



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Pinewood Nursing Home

**33 Victoria Place
Budleigh Salterton
Devon
EX9 6JP**

Lead Inspector
Caroline Rowland-Lapwood

Key Unannounced Inspection
22nd November 2006 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Pinewood Nursing Home
Address	33 Victoria Place Budleigh Salterton Devon EX9 6JP
Telephone number	01395 446309
Fax number	01395 443096
Email address	mail@pinewoodonline.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Elmwood Nursing Home Ltd
Name of registered manager (if applicable)	Mrs Eileen Lesley Enever
Type of registration	Care Home
No. of places registered (if applicable)	28
Category(ies) of registration, with number of places	Old age, not falling within any other category (28)

SERVICE INFORMATION

Conditions of registration:

1. That the new accommodation will not be brought into use until the Commission for Social Care Inspection has received written confirmation that Planning Department, Building Control, Environmental Health Department and Devon Fire and Rescue Service requirements have been met.
2. That the new accommodation will not be brought into use until an inspector has visited to confirm that it is ready for occupation and has been built according to plans which have been agreed with the Commission
3. The manager must obtain the Registered Manager's Award by September 2006.

Date of last inspection 9th November 2005

Brief Description of the Service:

Pinewood Nursing Home provides 24-hour care and accommodation for up to 28 older people with nursing care needs. It is owned by Elmwood Nursing Home Ltd. and managed by a registered nurse manager.

The Home is a detached property standing in its own grounds, approached by way of a steep hill, situated in a residential area close to Budleigh Salterton town centre and the sea front. It is currently undergoing refurbishment and enlargement. The home is sited on four floors with lift access to each. Twelve of the rooms have en suite facilities. There is a main lounge, a second 'quiet' lounge and a dining room. There are grounds and gardens, with areas that are easily accessible to service users.

The home employs a physical therapist, activities coordinator and has shared use of a mini bus.

The average cost of care is £350.00 to £600.00 per week. Additional costs, not covered in the fees, include chiropody, hairdressing and personal items such as toiletries and newspapers.

Current information about the service, including CSCI reports, is available to prospective residents.

SUMMARY

This is an overview of what the inspector found during the inspection.

This unannounced inspection took six and a half hours to complete. During this time the inspector case tracked 3 residents, which helps us to understand the experiences of people using the service. A number of other residents (10) were met and spoke with at length during the course of the day. There were 27 residents living at the home. The inspector also spent time observing the care and attention given to residents by staff. The inspector spoke with 6 members of staff including the manager, nursing and care staff and ancillary staff.

Prior to the inspection surveys were sent to 11 residents; 10 were returned. Surveys were also sent to 12 staff members; 11 were returned. Seven surveys were sent to health and social care professionals (including GPs'); six were returned.

Records relating to recruitment, training, health and safety and maintenance were looked at and a tour of the premises was taken. The manager had completed and returned a pre-inspection questionnaire before the inspection visit; this is a document, which the home sends to the regulation inspector before the inspection, which provides current detail of the home.

Staff were very helpful on the day of the inspection and a lot of positive discussions, advice and suggestions took place throughout the inspection.

The atmosphere in the home was warm, welcoming and friendly. Residents were relaxed, content and spoke highly of the care they received in the home.

What the service does well:

Residents who completed survey forms prior to this inspection said they "always" or "usually" receive the care and support they need.

Some comments made by residents included, "staff are very helpful", " staff are polite and helpful" and "the owner is very nice, he is always about".

The health and personal care needs of the residents are well met by good care planning and competent staff. Health professionals contacted were satisfied with the overall care provided; all felt that the home communicated clearly and that staff had a good understanding of the residents needs. Several residents praised the nursing care provided at the home.

Visitors are always made welcome at the home residents said their relatives are able to visit whenever they want to.

All of the residents were happy with the quality and variety of food provided at the home. Some comments made included; " the food is really great", and "the food is gorgeous".

