Forest Health Care Limited

Pinehurst Care Centre

Inspection report

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Date of inspection visit:
20 February 2019
21 February 2019

Date of publication:
18 April 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:

Pinehurst Care Centre is a care home providing accommodation and personal care for up to 50 older people. At the time of the inspection 40 people were in residence.
Pinehurst Care Centre is made up of two buildings. The main building has two units in this called Cedar unit and Hurst unit. The second building is the Pine unit.

People's experience of using this service:
- Medicines procedures were not always handled safely.
- Records were not always up to date and accurate. We found missed signatures in medicines administration chart (MARs).
- We found that risk assessments were updated following a fall or evidence of this in case notes.
- Mobility and falls risk assessments were not always reviewed and updated following an incident.
- Staff training was not up to date.
- Not all staff could demonstrate their understanding of how to meet the needs of people living with dementia.
- Recruitment process were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.
- There was a choice and variety of meals and drinks offered to people, including alcohol.
- People were treated with care and kindness.
- People and relatives felt the service was safe.
- People and their relatives said staff were caring and respected their privacy and dignity.
- Staff felt the management was supportive and approachable. Staff were happy in their role which had a positive effect on people's wellbeing.

Rating at last inspection: Outstanding (Report published 28 September 2016)

Why we inspected: This was a planned unannounced inspection based on the rating at the last inspection

Enforcement:
We found a breach of regulation 17 relating to mitigating risks in the provider's governance systems to ensure compliance with the fundamental standards.

Follow up:
- We will check that the action is taken.
- We will continue to monitor all information we receive about this service.
- We will carry out a comprehensive inspection within one year of the publication of this report in line with our methodology for services rated as requires improvement.

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

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 effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
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 not always well-led Details are in our Well Led findings below.	**Requires Improvement**

Pinehurst Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

There was a 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. The service a registered manager and the care manager who had both been in post for a number of years.

Inspection team: This inspection was conducted by two inspectors and an Expert by Experience (ExE) in dementia care. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Pinehurst Care Centre 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection took place on 20 and 21 February 2019, and was unannounced.

What we did: Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspection. We looked at the PIR and at all the information we had collected about the service. We looked at the notifications we had

received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we gathered information by
- Undertaking a Short Observational Framework for Inspection (SOFI)
- Spoke with the Registered Manager, the clinical lead, senior care staff, care staff, events coordinators and the chef.
- We spoke with 8 people at Pinehurst that lived in all 3 units.
- We spoke with 3 relatives or friends of people that lived in Pinehurst
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Recruitment records

After the inspection additional information was gathered
- The Registered Manager's quality assurance audit
- Policies and procedures
- Training matrix
- Supervision Matrix

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: 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.

Using medicines safely

- We found where people have been administered medicines, staff had not always signed the associated medicine administration record (MAR) to say this had been given. It is important that medicines are signed for on MARs to prevent administration errors.
- Although daily checks of the MARS were carried out by the clinical lead, the missed signatures had not been identified, six from the previous evening medication, where the daily recording check sheet had been signed to say there were no issues.
- Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine.
- For example, the registered manager highlighted two people's PRN that was specific to their needs as they were non-verbal. When checking this, one person did not have a PRN protocol and the second person's PRN did not state specially how they would communicate pain.
- There was evidence that PRN protocols were not always completed. For example, some people's PRN protocol did not contain information on how they would communicate to staff when PRN was required. Two staff members who administered medication were unsure what a PRN protocol was.
- Where PRN medicines had been given, the system in place for recording this was not always effective. For example, there were two separate recording mechanisms for recording when one person had been given PRN medicine. Staff we spoke with confirmed they should all be recording the PRN medicine consistently, to prevent a risk of the medicine being given twice.
- One staff member stated they would know someone wanted PRN because, "They would complain of the pain and headaches," and asked how they would communicate this they stated, "They would tell you." Another staff member stated, "They would look at facial expression." Whilst staff were able to explain to us when individuals would need to be offered their PRN medicines, it is best practice to have written protocols.
- The registered manger or clinical lead could not provide documentation of an accurate running total of medication stock that remained in the home. We carried out a random stock check of six people's medicines and found that the amount of medicine in stock did not match that recorded by the provider. The registered manager informed us that the clinical lead had been away for a month so this why a total could not be given.
- The provider used a medication administration competency tool. We saw that eight staff members had been assessed as competent to administer medication.
- The provider told us only staff trained and assessed as competent could administrator medication.
- Although medication audits were in place to assess and monitor the quality and safety of care provided at Pinehurst Care Centre, these were not always effective. For example, the medication audit system did not always identify missed signatures.

