

Review of compliance

Pinhay House Residential Care Home Pinhay House Residential Care Home	
Region:	South West
Location address:	Rousdon Lyme Regis Dorset DT7 3RQ
Type of service:	Care home service without nursing
Date of Publication:	June 2012
Overview of the service:	<p>Pinhay House is a large country House situated near Lyme Regis. The home is set in its own grounds overlooking the sea.</p> <p>It is a care home for up to 25 older people, some of which have dementia type illnesses.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Pinhay House Residential Care Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 May 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us they were very happy living at Pinhay House and had choice and control over their lives and were able to give feedback about their lives.

We were told that people are supported to maintain a faith of their choice. At present people have Christian based beliefs. One person said "A lovely man comes to give us communion. It is a lovely peaceful experience. I enjoy his talk but choose not to take communion."

We spent a period of time observing life in the lounge because many of the people in the home had dementia type illnesses. We watched the interactions between staff and people. All interactions were respectful and encouraged independence and choice.

People said there was "lots going on" at the home to keep them busy. We were told about the trips by the nearby donkey sanctuary, craft sessions, ball games, baking sessions and trips in the mini bus. Staff told us there had been access to audio books, visits by a theatre company, garden sessions and a programme where butterflies had been hatched and released to the wild. People were particularly grateful for the one to one sessions where the activity coordinator spent time "chatting and reminiscing".

All four people we spoke with said they were happy with the care they received and "Felt well cared for". People said the staff answered their call bells promptly. All the people we spoke to said they felt safe at the home.

We spoke to two health care professionals who also said they thought the care provided at the home was very good. We looked at the records for three people and found these were

well constructed, accurate, up to date and reflected the care people were receiving.

People have access to NHS services and are referred appropriately to healthcare professionals. Examples included community psychiatric nurses, speech and language therapists, district nurses, GP's and chiropractors.

The home was managed very well. People were protected against the risks associated with medicines because they were managed well at the home.

People were extremely complimentary about the staff. One person said "The only word to use when describing the staff is excellent." Another person said "All the staff, and I mean all, without exception are the kindest you would ever wish to meet."

One person told us "I have never heard or seen them treat anyone with anything but gentleness."

There were good induction and training programmes for staff to access, which meant that people were cared for by competent staff.

What we found about the standards we reviewed and how well Pinhay House Residential Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experience care and support that met their needs and protected their rights. Care was planned and delivered in a way that ensured people's safety and welfare.

The provider was meeting this standard

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The Provider was meeting this standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system in place to identify, assess and manage risk to the health safety and welfare of people using the service and others.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us they were very happy living at Pinhay House and had choice and control over their lives. One person told us "It took them a while to see what I was capable of but now they leave me to do as much as I can which is what I prefer." One person appreciated that staff supported their choice to wander alone in the extensive grounds. We saw that people made choices about where they went in the home. Additional signage had been provided for one person to assist them in finding their room independently.

We saw that people were asked what music they wanted to listen to in the lounge and consulted about the volume so everyone could hear.

People also said it was up to them to join in the activities at the home or opt out as they chose. One person that they had been asked what they wanted to be called when they moved to the home, what they liked and disliked to eat and asked about their preferred routine.

We saw that people could get up when they wanted to. One person said "They (the staff) know what I like. I have breakfast in bed, then I like to get dressed at my leisure." One member of staff said "We have routines but they are very flexible."

Staff explained how the morning routine was adjusted when male care staff were working, to ensure that people who had asked for only female care staff had their request met.

Staff explained that all the people at the home had Christian based faiths at present, but they had cared for people with other beliefs past. One person said "A lovely man comes to give us communion. It is a lovely peaceful experience. I enjoy his talk but choose not to take communion." We saw from records that another person visited a local church in the community when they wanted to.

We spent a period of time observing life in the lounge because many of the people in the home had dementia type illnesses. This meant they were unable to tell us what life was like at the home. We watched the interactions between staff and people. All interactions were respectful and encouraged independence and choice. We saw staff routinely ask people where they wanted to sit, prompting them where they usually liked to sit, but also supporting them when they changed their minds.

We observed that when staff talked with people, they maintained communication with people. Conversations were meaningful, making reference to the present day and also referred to things that were significant to each person. Staff allowed time for people to express themselves.

People told us they had a choice of meals and were able to ask for something different if they did not like what was offered. People had a choice of drink at meal times and were able to eat their meals where they chose. One person wandered off to their bedroom. We saw that staff accommodated this change by taking dessert and drink to the person where they were.

People were able to bring small items of furniture and personal items to the home with them. One person said they had always had dogs and cats living at home and told us that staff had organised a house cat to come and live with them. This person said "I was so touched that they thought of this. It has made a big difference to my life, he is great company."

