

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

Pinford End House Nursing Home

Church Road, Hawstead, Bury St Edmunds, IP29
5NU

Tel: 01284388874

Date of Inspection: 02 May 2013

Date of Publication: May
2013

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

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard

Details about this location

Registered Provider	Pinford End Limited
Registered Manager	Miss Jill Hunt
Overview of the service	Pinford End House Nursing Home is a care home with 40 beds and provides 24 hour nursing care. This nursing home specialises in the care for people with complex medical needs and end of life care. The service offers respite care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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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 2 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We observed and people who used this service told us that they received a good standard of care. One person at the service said, "They try their best and they succeed. There is a happy atmosphere here." We found that the service had assessed and were meeting people's health and care needs.

We found that the service had taken action since our last inspection in February 2013 and they provided safe management of medicines.

We found that staff were well trained to meet the needs of people who used the service.

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

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 examined four care plans of people who were a cross section of the people supported at Pinford End. This included a person who was new to the service, a person who lived with dementia and a person at the end of their life receiving palliative care. We found that care plans were based upon assessment and information provided by family and by other health professionals. These plans were up to date. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that care plans referred to risk assessments such as moving and handling, nutrition and Waterlow. This is a risk assessment that allowed people to be classified as to their risk of developing sore skin. We saw that people were weighed regularly and that risk assessments were updated regularly. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider may wish to note that one plan we saw said the person was at risk of falling, but a risk assessment was not in place. The manager agreed to address this matter when it was brought to their attention.

For one person on palliative care we saw that the Liverpool Care Pathway (LCP) had been put in place. The Liverpool Care Pathway is a model of care which enables healthcare professionals to focus on care in the last hours or days of life when a death is expected. We found that the LCP had been commenced and had been completed correctly. We found that syringe driver administration records were in order and a checklist was completed. A syringe driver is a subcutaneous method of administering continuous small amounts of pain killing medication. We found evidence of ongoing review by the GP and that the family had been involved. This meant that people in receipt of palliative care were appropriately treated.

We saw that two people who used the service had English as their second language. We explored with the manager how staff communicated with those individuals and were assured that needs could be understood and acted upon by staff. We observed this was

the case. We also saw that family members were regular visitors so they were able to translate when required. This meant that people's care and treatment was planned and delivered in a way that protected them from unlawful discrimination.

In all four care plans we saw that there were end of life wishes in place. For three of these people that included appropriately completed documentation on 'do not attempt pulmonary resuscitation'. This meant there were arrangements in place to deal with foreseeable emergencies.

We completed a short observational framework inspection (SOFI) over the lunchtime period in the main dining room. SOFI is a specific way of observing care to help inspectors understand the experience of service users. We saw that people who used the service appeared to be relaxed and comfortable in the presence of staff. There were good interactions between staff and people using the service. Appropriate humour was displayed throughout the lunchtime. We found that there was a good atmosphere and plenty of conversation. This meant that people had a positive lunchtime experience supported appropriately by staff.

We found that activities were completed three afternoons a week by the activities coordinator. A volunteer also provided art activities. We spoke to one person who told us that they were very satisfied with the care and support they received. They told us "They are a happy bunch here. I have never noticed a lack of attention. I'm allowed to have my own routine and I'm not pushed around or bullied. They do not want you to do it their way. I like to be independent and that is alright with them." They went on to tell us, "The food here is pretty good. It is fresh and hot enough. I'm allowed to put my pictures up and I have my bird feeders outside the window that my relative tops up." This provided evidence that the service promoted people's independence and individuality.

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

At our inspection on 17 February 2013 we made a compliance action because people were not protected from the risk associated with the unsafe management of medicines. The provider did not have sufficient guidance in place for staff and our observations found that administration of medication was not as safe as it could have been.

In March 2013 the provider wrote to us and told us the action they would take to become compliant. At this return visit we found that matters had improved because the provider had completed the actions they told us they were going to take.

We found that sufficient guidance was in place for staff to follow for the safe management of medication. We found there were detailed and comprehensive procedures in place for administration of eye drops, ear drops, subcutaneous and intramuscular injections. There was also a policy in place for covert administration of medication.

We observed two nurses completed their medication round at lunchtime. We observed that people were asked if they required pain killers. Exact dosages were drawn up using a syringe and then administered either orally or in the case of two people observed through their PEG feed. (This is a Percutaneous endoscopic gastrostomy which is a feeding tube into the stomach) This evidenced that medicines were safely administered.

The downstairs clinic room had painted shelving to enable better cleaning. Thermometers had been purchased and records were seen in both clinic rooms. Medicines were locked in suitable drug trolleys and keys were held by the nurse on duty. This meant that medicines were kept safely.

We found that a medication audit was completed on 15 April 2013. We saw that medication administration records were completed after administration of medication and appropriate codes were used. This meant that appropriate arrangements were in place in relation to the recording of medicine.

Nursing staff had received further training on medication management since our last inspection. Knowledge papers had been completed to test understanding and knowledge.

These were assessed by an external verifier not linked to the service. This meant that nursing staff were appropriately trained in medication administration.

One person using the service told us, "They give me my tablets at the right time. If there is anything wrong the nurse will come to me. They will call a GP if I need one."

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 spoke with the deputy manager who is responsible for the training within the service. There was a training matrix in place that demonstrated that staff completed mandatory training. This was health and safety, moving and handling, infection control, chemical safety, safeguarding vulnerable adults from abuse, Mental Capacity Act awareness including deprivation of liberty. We spoke with two care staff who confirmed that they had received this training and that it was regularly updated. We also saw that training had been completed in continence care, oral hygiene, dignity and respect and dignity in death. Nurses had completed training specific to their role. This included medicine handling, operating syringe drivers, wound care, ear syringing, male catheterisation and how to complete malnutrition screening tools. This meant that staff received appropriate professional development.

The service had also invested in training DVD's and had training planned for coming months. The manager and deputy had attended the national conference from the Care Homes Association. This enabled the service to keep up to date with developments.

We found that 15 of the 31 care staff had achieved NVQ and three other staff were due to start the qualification. The service also accommodated student nurses and two nurses were completing their mentorship training. This demonstrated that staff were able, from time to time, to obtain further relevant qualifications.

We spoke to staff about the support they received to perform their role. Staff felt supported and found management approachable and said that the whole staff team worked well together. The provider may wish to note that there have not been regular formal support sessions in place for all staff, nor have there been regular staff meetings. The last recorded minutes were from November 2011.

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.

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