroyed when not required were maintained.

We looked at the Medication Administration Record (MAR) sheets for people. We found that these were up to date and well maintained. This meant that appropriate arrangements were in place in relation to the recording of medicine.

We observed part of the lunch time medication being administered and saw that appropriate procedures were used.

The matron showed us records that they got staff to complete when they had failed to record medication following administration. This document confirmed that the staff member had to the best of their knowledge administered the medication as prescribed.

We saw that medicines were stored in lockable medicine trollies. The nurse in charge held the keys on their person and handed them over to the oncoming nurse of the following shift. We were also shown the controlled drugs (CD) cupboard and the CD register. We noted that this had been completed as intended. This meant that medicines were kept safely and handled appropriately.

The provider may find it useful to not that the allergies recorded in one person's care plan did not correspond with their Medication Administration Record (MAR) sheet.

We selected medication to check accuracy. Totals matched records seen.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at the training plan for the service. We saw that the majority of staff had up to date training in all mandatory training including safeguarding, manual handling, infection control, first aid and fire safety.

The matron told us that ancillary staff as well as staff that completed care were offered training opportunities within the service.

Additional training included percutaneous endoscopic gastronomy (PEG) tube feed training, dementia awareness, vena puncture, catheterisation, simple wound care, blood sugar level checks and challenging behaviour training that was bespoke to the needs of the home.

Staff received appropriate professional development. We saw that seven staff had been awarded the national vocational qualification level 2, three staff had been awarded the level 3 and three staff had been awarded the level 4. We also saw that nine care staff were currently studying to achieve this award. This meant that staff were able to obtain further relevant qualifications.

We spoke to three members of staff who told us that they had received an induction. They said that this consisted of shadowing a more experienced member of staff around the home until they were comfortable that they could work independently. They said that a 'buddy / mentor' was then assigned to them to provide them with additional support until they settled into their role.

Staff told us that they felt supported and received an annual appraisal and formal supervision whenever they requested it. They said that they could raise any issues or concerns that they may have with anyone of the nurses, the matron or the provider depending on who was available. We saw records that confirmed that staff had received supervision; however the frequency seen was once and sometimes twice a year. We discussed this with the deputy manager who told us that 'informal chats' were not documented as they should be.

Relatives we spoke with confirmed that staff were competent when providing care and support. One relative told us, "The care staff are very good with all the residents, from what I have observed".

The care staff we spoke with confirmed that they were confident they were able to meet the care needs of people accommodated. Comments from staff included "this is the best home I have ever worked in", "we have a dedicated staff team, it's a great home" and it's very rewarding to work here, I am so glad to work here".

Everyone we spoke with during our visit were very positive about the support and care that was received from the staff.

This level of staff support meant that people living at Pinewood Nursing Home were supported by an experienced and trained team of staff.

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed, for example care plans and medication records for people who use the service where located in the nurses office, which was locked when unattended. Records seen were also accurate and fit for purpose.

The provider showed us the record keeping policy. This detailed how the service intended to maintain up to date accurate records in accordance with the Data Protection Act 1998 and included the procedure for responding to people who use the service request for access to their personal information. This policy was last reviewed in 2012.

We saw that computer systems were used within the service. The provider informed us that each member of staff that needed an account for the purposes of their role had been assigned a separate account which only they could access as they had to protect the account with a password. This meant that access to restricted information was protected.

We were shown a copy of the contract of employment that all staff are issued with on commencing employment with Pinewood Nursing Home. This contract explained staff's responsibility as regards to confidentiality during employment and following termination of the contract. All contracts were signed to confirm agreement to abide by the terms and conditions. These were held in staff's personnel files locked in the matron's office.

The provider may find it useful to note on checking the supervisions for staff that were sealed in separate envelopes in their personnel files, some were not dated which made it difficult to ascertain when they had received supervision.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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