Other evidence

We saw care records which showed that people's preferences were documented. This included the chosen term of address, religious needs, dietary preferences and routines. One record stated specific details of what a person needed to settle at night, including a soft toy and blanket. Another record showed that a person liked playing the piano. Records reminded staff to leave the lid up so they could play when they wanted to. We observed this person playing during our visit.

Our judgement

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

All four people we spoke with said they were happy with the care they received. One person said "They get the Doctor in when I need to see him." Another person said "I needed to come to the home when I could no longer cope at home. It took a while to settle in but I am very happy here now."

One person said they had been asked if they wanted to see their notes but had not been interested.

People said there was "lots going on at the home to keep them busy". We were told about visits from the nearby donkey sanctuary, craft sessions, ball games, baking sessions and trips in the mini bus. Staff told us there had been access to audio books, visits by a theatre company, garden sessions and a programme where butterflies had been hatched and released to the wild. The home had a full time activity. People were particularly grateful for the one to one sessions where the activity coordinator spent time "chatting and reminiscing." We also saw photographs of a recent event where staff dressed up in period 1940's clothes.

People said the staff answered their call bells promptly. One person told us there had recently been a sickness bug at the home, and staff had "regularly popped their head round the door without asking" when this bug was present "to check all was OK, which was very reassuring."

We saw that people were well cared for. People had access to and were supported

using a variety of walking aids such as walking sticks and zimmer frames. There was also a variety of equipment for helping to move people. This means staff had access to move people safely.

We spent time observing staff interactions and did not see any negative interactions. Staff took time to ensure the pace of care was right for each person. People were assisted with their meals in a discreet unhurried way, making lunch a sociable occasion. Staff spoke to people with kindness and compassion.

Staff showed appropriate affection and touch to reassure people and repeatedly comforted one person who was distressed. Humour was used appropriately and compliments were used to boost people's morale.

We saw that staff knew the importance of encouraging people to drink and prompted to eat at lunch time. People had access to soft drinks and were encouraged to socialise in the lounge for morning coffee.

Other evidence

We spoke to two health care professionals who both said they thought the care provided at the home was very good. They both stated that referrals were appropriate and staff carried out instructions well.

We looked at the records for three people. We found that care records were well constructed and consisted of paper charts and computer records. All information was accurate, up to date and reflected the care people were receiving. Information was easy to read and showed the specific care needs for people. All records had been reviewed and had clear plans of action.

Staff had a detailed handover at the beginning of each shift. We saw that staff arriving in the middle of a set shift were also given a detailed handover for the period of the time they had not been at the home.

Risk assessments were specific for each person and used as a basis of a care plan. We saw people were supported to take risks. One example included supporting a person with dementia to go for walks alone. Initially staff went with the person until they became orientated to the extensive grounds and now they were able to walk alone.

People have access to NHS services and are referred appropriately to healthcare professionals. Examples included community psychiatric nurses, speech and language therapists, district nurses, GP's and chiropodists. The registered manager stated that the only health care professional they had problems accessing was the dietetics department. We noted that nutritional assessments were done but saw that when people were no longer able to weight bear they were not weighed. The provider said that staff used observation and continued to encourage high calorie foods. The provider stated they would consider how they would weigh people in the home who were unable to weight bear.

Our judgement

People experience care and support that met their needs and protected their rights. Care was planned and delivered in a way that ensured people's safety and welfare.

The provider was meeting this standard

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke to said they felt safe at the home. One person told us that staff had put a lock on the inside of their door to prevent another person wandering into their room.

Although some people in the home had dementia type illnesses in the home, some people liked to freely walk around the house. Staff had placed a coded keypad lock on the door to prevent people without capacity from leaving without staff knowledge. The code for this lock was written by the door so that people with capacity were able to leave independently. One person said "I like this system."

Other evidence

The provider was experienced and knowledgeable of how to make applications for authorisation of deprivation of liberties.

People in the home had bed rails in place for some people. Risk assessments were in place which showed the decision to use the potential form of restraint was used only in the best decision for the person. Equipment risk assessments were also performed to reduce the risk of entrapment.

Records showed that the mental capacity of people had been assessed by staff in the home, which was used as a basis to plan care and support for people.

Staff knew about the different types of abuse and knew to report any concerns or

allegations to the senior staff, registered manager or provider. All staff knew they could also report allegations to the police, CQC or social services. There were flow charts for staff to follow if an abuse was identified or alleged. There were contact details of the relevant agencies to contact. The registered manager confirmed this would also be placed in the staff room so all staff had access. Senior staff and the registered manager also knew the correct procedures to follow.

