

G & A Investments Projects Limited

Pinewood Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pinewood Rest Home is a residential care home providing personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 16 people, some of whom may be living with dementia.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

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

Environmental risks were not always managed effectively; Staff did not have regular fire evacuations to keep people safe. Fire systems were not always tested in line with best practice.

Relevant recruitment checks were not always safe. For two staff members application forms were not fully completed which meant the service could not check the staff members employment history to make sure they were of good character and had the necessary skills.

We were assured that most infection prevention and control practices were in line with current guidance. However, some improvements were required.

Governance systems were not always effective in promoting a person-centred culture. A new manager was in place and was working to ensure new systems were in place and effective and was getting to know people at the service.

Systems were in place to protect people from abuse. Staff we spoke to were aware of how to identify, prevent and report abuse. There were enough staff to keep people safe.

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.

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 good (published 27 August 2021)

Why we inspected

We received concerns in relation to falls equipment and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risks to fire procedures and staff recruitment practices at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Pinewood 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 Health and Social Care Act 2008.

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

One inspector carried out the inspection 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.

Service and service type

Pinewood Rest Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Pinewood Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed and had been managing the home and had applied to CQC to register on the 17 May 2022.

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

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the manager and care staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We were not assured that risks to people had been assessed and plans implemented to reduce possible risks. Suitable checks were not always made to ensure the building was safe. Weekly and monthly fire checks were not always carried out to ensure people were kept safe. Records showed the last weekly fire tests were completed on the 21 December 2021 as well as the monthly fire checks including emergency lighting. Guidance issued on fire safety for care homes states, 'test fire detection and warning systems weekly following the manufacturer's or installer's instructions.'
- The provider had a fire risk assessment in place which stated that the home had 20 residents when the home could accommodate up to 16 people. At the time of the inspection the manager could not locate the fire policy. However, we could not see that fire evacuations had taken place recently and not all staff had completed fire training.
- We spoke with the manager about our concerns who informed us they were taking over the fire drills and had just started to complete the weekly checks and that they had just updated the dependency levels and individual personal emergency evacuation plans (PEEPs). They also assured us a fire policy was in place.

The failure of the provider to ensure that the risk to people was minimised in the event of an emergency or evacuation meant that people had been put at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

- Before we inspected, we received concerns about the lack of falls and emergency equipment. At the time of inspection, the emergency alarm system had just been upgraded and more falls equipment had been ordered to keep people safe.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A water risk assessment was in place and some regular water checks were in place. However, the manager had arranged for the water company to discuss and identify what checks needed to be put in place for safe water management at the beginning of June 2022.
- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. These included assessments on the risks of poor nutrition, mobility and the maintenance of skin integrity.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- We could not be assured the service were following safe recruitment practices. Two staff files we looked at did not contain complete application forms. This meant the service could not be ensured of a full employment history as required by schedule 3 of the Health and Social Care Act 2008. We were also not assured that suitable employment references had been obtained to ensure staff are safe to work with vulnerable people.
- The service had obtained checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, for one staff member this had not been fully explored by the provider. We spoke to the manager of our concerns who immediately followed up on our concerns.

The failure to have safe recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed responses from people regarding staffing levels in the service. One person told us, "I don't think there's enough staff here". Another person said, "The staff are great here, but they need to employ more, sometimes there's just three of them here". Another person told us, "There are agency girls sometimes but mostly permanent staff, local girls. It's nice to know they will help you. There's some that are having training at the moment, you will see them working with the experienced ones". □
- On the day of inspection there was no evidence of staff rushing. An agency member of staff was on duty as a staff member had been absent due to sickness.
- Records showed staff numbers in line with observations during inspection. The manager informed us they had been closely monitoring staffing levels and had reduced some hours recently but felt it was manageable.

Using medicines safely

- People and their relatives felt medicines were provided safely. One person told us, "I get my tablets on time mostly, the staff can't do everything at once, they have to see to everyone". Another person said, "If I've got pain anywhere, I press my bell and they will come and give me some paracetamol".
- Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- Staff were trained in medicines administration and were checked for competency.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "The staff are very good to me, they recognise when I'm not well even before I do".
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Preventing and controlling infection

- The home looked clean and there were no malodours. However, records could be improved to ensure evidence of daily cleaning as we saw many gaps in records and high touch points was not evidenced. We raised this with the manager who has added high touch points to the cleaning records.
- All the people we spoke with told us the home was 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.
- Visitors were welcomed and we saw visitors come into the home following safe guidance.

Learning lessons when things go wrong

- The manager informed us they had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. There had been an absence of records during January 2022 to May 2022 when the service was without a manager. However, it was hard to see in some places what measures had been reviewed where an accident had occurred. The manager informed us they would make clearer recording systems to ensure people were kept safe.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been a lack of positive leadership and guidance in the home through the number of managers that had come and gone through the service which had led to people not always achieving good outcomes. At the time of the inspection a new manager had been in post for two and a half months.
- We received mixed feedback about whether people would recommend the service. One person told us, "I'd recommend it as homes go". Another person said, "I would have once, but just lately it seems to be going to pot." We asked them to expand and they told us, "There can be a tense atmosphere here sometimes amongst the staff". One relative told us, "I don't think it's the same now as when my relative first came in, there's an atmosphere, and the outside looks a bit rundown".
- We observed people received person-centred support and care delivery ensured people were enabled to maintain skills and independence. Care plans had also been recently updated and showed person-centred approaches.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of inspection there was no registered manager in place and the service had been without a registered manager since November 2021. The new manager had applied to become the registered manager and had submitted their application.
- The governance arrangements needed to be strengthened and developed. Records showed regular audits of the service had taken place up until August 2021. The new manager had started to ensure regular auditing was taking place to ensure the quality and safety of the service. However, these were not always robust for example a recent health and safety audit stated that fire drills and fire alarm testing was in place and we found no evidence of recent fire drills and fire alarm testing had only just started after a large gap on non-compliance. The manager informed us they would complete the audit again.

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

- Since the last inspection some communications had fallen behind. People informed us there had not been any residents meetings, 'for as long as they could remember' and could not remember being asked to complete a survey. The manager told us, "I have only held the position of acting manager for two and half months. In this time, I wanted to get to know the residents and families. I have started giving out feedback forms to families, visitors and nurses".

- The manager had been providing people and their relatives monthly newsletters to keep them updated and we observed a comments box in the reception area of the home.
- The service worked in partnership with the local doctor's surgeries and community health teams.
- The manager informed us they were supporting staff by holding regular supervisions and staff meetings were being held. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice.

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

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure of the provider to ensure that the risk to people was minimised in the event of an emergency or evacuation meant that people had been put at risk of harm. This was a breach of Regulation 12 (1) (2) (b) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The failure to have safe recruitment procedures. This is a breach of Regulation 19 (1) (a) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>