Inspection Report

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

Pentlands Nursing Home

42 Mill Road, Worthing, BN11 5DU

Tel: 01903247211

Date of Inspection: 06 November 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	South Coast Nursing Homes Limited
Registered Manager	Mrs. Debbie Hathaway
Overview of the service	Pentlands Nursing Home is a care home with nursing services that provides accommodation and care for up to 32 older people.
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

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 6 November 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

At the time of our inspection there were 30 people who lived in the home. We spoke with people and to staff. People told us that they were involved in decision making regarding their care and treatment. They were encouraged to express their opinions, preferences and views.

We spoke with three people living in the home. People told us that they experienced good quality care by people who were kind and respectful to them. We were told by people that ' you couldn't get better care at the Ritz' and that 'all of the staff were marvellous'. We were also told that there was a 'homely feel' and that they were very comfortable and well looked after.

We found that care was person centred, planned and delivered safely with regular reviews.

People told us that they felt safe in the home and we found that staff understood their roles and were committed to providing a high quality of care. People said that there were always enough staff available to meet their needs.

We found that the provider had effective systems in place to monitor and assess the quality of the service, which took into account the views of the people, relatives and staff. We saw that the provider used this feedback to make service improvements.

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

Reasons for our judgement

We were told that people were involved in making decisions about their care and treatment. People were able to express their views both to care staff and by way of completing an annual questionnaire. We were told comments were collated by the company and then sent back to the provider to action. One example of this was future plans to develop raised flower beds in the rear garden as comments by people were that they enjoyed gardening. We were told by speaking with people that ' nothing was too much trouble'. There was a 'patient newsletter' on display which all people received. This was produced bi-monthly and included general information, welcoming new people and a crossword puzzle. It also included photographs which had been taken by the people.

We reviewed six care plans which showed that people's preferences, needs and decisions about their care and treatment had been documented. People or their family members signed a client care plan agreement form on an annual basis which stated that the client had been involved with the planning of care and consented to this care being given. This was located in the people's care record. This meant that people and those acting on their behalf were supported appropriately to make decisions about their care and treatment.

We were told that before using the service that people and their family members were given a residents' guide which detailed everything regarding the care that was available within the home. It included the aims of the service and how to make a complaint. It was written in a clear and easy to read format.

We were told that people were given the choice as to the time that they got up and went to bed along with choosing what they would like to eat and when they wanted to eat. Peoples' bedrooms were personalised according to peoples' personal taste. Assistance was given by nursing staff in eating and drinking, showering and bathing as assessed and documented in their care records. People were given the option of whether they wanted a shower or bath and if they wanted to remain in their rooms or go to the lounge area.

We were told by people that they knew how to raise issues of concern with staff and that they felt comfortable in doing this. We were told that people were listened to for example if small portions of food were requested or if they wanted something to eat that wasn't on the menu.

We saw that privacy and dignity was maintained by staff knocking on doors prior to entry and by speaking to people in a respectful and friendly way. We were told by people that "the staff are marvellous" and that "the staff are very helpful and that they were very happy".

We saw that daily activities were provided and details were put on a notice board in the hall area that was accessible to all people. These activities included arts and crafts, bingo, reading poetry and hand massage. This showed us that people were involved in their care and given choices which were respected by care workers.

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 were told that before the service was provided to a person that their needs were assessed by staff visiting people and family members in their home. This pre-assessment ensured that the service was able to meet the needs of people and this was documented on a pre-assessment form which formed the base of the initial care plan.

Care plans were reviewed every month or earlier if a change in care needs was identified. There was a monthly audit of care plans which was conducted by the trained staff. We saw from looking at six care plans that they were regularly reviewed, signed and dated. The care records were available for family members to look at and to ask staff questions. These care records included :- risk of injury form, manual handling risk assessment form, nutrition assessment form/ BMI MUST tool, client social care plan, waterlow pressure area risk assessment form, pain assessment, health assessment and a photograph of the person. In addition the care record contained daily notes, client care plan agreement and record of profession visits. There were also 'who am I sheets which contained information on 'I would like you to know...' , I can't eat....' , 'How I like to communicate...' and 'My favourite activities are...'.

We saw a grid in the matron's office of when people's dressings were due to be changed and a weekly/monthly weights chart.

