

Pinehurst Partners Limited

# Pinehurst Residential Home

## Inspection report

1-2 Haldon Terrace  
Dawlish  
Devon  
EX7 9LN

Tel: 01626863500

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Pinehurst Residential Home (referred to as Pinehurst hereafter) is a residential care home registered to provide accommodation and personal care for up to 20 people of all ages who may have mental health needs. The home is a large end of terrace property with access to a private park. Accommodation is provided over three floors. Pinehurst is situated within easy reach of the town centre of Dawlish. At the time of the inspection, 17 people were living at the home.

### People's experience of using this service and what we found

People and relatives praised the home, describing the support provided as "perfect" and "excellent". One relative said people were treated like "royalty" and the staff respected everyone. People felt safe and well cared for. One person said "Yes, a 1000 times yes" and "I wouldn't leave here for a million pounds. This is a wonderful place. I'm very well looked after."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's decisions about their care and preferences were respected. Staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well. People, relatives and staff said the home was well managed. Healthcare professionals said they had a good relationship with the home.

Care plans, risk assessments and information about how to support people at times of anxiety had been reviewed and rewritten. These now provided accurate and clear guidance for staff about how to support people in a way which caused the least amount of distress, and which helped to prevent further decline in people's mental health.

People continued to be supported to lead full and active lifestyles, follow their interests, and take part in social activities. People were supported to have a presence in the community, and we saw people coming and going freely to the local town.

There were sufficient numbers of staff employed to ensure people's needs were met. Staff had time to sit and engage people in conversation and to support people's involvement in social activities. Recruitment practices were safe, and staff were well-trained. Staff were aware of their responsibilities to safeguard people.

People received their medicines safely and as prescribed. Medicine management practices were safe.

Quality assurance processes had been introduced which allowed the assistant manager and registered

manager to review the quality and safety of the care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (inspected 13 November 2018 with the report published 4 January 2019). There were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Pinehurst Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Pinehurst Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

One of the provider's directors held the position of nominated individual and registered manager with the Care Quality Commission. The nominated individual is responsible for supervising the management of the service on behalf of the provider. They are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff training, quality and safety audits and equipment testing.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Pinehurst. One person said, "Yes, a 1000 times yes" and another described the staff as "excellent" and said, "I know I am well cared for and safe." A relative told us, "When I put my head on my pillow I know he is safe. All the staff are wonderful. I wouldn't want him anywhere else."
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns over people's safety and well-being.
- The home had made appropriate safeguarding referrals to the local authority when they were concerned over people's well-being and safety.

Assessing risk, safety monitoring and management

- At the previous inspection in November 2018, we found care records did not describe the measures put in place to mitigate risks to people's safety and welfare. At this inspection we found improvements had been made.
- People's risk assessments had been rewritten to ensure they accurately reflected people's needs in relation to their mental and physical health. Behaviour escalation management plans guided staff about what signs and symptoms to be observant for which might indicate a decline in a person's well-being. The plans guided staff about how to support people in a way which caused the least amount of distress, and which helped to prevent further decline.
- Staff consulted with specialist healthcare professionals to ensure people received appropriate support.
- The safety of the environment was monitored regularly and checks on the building and utilities were clearly recorded.

Staffing and recruitment

- At the previous inspection in November 2018 we found staff recruitment practices were not always safe. Not all staff had undergone pre-employment checks or had references obtained prior to them starting to work at the home. At this inspection we found improvements had been made.
- Records showed newly employed staff had undergone pre-employment checks, including disclosure and barring (police) checks and references had been obtained prior to the commencement of their employment.
- Sufficient numbers of care staff were available to meet people's needs and to spend time with people in conversation and social activities. Four members of staff were on duty during the day, and two staff available overnight.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Only staff trained in

the safe administration of medicines and who had been assessed as competent, administered medicines to people.

- Where people took medicines 'as and when required', staff were provided with guidance about when this should be administered.
- Where people wished to manage their own medicines, staff supported them to do so, ensuring they understood the importance of taking the medicines as prescribed.
- There were safe arrangements to receive, store and dispose of medicines.