Staff had safeguarding adults training as part of their structured induction programme. Existing staff also had access to external training and annual refresher training Senior staff had attended additional Mental Capacity Act and Deprivation of Liberty training.

There had been no safeguarding alerts made in the previous three years.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The Provider was meeting this standard.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People told us they received their medicines on time and were able to request pain relief when they needed it. We saw that staff were responsive when people asked for extra pain relief medication.

The home had a homely remedy policy which meant people's GP's were asked permission for the use of cold and cough remedies without prescription.

People were able to self medicate if able to do so following risk assessment

Other evidence

Senior care staff at the home, who had attended medication training, were responsible for the administration of medicines. A named senior member of staff was responsible for the overall management, supply, storage, audit and return of medicines in the care home.

There was a clear system for ordering and receiving repeat medicines into the home. Where entries were hand written onto the medication administration record (MAR sheet) two staff signed to minimise risk of errors.

The storage areas were clean, tidy and well organised. There was some discussion about the storage area for controlled drugs. There was a metal cabinet secured to the wall. The registered manager gave assurances she would seek advice whether this

area was appropriate.

Creams and lotions contained date of opening labels to ensure expiry dates were not exceeded and infection risks were reduced.

MAR sheets were well completed and showed where medicines prescribed for use 'as required' had been given.

There were also clear procedures for returning unused medication and records to show this process was safe.

Our judgement

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People were extremely complimentary about the staff. One person said "The only word to use when describing the staff is excellent." Another person said "All the staff, and I mean all, without exception are the kindest you would ever wish to meet."

One person told us "I have never heard or seen them treat anyone with anything but gentleness."

Other evidence

The home had a training room where staff training files were stored and induction training took place.

New staff had a formal induction process which mirrored nationally recognised guidelines. Staff watched DVD's on the principles of care, role of the care worker, communication and hand washing. Staff told us existing staff showed them around the home and the maintenance man showed them the fire exits. Staff told us that further DVD training sessions were given on the subject of dementia care, supervision and medicines. We saw that staff were expected to answer questions following watching the DVD's.

Staff told us that they thought the training at the home was very good and they had access to all mandatory training. The maintenance man was responsible for the fire safety training programme. We saw evidence that a system was in place to ensure all staff received fire safety refresher training.

A senior carer told us that it was her role to ensure practical moving and handling training was given to all staff, to make sure they were competent at using the equipment.

The manager and provider had highlighted a need to improve the system to identify which staff needed mandatory refresher training. At present regular training sessions were being held but the Provider had suggested a way to improve this process to highlight any staff that may regularly miss training.

Staff had formal and informal supervision sessions at the home. Supervision sessions were recorded in staff files. We were told of an example where a senior member of staff had observed poor moving and handling techniques so had called an extra training session for all staff.

Staff had access to additional training sessions. Examples included National Vocational (NVQ) Training and external training in dementia care and mental health awareness.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us they were able to speak to any of the staff if they were unhappy about anything. One person said "You only have to ask and it's done." Another person said "You don't have to want for anything."

The majority of the people in the home had dementia type illnesses and were not able to give feedback about the service. However, we spent time observing interactions shared between staff and people in the home. It was clear that staff knew people very well and could anticipate what their mood was like and what was needed to reassure them if they were unhappy.

We spoke to one relative who said the manager or provider were always approachable for suggestions or feedback.

Other evidence

The provider stated that because of the deteriorating health needs of many of the people at the home, the residents meetings were held less frequently and feedback had been more informal and was based on staff having good relationships with people in the home and being able to comment on peoples satisfaction.

We were given examples where the provider had listened to the verbal feedback from relatives and changed the service. One example included families suggesting staff took people to a "memory café" in a nearby town. We were told that this continues and had been very successful. Another example was where a relative had spoken to several

people in the home about the inadequate TV which resulted in a new TV being purchased.

There were systems in place to monitor the environment. Kitchen staff used the 'safer food better business' food safety programme to ensure hygiene was maintained. The maintenance man had a regular schedule of work and a system to carry out ad hoc repairs.

There was an effective management structure within the home which distributed the roles amongst senior staff. Weekly management meetings were held to identify changing risks and take preventive actions.

The provider stated that they were due to send stakeholder and relative surveys out as in the past, but were also looking at using the website for more ways to obtain feedback and share news.

There was evidence that learning from incidents or investigations took place and appropriate changes were implemented.

Health and safety provision was subject to routine monitoring. There was a personal fire evacuation plan for each person in the home. There were regular fire safety practices. Where people had bed rails fitted, this was risk assessed. There was a regular checking system to ensure the safety of bed rails.

Our judgement

The provider had an effective system in place to identify, assess and manage risk to the health safety and welfare of people using the service and others.

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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