

## Country Court Care Homes Limited

# The Pines Nursing Home

### Inspection report

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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:

The Pines Nursing Home is a care home registered to provide care and accommodation for 35 older persons with nursing and physical care needs. There were 34 people living at the service on the day of our inspection. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### People's experience of using this service:

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. Checks were undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights.

Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to people's needs, including the care of people with dementia and end of life care. Staff had received supervision meetings with their manager, and formal personal development plans were in place.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People's end of life care was discussed and planned and their wishes had been respected.

People chose how to spend their day and they took part in activities. They enjoyed the activities, which

included one to one time scheduled for people in their rooms, exercise, quizzes and themed events, such as reminiscence sessions and visits from external entertainers. People were also encouraged to stay in touch with their families and receive visitors.

People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed. Technology was used to assist people's care. People's individual needs were met by the adaptation of the premises.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Rating at last inspection: This was the first inspection of the service.

Why we inspected: This service was registered by CQC on 24 January 2018, due to a change in the legal entity and ownership, however many of the management and staff remained the same as the previous registration. The Pines Nursing Home has not been previously inspected under their current registration.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

## 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 ●

# The Pines Nursing 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had experience of caring for older people.

#### Service and service type:

The Pines Nursing 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.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Day to day management of the service was carried out by an acting manager, who had applied to register with the CQC.

#### Notice of inspection

This was an unannounced inspection, which meant the provider and staff were not aware that we were coming.

#### What we did:

Before the inspection we used information, the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually 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.

During the inspection we observed the support that people received, spoke with people and staff and gathered information relating to the management of the service.

This included:

- ☐ Notifications we received from the service
- ☐ Four staff recruitment files
- ☐ Training records
- ☐ Four people's care records
- ☐ Records of accidents, incidents and complaints
- ☐ Audits and quality assurance reports
- ☐ We spoke with nine people using the service and one visitor
- ☐ We spoke with nine members of staff, including the acting manager, the regional manager, an administrator, an activities co-ordinator, a registered nurse, a maintenance worker, the chef and care staff.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- Registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- We observed a registered nurse giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. Nobody we spoke with expressed any concerns around their medicines.

### Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

### Preventing and controlling infection

- The service and its equipment were clean and well maintained.
- There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
- The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

### Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained to ensure that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as

mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I am not worried about anything".
- Staff had a good awareness of safeguarding and could identify different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Staffing and recruitment

- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
  - Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "I can't praise the staff enough. They keep popping in to see how I am and offering me another drink".
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- Files also contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the nursing midwifery council (NMC).



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity.
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to people's needs, for example around the care of people with dementia and those at the end of their life.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training.
- Staff also took advantage of online training courses to enable them to complete training at a time that suited them.

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

- People's individual needs were met by the adaptation of the premises. Hand rails were fitted throughout the service with bumps at each end to alert people who were visually impaired where the hand rail stopped. There were slopes for people who use wheelchairs and other parts of the service were accessible via a lift. There were adapted bathrooms and toilets.

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

- Staff undertook assessments of people's care and support needs before they began using the service. The pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people were involved, where possible, in the formation of an initial care plan.

Supporting people to eat and drink enough with choice in a balanced diet

- The provider met people's nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person told us, "We always have a vegetarian option at each meal".

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. One person told us, "If I want to see the Doctor, I ask the nurse, but they always sort it out".

Supporting people to live healthier lives, access healthcare services and support

- People told us they received effective care and their individual needs were met. One person told us, "The staff are very helpful, and kind and I am not at all worried living here". Access was also provided to more specialist services, such as opticians and podiatrists if required.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

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 when this is in their best interests and legally authorised under the MCA. The provider had a good understanding of the Act and were working within the principles of the MCA.
- The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood when an application should be made and the process of submitting one.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were attended to in a timely manner and were supported with kindness and compassion. We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "Some of them [staff] are like family to me".
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wanted. One person told us, "I have three sons and one of them visits me each day and they are always made welcome".
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. We saw that some people accessed the local community independently and care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair.
- People's privacy and dignity was protected and we saw staff knocking on doors before entering and talking with people in a respectful manner. One person told us, "I feel very safe here as the staff are very patient with people who need extra time like me".
- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.

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

- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time.
- People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day. One person told us, "Staff don't tell me what I can and can't do and are always helpful".
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that the service responded well to their care and recreational needs. We saw a varied range of activities on offer which included, music, arts and crafts, exercise and visits from external entertainers. If requested, representatives of churches visited, so that people could observe their faith. The day of our inspection coincided with Chinese New Year and people were decorating the service in preparation for a Chinese meal.

- The provider met the requirements of the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Staff ensured that people's communication needs were assessed and met. We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these.

- Technology was used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time.

- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs.

- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

- People's preferences were met, for example, one person told us, "I like the early morning cup of tea I am given when I wake up". We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans.

End of life care and support

- Peoples' end of life care was discussed and planned and their wishes were respected if they had refused to discuss this. People could remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, with regard to their end of life care, had been respected.

- Anticipatory medicines had been prescribed and were stored at the service should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.

- The procedure for raising and investigating complaints was available for people, and staff told us they

would be happy to support people to make a complaint if required. One person told us, "I would talk to [acting manager], but I don't have any concerns as he's very good".

## Is the service well-led?

### Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- Day to day management of the service was carried out by an acting manager, who had applied to register with the CQC. We received positive feedback in relation to how the service was run. One person told us, "This is very well run. My nephew chose it for me when he had looked at lots of others. He made a good choice".
- The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, infection control and medication. The results of which were analysed in order to determine trends and introduce preventative measures.
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. One person told us, "[Acting manager] comes around a lot to see if we are alright. He is very kind".

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We communicate well and have regular meetings. There is a lot of support. It's a small home and we all know each other".
- There was also a clear written set of values displayed in the service, so that staff and people would know what to expect from the care delivered.
- Staff had a good understanding of equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

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

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. There was a suggestions box, meetings and satisfaction surveys were carried out, providing management with a mechanism for

monitoring satisfaction with the service provided. One person told us, "We have a monthly residents meeting and discuss activities, food and menus, maintenance and anything we feel needed to be talked about".

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority, Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Up to date sector specific information was made available for staff including details of managing specific health conditions to ensure they understood and had knowledge of people's needs.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service.
- The acting manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.