The home is well managed by the home owner who is in and around the home on most days. The home also employs a Manager who is available on a daily basis. All residents that were asked were able to identify who was in charge and who they would approach if they had any concerns or complaints.

Records needed as part of the inspection procedure were made readily available.

Staff are keen to ensure the well-being and comfort of the residents and were observed treating them with great respect and kindness.

The staff were able to demonstrate a confident, open and positive attitude to their work. They had a thorough understanding of the personalities, needs, likes and dislikes of each resident. They were attentive, patient and friendly towards the residents.

The home provides comfortable accommodation for residents

What has improved since the last inspection?

The home has introduced a new induction programme for new staff. This will ensure that staff are properly trained from the very beginning of their employment and so ensure residents' safety and wellbeing.

New equipment has been purchased to aid residents comfort and safety. These include a new pressure mattress for those residents who need to remain in bed for long periods and new sluicing facilities.

A new extension to the home is near completion. This will provide eight further bedrooms and more communal space. There is also a large room for physiotherapy; this will be a great asset to the home as residents will be able to receive frequent and regular therapy to improve their movement.

Five recommendations were made at the last inspection; all but one has been carried out.

What they could do better:

Medication practice is much improved so as to increase safety, but one element of a previous requirement have not been met (this relates to having two people sign when prescription are hand written).

The staff spoken with had an adequate understanding of adult protection issues. However not all had up to date training nor seen the " No Secrets"

video/DVD, which has been developed by Devon County Councils' Adult Protection Team as a training aid for staff.

Fire safety checks were neither complete nor up to date; these included fire extinguishers, emergency lighting and alarms. This must be done regularly and at the appropriate intervals so to ensure that all fire systems are working correctly and that ultimately residents are safe from fire.

Foundation training must be completed so that staff are properly trained to do the job they are employed for and so ensuring residents are well cared for.

The Manager has the experience to run the home but she must use her skills effectively to support staff and make herself available to all residents.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3 & 6

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

Information about the home is available for prospective residents, which enables them to make an informed choice before moving into the home.

Resident's benefit from a good admission and assessment process, which ensures that the home can meet their needs.

EVIDENCE:

Residents said that they chose Pinewood by either visiting themselves or their relatives doing it for them.

A copy of the last inspection report is available upon request.

The Manager visits prospective residents before admission in their own homes or in hospital in order to complete detailed assessments and be sure that the home can meet their needs. The three assessments looked at were

comprehensive and demonstrated that all needs were covered in the areas of health, personal and social care.

The majority of residents responding with surveys confirmed that they had received enough information about the home before moving in so they could decide if it was the right place for them.

The home does not offer intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9 & 10

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

This judgement has been made using available evidence including a visit to this service.

Residents' care is well planned, providing staff with information they need to meet residents' needs.

Residents' health needs are met and supported by the appropriate involvement of other health professionals.

There are good systems for managing medications, but one aspect of practice must be improved upon as errors could be made and residents safety would be compromised.

Staff and the management team promote residents' privacy and dignity.

EVIDENCE:

The residents spoken with were generally happy with the care, and health and social care professionals indicated they were also satisfied. Comments from

residents included, "I am well cared for" and "the girls are very kind." One person felt they had limited choices at the home and felt they had "no say" in how things were done.

Care plans seen provided a good description of residents' needs and how they should be met. Staff spoken with and observed demonstrated a good understanding of the residents' needs. There was evidence to show that residents are involved in planning their care.

Residents that were unable to get out of bed were clean and comfortable.

Residents' health needs are met; five health care specialists asked said they were happy with the overall care and felt that the home always works in partnership with them. Care plans and daily notes show good monitoring of health needs, for example wound care appears to be good with considered evaluation of treatment and progress.

All residents were well dressed in styles reflecting individual choice.

Staff were seen to treat residents with respect. They were seen to knock on residents' bedroom doors and speak to residents quietly and kindly. Residents and staff confirmed that when general practitioners or nurses visited they were able to receive their treatment in a private place.