Preventing and controlling infection

- The home was clean and tidy. People said they were supported to keep their bedrooms clean.
- The laundry room walls needed repainting as some paint had flaked away due to condensation. This made the walls difficult to keep clean. The registered manager described their refurbishment plans which included the laundry room and bathrooms. Where refurbishment had taken place since the previous inspection, this had been completed to a high standard.
- Staff had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- When something had gone wrong the registered manager and assistant manager responded appropriately and used any incidents as a learning opportunity.
- The management team used people's feedback and reviews of accidents to make improvements to the home.



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The home was acting within the principles of the MCA. People told us staff respected and promoted their decision making. For example, one person had declined medical support and staff and healthcare professionals respected this. However, when the person showed signs of becoming unwell, they were consulted again, and they consented to receive medical treatment.
- All the people living at Pinehurst had capacity to make decisions about their day to day support needs. Where people lacked capacity, for example with managing their finances, capacity assessments had been undertaken and decisions made in people's best interests. The Court of Protection was involved to safeguard people's interests.
- At the time of the inspection, no-one was having their liberty restricted. People told us, and we saw, they were free to come and go as they pleased from the home.
- Care needs assessments identified people's needs and provided staff with information about how to meet these needs in line with best practice guidance and people's preferences. For example, in relation to nutrition, personal care and mental health support.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.
- Good communication between care staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job. This included health and safety topics as well as topics relating to people's mental health needs. Staff were knowledgeable and competent.

- New staff were provided with induction training and supported to undertake the Care Certificate. (The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff).
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.
- Staff told us they felt well supported and that they could ask for support and training at any time. Records showed they received regular supervision.
- Relatives said staff were well trained and understood people's support needs well.

#### Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and had contributed to the menu planning. People were supported to prepare their own food and drinks should they wish to do so.
- Where people required guidance and support, for example, when wishing to lose weight, this were described in their care plans. People were provided with information about healthy eating and prevention of dehydration.
- The kitchen/dining area was locked during times when not in use. People told us this was because they stored their own food in the fridge and freezers and wanted to be sure no-one else took these. People told us they were happy with this arrangement. It had been discussed at a recent residents' meeting, with all agreeing to continue with this arrangement. Everyone had drink making facilities in their rooms. Staff told us they would unlock the kitchen upon request, and people could have something to eat and drink whenever they wished.

#### Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had a good understanding of people's physical and mental health care needs and acted appropriately when they observed changes in people's well-being.
- The home worked with the support of healthcare professionals, such as mental health practitioners, psychologists, GPs and community nurses, to ensure people's care needs were being met.
- Records showed people attended dental, optician, podiatry and health screening appointments.

#### Adapting service, design, decoration to meet people's needs

- The premises were suitable for the needs of those people currently living at Pinehurst.
- Accommodation was provided over three floors. The home did not have a lift, therefore people with reduced mobility had bedrooms on the ground floor.
- Two lounge rooms, the dining room and a shower room were situated on the ground floor.
- Recent refurbishment of a bathroom took into consideration people's preferences and provided both a bath and a shower unit. Handrails and a raised shower stool provided additional support to promote people's independence.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them with respect. One person told us, "They look after me perfectly. They are very patient with me."
- Our observations showed staff were kind, caring, friendly and attentive. Staff respected what was important to people.
- Relatives praised the staff for the care and support provided. One said people were treated like "royalty".
- On the front of each person's care plan a document described residents' rights. These included respecting their dignity and privacy, for people to make their own decisions about their care, to promote independence, and to encourage people to share their views and give feedback.
- Staff told us how much they enjoyed working at the home and spoke to us about people in a way that showed they respected their rights. One said, "I love it here. We have a great relationship with people. The staff genuinely care about people's wellbeing." Another said, "It's like a second home here, like family. We treat people as we would our own family."
- People's individual needs were considered in respect of their religion and culture. Three people told us how the staff supported them to follow their Christian beliefs.
- There was no indication that people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Supporting people to express their views and be involved in making decisions about their care