Staff that we spoke with told us that they understood the care plans and regularly read them in case care had changed. This ensured that people received the appropriate care and level of support that they required. This meant that care was planned and delivered to reflect people's needs, preferences and dignity. The quality of the care provided was monitored by management audits, responses of people and family members to regular questionnaires and by regular supervision meetings.

We were told that there was an emergency plan in place in case of fire or flood and we saw the folder pertaining to this. We were told that there was a 'buddy' house in case evacuation was necessary.

We were told that there was a complaints system in place and that both staff and people

knew about this. All complaints were reported to the matron who initially investigated it with the aim of resolving the issue 'in-house'. If this wasn't possible then it was escalated to the director or the provider. The latest complaint by people was that there was no hot water in their bathroom. This was resolved the same day and we saw the documentation for this.

We were told by people that "the staff deserve a gold star. It was a home from home and nothing was too much trouble. Staff were wonderful and friendly".

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 an up to date safeguarding policy along with a whistleblowing policy. We found that staff had signed a sheet to say that they had read and understood the policy. We also saw a copy of the safeguarding county council policy on the patient information board. This meant that people were supported by staff who knew how to respond when abuse was suspected or had occurred.

The provider provided safeguarding training on an annual basis for all staff which was recorded. We saw that all training was recorded in the individual staff personal training records. The matron held a spreadsheet of when staff required updates which was provided to them from the training department.

We spoke with three staff, one was a nursing assistant, one was a senior nursing assistant and one was a registered nurse. All were able to tell us what the different types of abuse were, what their responsibilities were and how to report it.

We were told that the staff were able to detect potential abuse and identify it by always being vigilant and by having completed safeguarding training and by being familiar with the policies which were easily accessible.

The provider had a system in place in the event of an allegation of abuse. We were told that the matron would follow the policy and document it onto a complaint form. The matron would instigate an investigation but if the complaint was of a higher level of abuse then they would escalate it on to a director or the provider.

We were told by people that ' staff always responded promptly to the call bell and that they felt safe'. We were told by people that 'the staff are great' and that ' you couldn't get better treatment at the Ritz'.

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 enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We were told that at the time of our visit the provider was slightly short of staff but had recently appointed two new nursing assistants who were due to start soon. We were told that the provider never used agency staff and used a regular member of their bank. We were told that the staff would cover sickness and annual leave by working additional shifts.

We were told that there were nine staff on for a morning shift and that this included three trained nurses. The afternoon shift had four of five staff which included either one or two trained nurses and that the night shift had five staff including one trained nurse. This was confirmed to us by looking at two months of rotas. We also saw from the rotas that there was an adequate skill mix of staff who had the right level of knowledge and skills. All nursing assistants held at least an NVQ level two and were supported to continue their study. This meant that people were supported by appropriately qualified staff. Annual appraisals took place with goals set for the next twelve months which were followed up by the manager.

We were told by staff that there were enough staff on duty to provide the required care to people. We were told that the matron tried to match the skills of the staff with the specific care needs of the people. We were told that certain staff had received specialist training in e.g. stroke care and end of life care.

Staff received annual mandatory training which was monitored by the training department of the provider and the matron was informed to ensure that staff were able to attend this and records kept. This meant that people were supported by skilled and experienced staff.

We spoke with three staff regarding staffing and training. We were told that 'there was loads of training provided and that it was better than it used to be as it was now more in-depth and interesting'. We were also told that if there was any course that staff wanted to do then the matron would try to facilitate this. Staff told us that 'team work and morale was great. It kept us optimistic and working together was good for the patients'.

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 the service that people received.

Reasons for our judgement

We found that regular audits on infection control, wound care, falls, care plans and risk assessment were carried out. This was confirmed to us by looking at these audits documentation which included actions that were taken forward and discussed at staff meetings.

People who used the service along with family members and staff were asked for their views about the care and treatment provided. Any comments or complaints were acted on. We were told by people that they felt comfortable in making a complaint if they were dissatisfied with something and they were confident that it would be acted on quickly. We were told that people were happy to informally complain to staff. These complaints were passed onto the matron who documented the complaint along with the action taken. We saw the complaints forms for 2013. These were analysed and any trends were identified and risk assessments carried out as appropriate. Staff meetings were held every six months where issues were discussed along with any changes to practice.

Staff were always available to talk to family members and to listen to any concerns.

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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