Medication is generally well managed by the home with the exception of one aspect of practice, which is still outstanding from a previous inspection; Hand written entries should be signed and dated by the person making the entry and then a second person should read, check and sign the entry. This is to ensure residents are protected from any errors that may occur in transcription.

Only trained nurses administer medication. Medication records were inspected and all but the hand written notes were in good order. Medication was administered and stored safely.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14 & 15

Quality in this outcome area is good. This judgment has been made using available evidence including a visit to the service.

Residents benefit from contact with their family and friends, which is encouraged and supported by the home.

Residents enjoy a balanced diet which takes into account the likes and dislikes of most individuals.

Routines are flexible and social activities are available for those who wish to participate.

EVIDENCE:

Residents described the flexible routine at the home; one said, "I can get up when I like and go to bed when it suits me", another said, "I suit myself". The inspector saw several examples of where staff worked to ensure residents' wishes were met.

Some residents said there were "usually" appropriate activities on offer. Several residents said they did not participate in activities, one said they were "not for them".

The home employs an activities co-ordinator who works three afternoons a week. She undertakes group and individual activities. On the day of the inspection the residents were going to play "hangman".

Able residents are supported to make decisions about their daily lives and staff were observed to make sure that less able residents were offered the same opportunities for choice, for example one residents cared for in bed enjoyed classical music and staff ensured that this was on during the day.

5 residents responding with surveys said they "usually" like the meals at the home, 5 said they "always" like the meals. Several residents confirmed that a choice was always available. Residents described the food as "gorgeous" "very good" and "lovely".

Residents said that they exercise control over their lives; staff help them to maintain contact with friends and family. The atmosphere in the home is relaxed.

Hobbies and interests are encouraged; many residents were observed reading. Newspapers are delivered daily.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 & 18

Quality in this outcome area is adequate. This judgement has been made using available evidence including a visit to this service.

The home has a satisfactory complaints process with evidence that complaints are listened to and acted upon. Residents are clear how and to whom to complain.

Some staff are aware of the procedure to follow to protect residents from abuse but not all. However the policy in place needs updating so that any new staff will have up to date information and guidance.

EVIDENCE:

All residents spoken with and those responding with surveys felt that staff listen and act on what they say. All knew who to speak with should they have any concerns or complaints. One anonymous complaint has been received by the CSCI since the last inspection, this was investigated fully and positively by the home owner. A good record of complaints and outcomes is kept.

Residents say they feel safe at the home. Some staff spoken with demonstrated an adequate understanding of abuse and said they would report any concerns to the manager. However, not all staff has received up to date training in issues of Adult Protection. The manager has a basic understanding of the procedures to be followed and is aware of her responsibilities. The adult protection policy was inaccurate and in need of updating; the information was misleading and staff could take the wrong actions if following the policy.

Risk assessments have been completed and consent has been sought prior to the use of bed-rails, which is good practice. The information in the risk assessment provides staff with clear action on how to reduce risks to residents.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 & 26

Quality in this outcome area is adequate. This judgement has been made using available evidence including a visit to this service.

Resident's benefit from living in a clean, well-maintained, comfortable home.

Residents' safety is compromised due to inadequate fire safety checks.

EVIDENCE:

The home has a well-maintained environment, which provides aids and equipment to meet the care needs of elderly people.

Most of the home is decorated to a good standard. Some areas are in need of updating and redecoration. There is an ongoing decoration programme in place.

A tour of the building found the home was clean throughout and free from odour; residents confirmed that it was 'always' or 'usually' like this.

Both sluicing areas were clean and gloves and alcohol gel were freely available to ensure good infection control. The home deals with clinical waste appropriately.

The laundry facilities are old but well organised. A new laundry has been built and will be in use in the very near future. There is a system in place for dealing with soiled laundry, which reduces the risk of infection.

Fire safety checks had not been completed at the required intervals. Fire extinguishers, emergency lighting and alarm testing had not been done regularly. This must be done to ensure residents are protected by good fire safety practice (also see standard 38).