- People were allocated a 'keyworker' who was responsible for consulting with about their care and whether they felt they were being supported in the way they wished. Records showed keyworkers met regularly with the people they supported to review all aspects of their care.
- People were involved in reviewing and writing their care plans.
- One person had been nominated as a residents' representative, someone who people could speak to confidentially about any concerns and who liaised between people and the management team.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected: staff did not enter people's room without their consent.
- People's independence was promoted, and people told us they undertook household tasks, such as doing their own laundry.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their needs. One person told us how well the staff had supported them saying, "I've come on in leaps and bounds. I couldn't wish for better support, I wouldn't want to leave."
- Staff knew people well and could describe their likes, dislikes and preferences in the way they wished to be supported. Staff understood how people's mental health needs affected their day to day lives. One member of staff said the staff's close relationship with people meant they could respond promptly when people were showing signs of anxiety or distress. They said, "We pick up when someone is having a low day."
- Care plans described people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people to ensure they remained current and provided accurate information about how to meet people's care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home was able to provide information in different formats, such as large print or with pictures to aid understanding and were aware of their responsibility to meet the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People continued to be supported to lead full and active lifestyles, follow their interests, and take part in social activities. Care plans included information about people's known interests and staff supported people daily to take part in things they liked to do.
- People were supported to have a presence in the community, and we saw people coming and going freely to the local town. People told us they regularly visited the shops, cafes, pubs and church.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.

Improving care quality in response to complaints or concerns

- People and relatives had no complaints but felt confident they would be listened to if they did. One relative

said, "The home is perfect, nothing needs to change."

- Records of complaints were maintained, and actions identified to resolve issues. The assistant manager reviewed all complaints and told us they used these as an opportunity to learn and make improvements. The home had received two complaints this year and had acted to resolve the issues to people's satisfaction.

End of life care and support

- Since the previous inspection in November 2018, the home had supported one person with end of life care. The staff were supported by the local hospice and community nurses to support this person to remain at the home as was their wish. Staff told us they were proud of the care they had been able to provide.
- Where people had shared their end of life care wishes this was recorded in their care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the previous inspection in November 2018, we found improvements were needed in relation to the quality and accuracy of people's care records, to quality assurance processes and with the information the home provided to CQC. At this inspection we found improvements had been made.
- Care records had been rewritten and provided clear and accurate information about people's care needs and how to keep people safe.
- A quality assurance system had been introduced which allowed the registered manager and assistant manager to review the quality and safety of the care provided. Records showed regular audits were undertaken to ensure people were receiving safe care. For example, weekly reviews of medicines management ensured people's medicines were being managed safely and health and safety checks ensured the home remained a safe environment.
- The registered manager and assistant manager understood what information CQC required in relation to people's safety and well-being and had submitted this information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff told us the home was well managed. One person told us, "I wouldn't leave here for a million pounds. This is a wonderful place. I'm very well looked after." A relative told us, "[name of assistant manager] manages her team well. They're lovely, all of them. They do an amazing job, they respect everyone."
- A statement on the noticeboard in the office reminded staff of the provider's vision and values. These included the importance of team work, caring for people, understanding people's needs, and working with integrity and honesty. These values were demonstrated by the staff in the way they supported people and how they described their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The home used keyworker meetings, residents' meetings and direct feedback from people, relatives and staff to review how well the home was meeting people's needs, and whether any improvements were required.
- Staff told that since the previous inspection the assistance manager had "Worked hard to put things right.

We've all worked together to help her." They described the teamwork as "excellent".

- Feedback received from professionals confirmed the home worked well with them to meet people's needs. The home had good working relationships with partner agencies. This included working with commissioners, safeguarding teams and other health and social care professionals. This helped to ensure people received the right support at the right time.
- The registered manager and assistant manager kept up to date with best practice by undertaking training in health and social care and attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared with the staff team.