

Mrs T Schneider

Pinehurst Rest Home

Inspection report

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Date of inspection visit:
18 May 2021

Date of publication:
30 June 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pinehurst is a care home providing accommodation and personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 19 people with dementia and frailty needs.

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

People told us they felt safe living at Pinehurst and relatives gave us positive feedback about the safety and quality of care. One relative told us, "I can't praise them enough, we would recommend [Pinehurst] to anyone." There were robust infection prevention and control procedures in place and thorough health and safety checks were taking place on equipment and the environment. Necessary improvements had been made to recruitment processes to ensure that staff were recruited safely.

People had confidence in how the service was being run and how the provider had handled the risks of COVID-19. Quality monitoring systems were in place and improvements had been made to people's records which contained accurate information about their care and support needs. The provider was aware of and acted upon their duty of candour. People and staff were given the opportunity to feed back on the service. The service worked in partnership with others and had a good relationship with the local GP surgery.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inspected but not rated (published 16 November 2020) and there were two breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced targeted inspection of this service on 17 September 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance and to ensure they were employing fit and proper persons.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pinehurst Rest Home on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pinehurst Rest 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector and one assistant inspector.

Service and service type

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

The service had a provider registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. There was also a manager in post who was responsible for running the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we observed interactions between staff and people who used the service and we spoke with three people about their experience of the care provided. We spoke with six members of staff including the registered provider, manager, care workers and housekeeping staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives about their experience of the care provided.

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.

Staffing and recruitment

At our last inspection the provider had failed to ensure appropriate recruitment checks were completed on staff prior to employment. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had addressed the shortfalls in recruitment processes that were found at the previous inspection. They had done this by introducing new systems to ensure they were carrying out the correct checks on new staff prior to them starting their employment at Pinehurst. These checks include the right to work in the UK, performance at previous employment, fitness to work and a Disclosure and Barring Service (DBS) check. A DBS checks potential staff are suitable to work in this type of service. Information about existing staff that had been missing at the previous inspection was recorded and available for us to see in staff files.
- Suitable numbers of trained and competent staff were deployed in order to meet people's care needs. We observed there were enough staff available to respond to people's needs and support people safely. People and relatives told us they always found there to be enough staff on duty.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- The provider had reviewed their practice and changes had been made to the way medicines were administered to improve safety. At our previous inspection we noted that body maps were not available for staff supporting people who required topical creams (medicines in cream format) to be applied. These are important as they guide staff on where to apply creams. These body maps were now in place for staff to follow.
- Systems and processes for the management of people's medicines were robust. Staff supported people to take their medicines in a person-centred way and medicines were stored at the service securely.
- Staff received relevant training before they were able to give people medicines and the manager checked staff competency in relation to the administration of people's medicines regularly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and could raise concerns if they needed to. One person's relative said, "We feel that [person] is very safe" and another relative told us, "I have no worries that [person] will come to any harm."
- Staff had a good understanding of their roles and responsibilities in relation to safeguarding and received training in this area. One member of staff told us, "We need to inform the manager [of any safeguarding concerns], and then report to social services."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Assessing risk, safety monitoring and management

- People's care plans were linked to risk assessments that outlined the action needed by staff to keep people safe. For instance, we saw where people had been assessed as needing their food to be prepared to a certain texture, staff were aware of this and followed this guidance.
- Staff undertook routine safety checks of the environment. There were contingency plans in place to ensure people's care would continue in the event of an emergency which meant people had to leave their home.
- High risk areas for individuals were assessed and monitored regularly. For instance people at risk of malnutrition were assessed with the Malnutrition Universal Screening Tool (MUST) and people with skin integrity concerns had regular Waterlow assessments to assess their risk of developing a pressure sore. Appropriate actions including referrals to health professionals took place when these risks became too high.

Preventing and controlling infection

- Domestic staff completed wide-ranging daily cleaning schedules. The service was clean and free from malodours. People we spoke to said they were happy with the cleanliness of the service. One relative told us, "The place is spotless and smells fresh, it is very clean."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incident, accident and near miss incidents were recorded and reviewed by the manager.
- An open and transparent culture was encouraged at the service. Staff told us if an incident or accident did occur, they would report it to the manager and review people's care plans to see if changes needed to be made.

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

At our last inspection the provider had failed to ensure that robust systems and processes were in place to assess and monitor the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to people's records, including risk assessments and support plans so that these accurately reflected people's care needs and known risks to people. Record keeping had also improved so information about people's medicines was kept in a way which made it easy to locate when it was needed.
- Quality assurance processes had been improved. These included regular audits which were being carried out at the service covering areas such as infection prevention and control, health and safety, and medication. Actions arising from these were recorded and completed.
- The provider, manager and staff team understood their roles and responsibilities and were keen to ensure a good quality service was provided to people. Staff had regular meetings and supervisions to discuss their responsibilities and share ideas about improving people's care.

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

- People and their relatives spoke very positively about the manager. One relative told us, "[Manager] will do anything to help and she listens to what you say." Another relative told us, [Manager] is absolutely brilliant and full of life."
- Staff told us they were happy and felt the culture in the organisation was positive. One staff member said, "There is a lot of improvement here now. We do our best to look after our residents and make them happy."
- One person whose first language was not English sometimes wanted to have a conversation in their native language instead. The registered provider understood this person's first language and spoke to them in this language when the person wanted them to.
- Another person had previously owned an antiques shop before their retirement. They were supported by the staff and the management team to talk about the antiques and objects of interest at Pinehurst as they

would have done during their career.

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

- The manager was proactive about communicating with relatives and systems were in place to investigate any concerns and complaints in an open and transparent way. Relatives told us that communication with the service was good and if they had any concerns these were looked into and responded to quickly.
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to talk about their preferences and to be involved in decisions about their care. One person had recently moved to Pinehurst and their relative told us, "[Manager] asked 'What does [person] like to eat?', 'What does he like to drink?'. The first day he was there [manager] had got him a couple of beers for his room and some crisps he likes."
- Staff were encouraged to be involved in the running of the home. They had regular meetings with the manager and told us their views were considered about how people's care and support could be improved. One member of staff told us, "We suggest things for the residents, we all work together here."
- Systems were in place to gain the views of people, their relatives, staff and professional visitors and the management was open to making changes if they needed to do so.

Continuous learning and improving care

- The management team had systems in place to monitor the quality of the service. This included regular checks on the environment, checks of the medicine administration records and reviews of the care and support people received.
- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it. The manager told us, "We are very fortunate with the team we have."
- Since the last inspection the manager and the provider had acted upon the concerns raised about records and employment checks. They had arranged for ongoing additional staff support to help provide the improvements needed in this area.

Working in partnership with others

- Staff worked closely with health professionals such as district nurses and GPs to support people's health and well-being. When people's care needs changed and they needed support from specialists such as dieticians and speech and language therapists referrals to these services were arranged promptly.
- Training had been arranged with the local Clinical Commissioning Group (CCG) for staff to improve their knowledge of infection prevention and control during the COVID-19 pandemic.