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29 & 30

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

The needs of residents are met though the number and dedication of the staff.

Staff are generally trained adequately to do their jobs although induction training is not always completed.

The homes recruitment procedures are robust and well managed.

EVIDENCE:

On the morning of inspection there was one trained nurse, five care staff, a cook, a kitchen assistant and a cleaner to care for twenty-seven residents.

Staff appeared busy, but residents appeared well cared for and those spoken with confirmed this.

Information received from the manager, prior to the inspection, indicates that four of the staff have NVQ 2 or above, this equates to 33% of care staff. This will protect residents by ensuring that they are cared for by competent staff. The home is keen to support any staff that wish to undertake an NVQ.

All new staff have had some induction training but this has not always been completed. This does not ensure that staff are trained appropriately to do their jobs.

On the day of the inspection the Manager was unable to locate the training file. She said that existing staff have had recent updates in mandatory training such as First Aid and Moving and Handling. Certificates were displayed that confirmed this.

The home employs staff from overseas; these staff are checked appropriately before they commence work so ensuring that residents are protected and cared for by suitable people.

The home operates a good recruitment procedure that clearly highlights the processes to be followed. Three staff recruitment files were looked at during the visit. The documentation was consistent with evidence of a safe and robust recruitment process being carried out before a person is employed at the home therefore protecting residents from potential abuse.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35 & 38

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

Residents' are involved in the running of the home.

There are systems in place to ensure that residents' personal monies are correctly managed.

Systems are in place to promote the safety and health of residents and staff.

The Manager has the experience to run the home but she must use her skills effectively to support staff and make herself available to all residents.

EVIDENCE:

Residents confirmed that they are able to look after their own financial affairs if they wish to. Otherwise the home generally invoices their account when money is needed.

When asked most residents referred to the home owner as the person they would go to if they had any concerns. He is in and around the home on most days and he knows the residents well. 5 of the questionnaires returned said that the manager was not often available. Measures should be put in place to address this issue so that residents feel confident that the home is managed as well as possible.

The home has quality assurance systems to ensure that residents will benefit from influencing the way the home is run. Residents have recently completed a satisfaction questionnaire; these are audited and the findings used to improve the service provided.

Residents and relatives meetings are held to encourage discussion and feedback; the next meeting is planned for early January 2007.

Fire safety checks had not been completed at the required intervals. Fire extinguishers, emergency lighting and alarm testing had not been done regularly. On discussion with the home owner it was explained this had occurred because one maintenance person had left and another had started work and there had been a lapse in the checks being done. Assurances were made that they would be done at the appropriate intervals in the future. This must be done to ensure residents are protected by good fire safety practice.

All other aspects of Health & Safety were well managed.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	2

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	X
33	X
34	X
35	3
36	X
37	X
38	2

Are there any outstanding requirements from the last inspection? yes

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13(2)	<p>The Registered person shall make arrangements for the recording, handling, safekeeping, safe administration and disposal of medicines received into the care home.</p> <p>1. (For all handwritten entries on the MAR chart the person making the entry must sign and date it, then a second person should check and sign it)</p> <p>2. (The home must have a policy in place with regard to those residents who wish to self medicate).</p>	04/12/06
2	OP19 OP38	23(4)(c)	<p>The Registered person shall make arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.</p> <p>(Emergency lighting, fire extinguishers, fire alarms)</p>	04/12/06
3	OP18	13(6)	<p>The Registered person shall make arrangements by, training staff or other measures, to prevent service users being harmed or suffering abuse or</p>	31/01/07

			being placed at risk of harm or abuse. (This relates to ensuring all staff has up to date training in issues with regard to Adult Protection. All policies and procedures in relation to this must be updated).	
4	OP27	18(1)(c)	The Registered person shall ensure that the persons employed to work at the care home receive training appropriate to the work they are to perform. (This relates to foundation training being completed).	31/01/07

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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