Systems and processes to safeguard people from the risk of abuse

● Pinehurst safeguarding policy stated, 'Safeguarding training was received by staff on induction when they first started working at Pinehurst Care Centre. Staff should receive Safeguarding training on an annual refresher basis.'

● We requested the training matrix on two occasions due to the first one given been out of date. The second matrix sent showed twelve staff members' annual safeguarding fresher training had expired.

● We spoke with staff who were able to evidence that they understood their role and responsibility in this regard to safeguarding, to ensure people were protected from abuse and avoidable harm.

● People and their relatives told us they felt the service was safe. Comments included, "Strangely feel quite safe, partly due to the staff."

● We asked people whether staff had time to support them without rushing. One person told us, "Oh yes, although they are busy they never rush me, I'm a bit slow."

● Staff could explain what process and action to take for reporting incidents and accidents.

Assessing risk, safety monitoring and management

● People were not always protected from risks associated with their health and care provisions. We looked at one person's falls risk assessment. This had not been updated or reviewed since the last fall in January 2019.

● We looked at one person's falls risk assessment following an update. The scoring of the risk assessment had increased. There was no evidence in the person's folder explaining the reasoning for this. When asking the clinical lead about this, they proceed to review the document and change the scoring and could not explain to use why the scoring hadn't been changed previously.

● The provider had a system for recording falls and accidents electronically on a 'falls logs' document. We looked at one person who falls log for 2018. A pressure mat was put in their room in March 2018 and they were scored as high on the falls risk assessment. This person then had six incidents where they had fallen, with one leading to a hospital admission.

● Records of accidents and incidents lacked detail and did not evidence that any monitoring took place of people after they had been involved in a safety incident. There were no reviews evident that showed the service had put things into place to minimise the risk of falls. Care plans were then signed off monthly by management although the above had not taken place.

● Daily notes were not always updated following an incident. Where people had fallen, case notes did not always highlight the fall. This was brought to the attention of the registered manager.

● There was a thorough handover each morning and evening that staff members attended.

● Following a fire inspection in 2018, new lobby areas were built and sprinkler system installed.

Staffing and recruitment

● Required staff recruitment checks with the Disclosure and Barring Service were carried out to ensure people were protected from having staff work with them who were not suitable.

● However, the provider could not always provide assurance that they had obtained satisfactory evidence of conduct in relation to staff previous employment of working with vulnerable children and adults. We spoke with the staff members, who has ten years' experience, responsible for recruitment checks and they were unaware that a clear audit trail was needed when requesting information on the character of the prospective staff member

● There was enough staff to meet people's needs. It was evident that staff had time to speak with people. The service had staff rota's in place.

● One staff member described their views on staffing, "Sometimes we are very short, especially at the moment." Another stated, "When everybody is in that's fine. If people [staff] are sick we work as a team."

● One relative stated, "There are only two staff members in this unit for 16 residents and their relative will

wander, doesn't like to use their frame. It's okay but they could do with more staff."

Preventing and controlling infection
● Staff were trained in the prevention and control of infections.
● We saw that the home was clean and free of malodour throughout the duration of our inspection.
● Personal protective equipment (PPE) was available for staff, such as disposable gloves to use to help the spread of infection.

Learning lessons when things go wrong
● There was an accidents and incidents recording tool that identified what person had an fallen or had an accident, which highlighted the description of the accident, description of injury, cause of injury, who this was reported to, description of actions and if the next of kin were informed.
● However, there was no clear action plan available following an incident. Monthly quality review meetings took place, where in the 'care plan review and significant changes in needs' section, the same information was written for all three months, which stated about 'training being on hold'. There was no evidence in these meeting minutes, that people's risks or reviews of significant changes had taken place. The service fall log had recorded 30 different falls over this period.

Requires Improvement

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

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Requires Improvement: the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff Training

● The provider did not have an effective system to ensure that staff received appropriate training.

● The registered provider had a list of training they deemed mandatory for staff members. This included manual handling, fire safety, person centred, Infection control, food safety/hygiene, health and safety, record keeping, dementia, and Mental Capacity Act (MCA)/deprivation of liberties (DOLS)

● However, we looked at the provider's training matrix and saw that not all staff were fully up to date with the training the provider considers mandatory. The below training had a number of staff members where their training had expired. For example,

- 18 staff members in record keeping training.
- Two staff members in training in moving and handling
- 11 staff members in first aid training expired

●The registered manager stated all staff had refresher training booked for the end of March 2019.

Staff support: induction, skills and experience

● People felt that staff had the knowledge they needed when providing their support.

● Relatives we spoke to felt staff were trained to perform their roles.

● All staff interviewed stated they had dementia training, but not all could demonstrate knowledge on working with people who live with dementia. For example, one staff member stated, "yes I've had dementia training" but was "Unsure about what dementia was."

● The registered manager advised staff receive supervision six times a year and provided a supervision matrix to support this.

● However, two out of the four staff interviewed stated they couldn't remember having supervision. One staff member said they had supervision bi monthly and one staff member stated they had supervision every three months.

● Staff stated they felt competent to do their roles following induction.

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

● All staff members we spoke to could clearly demonstrate they knew people's background and their preferences. For example, one staff member spoken to could clearly speak about one person's likes and dislikes like.

● One relative told us, "I have been involved in the care plan and review of this."

● Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to complete a document called 'all about me'. This provided details to staff on people's likes and dislike and any specialist nutritional needs.
● It was observed there was a choice and variety of meals and drinks, including alcohol.
● People had access to fruit and hot and cold drinks at any time they wished.
● All people's weight was recorded monthly
● Menus were on a four-week cycle, which changed dependant on the time of year. For example, from March it chances to salads and light foods and cold desserts.
● People were offered a choice of food at mealtimes.
● People were offered food taster days. This was implemented as a way of bringing variety into people's diets. One person stated, "Got no complaints - keeping me alive and happy."

Staff working with other agencies to provide consistent, effective, timely care
● The registered manager told us that a nurse practitioner visited the home weekly and were told that a chiropodist attended the home every six- eight weeks. An optician attended the service annually to offer people a free eye test.
● One relative stated "I take him to dentist and optician. There is nobody to take them out," and "they call me if he needs to go to hospital." The service stated, 'It is made clear to families from the start that staff do not take residents to dental or hospital appointments'.

Adapting service, design, decoration to meet people's needs
● People were able to walk freely between different areas of the home throughout the day.
● The registered manager told us they in the process of re-organising the dining room in one of the units to give people a more independent dining experience and also use this as a meet and greet area when there are visits from family or professionals.

Supporting people to live healthier lives, access healthcare services and support
● One person stated, "My daughter takes me when necessary. Doctor comes in weekly."

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● The service stated that staff received training in MCA and DoLS. However, we saw that not all staff were up to date with their training in MCA and DoLS. 11 staff members training had 'expired' and they had not completed refresher training in line with the provider's policy
● Staff we spoke to understood consent, the principles of decision making, mental capacity and deprivation of people's liberty.
● The registered manager had applied for DoLS on behalf of people and kept clear records of which were

awaiting authorisation and when they needed renewing.

● Staff could identify which people lacked capacity in the service. Where people lacked capacity to make certain decisions about their care and support, the best interest decision making processes were applied

Good

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

Good: 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

●Overall, we found that caring was good but we did see people in Pine House were not always supported during meal times. For example, two staff members supporting people to eat were having their own conversation during lunch. A second example, one person with dementia was left for a period where they started to use their hands to eat their food before staff assistance was given. We fed these observations back to the registered manager.

● We did see some positive interactions between staff and people at meals times in Cedar and Hurst House. For example, people were encouraged gently to try and eat, particularly those at risk of malnutrition. We spoke with the carer overseeing lunch about this, and they knew those at risk and who needed encouragement and assistance.

● We did raise this with the registered manager during feedback

● People were treated with care and kindness.

● People were asked 'Are the staff caring when they support you?' Responses included, "Very pleasant and caring."

● One relative stated, "I sleep very easily at night knowing she is being cared for. Staff are delightful."

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

● People's diverse needs, their personalities and what was important to them were well known by staff.

● The service is approaching new redecoration and refurbishment projects in the home from a residents and activity point of view rather than colour scheme. In the cedar dinning people were given the opportunity to have a say in the design and colour of the dining area.

● All care plans had family member involvement if this was appropriate. The family member would provide information the people's social background, their likes and dislikes and recent history.

Respecting and promoting people's privacy, dignity and independence

● Rights to privacy and dignity were supported.

● People's responses to dignity included, "They are incredibly respectful and treat me with utmost dignity."

● The service found out one person like personal interests was music and to play music. This person then had a music keyboard put in his room so he could use this.

● People could spend time in the way that they wanted.

Good

Is the service responsive?

Our findings

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

Good: 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

- Prior to admission, families and people completed a 'pre- admission assessment' that highlighted their specific needs, wishes and choices.
- People's care plans had a section highlighting their activity likes and dislikes.
- The service supports a person who really enjoys football. They had sky television in his room, where a member of staff regularly sits with him during the games and keeps him update to with scores and transfers.
- The provider worked in partnership with a local school, beaver and brownie groups, preschool and toddler groups and exotic wildlife agency. The registered manager informed us that the exotic wildlife agency had previously brought in a range of exotic animals that people could see and hold.
- A morning and evening handover was in place in all three houses, as a way of sharing information between staff regarding people's ongoing health and wellbeing.
- We looked at how the provider was meeting people's individual communication needs. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and, in some circumstances, to their carers. We found the provider met these standards.
- The provider worked in partnership with the National Citizen Service (NCS). In the summer, eight students from NCS set up a 'Wimbledon experience' for people. This involved printing tickets, spraying white lines on the garden to create the courts, and then the students played tennis matches. This was something people had asked for, as they were not able to get to Wimbledon itself.
- The activity coordinator had a weekly planner where people would actively get involved with Zumba (fitness activity) and a session called 'golden toes' which was a seated fitness activity.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- The service hadn't received a complaint in the past 12 months.

End of life care and support

- People were asked about their end of life choice and support through the 'pre-admission assessment form.'
- People with end of life care preferences were recorded in their individual care plans.

Requires Improvement

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Falls

- There was no evidence in people's files that following a fall an investigation had taken place into this incident or any preventative measures were put in place. There was no further information regarding the injuries and if staff would be monitoring the person to ensure that they had not suffered any ill effects as a result. Management had completed and signed a monthly review without identifying the concerns we found.
- There was not clear systems and processes in place to govern when an incident had occurred. For example, one person who fell over in the bathroom did not have a completed body map with actions or description in their file.
- People's daily case notes did not always identify when a person had been involved in an accident. For example, one person had fallen in October and November 2018, but none of these incidents had been recorded in the daily notes.
- The provider did not always maintain securely accurate, complete and contemporaneous records of people's care and support needs. For example, accident records not always identify when a person had fallen.

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

- Risk assessments were not always detailed and did not contain actions required to mitigate risks. For example, people's falls risk assessments had a scoring system of low, medium and high. Where a person was identified as being at low, medium or high risk of falls, there was no guidance in place for staff on how to work with the people based on their risk of falls.
- Where people's needs or risks changed, care plans were not updated to reflect what support or mitigation was in place to prevent recurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager as required.
- Records were not always kept fully up to date. The registered manager conducted monthly quality audits. However, these audits did not always evidence shortfalls, and not all of the Excel tab sections had been updated monthly. For example, in the 2018 auditExcel tab sections had been completed from January 2018 to June 2018 only. These sections included;

- medication returning ordering

- controlled medication book
- Assessments for new residents
The kitchen audit was completed from January 2018 to September 2018 only.
The 2019 audit had two Excel tab sections where there was no audit completed. This was 'activities monthly' and 'care manager monthly'
● Following the inspection at factual accuracy stage, it was stated "A key performance indicator (KPI) is completed and used which supersedes an audit report. This is completed every month and has much more detail. This was not communicated during the inspection process or following evidence gathering.
● We found recording issues in people's medicine administration records. The registered manager had been unaware of this until it was brought to their attention at the inspection.
● We found that the medication audits the clinical lead had completed were not always effective. For example, we saw that there were gaps on MAR charts where staff administering medication had failed to sign, and the daily recording check sheet had been signed to say there were no issues.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff received training in relation to the Equality and Diversity Rights as part of their induction.
● Local links had been made with primary schools and traders.
● A 'pub in the garden' was set up in response to listening to what people wanted. This allowed people to go outside in the summer. For example, making exotic and colourful 'mocktails' for people to enjoy, whilst also keeping them hydrated.

Continuous learning and improving care
● Systems were not always in place to ensure the service was consistently monitored and quality assurance maintained.
● All staff spoken with said they would recommend the service to a member of their family.
● The manager was supported by a clinical lead nurse who described how they were working closely with the manager to improve systems at the home.
● One relative commented on the registered manager, "She has an open-door policy"
● Staff said they would felt confident to raise concerns to management.

Working in partnership with others
● A community professional fed back that they felt, "The service is successful in developing positive caring relationships with people."
● The registered manager stated they had extremely good working relationships with the doctor, district nurses and other health care professionals. The registered manager stated they have a nurse practitioner who visits the home regularly. One professional states, "yes" they thought the service 'promotes and respects people's privacy and dignity'.

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	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(1) (2)(a-f)