

Dormy Care Communities South Ltd

# Pine Martin Grange

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Pine Martin Grange is a residential care home providing personal and nursing care for up to 64 people. The service provides support to older adults, some of whom live with a dementia. At the time of our inspection there were 55 people using the service. The home is purpose built and provides accommodation and specialist equipment designed to meet people's support needs and maximise their independence.

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

People were supported by enough staff who had been recruited safely and had the skills and experience needed to meet their care and support needs. People felt safe and staff understood their role in recognising and acting on concerns of abuse or poor practice. People had their medicines managed safely. Risks to people were assessed, monitored and regularly reviewed. Staff knew people well and understood the actions needed to mitigate the risk of harm whilst respecting people's rights and freedoms. Infection prevention and control processes were in line with government guidance.

People, their families and the staff team consistently spoke positively about the management of the service, open culture, teamwork and visible leadership. Staff were clear about their roles, and felt involved in the service, listened to and appreciated. Quality assurance processes were robust and used to drive improvements. Learning was shared with staff. Links with other professional bodies had been established which supported up to date best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

The last rating for this service was good (published 1 September 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

Please see the safe and well-led relevant key question sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pine Martin Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well

Details are in our well led findings below.

# Pine Martin Grange

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Pine Martin Grange is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pine Martin Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post. The service was being managed by the provider. A manager had been recruited and was due to commence employment in June 2022. They would be applying for registration.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the nurses, team leaders and care workers. We spoke with the nominated individual who is also the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our last inspection we found that staffing levels were not always able to meet people's needs in a timely manner. At this inspection we found improvements and staffing levels were good.
- People were supported by enough skilled and experienced staff to meet their care and support needs. One person told us, "The staff are nice and pleasant and always take the time to talk and listen to me. I never feel rushed." Another said, "They (staff) come quickly. I am not left alone all day. The staff are in and out."
- Staff consistently told us staffing levels were good. One care worker said, "We have enough staff, we get moments when we are free to have a cup of tea or share a puzzle or take people out into the garden."
- People were supported by staff that had been recruited safely ensuring they were suitable to work with older people. This had included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The home is lovely and it's like being in a Disney dream at the moment. I feel very safe here". Another told us, "I know here I can ring a bell and someone will come, so I feel safe."
- Staff had completed safeguarding training and understood their role in recognising and reporting any concerns of abuse or poor practice.
- Safeguarding concerns were shared appropriately with the local authority and CQC. This enabled external oversight of risk and ensured people were protected from potential harm.

### Assessing risk, safety monitoring and management

- Risks people lived with were assessed, monitored and regularly reviewed. Staff understood the actions needed to mitigate identified risks. This included risks associated with skin integrity, contractures, malnutrition and swallowing difficulties.
- Staff worked with other professionals when specialist assessments were needed to assess risk. This had included speech and language therapists, dieticians and physiotherapists.
- People had personal emergency evacuation plans providing critical information to ensure their safety should they need to evacuate the building. Staff had completed fire safety training and most staff had participated in fire drills. The provider told us night staff would complete fire drill practices before the end of the month.
- Equipment was in good order and regularly serviced. This included fire equipment, hoists and electrical equipment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

#### Using medicines safely

- People had their medicines ordered, stored, administered and disposed of safely. One person told us, "I'm on a lot of medication and they always give it to me on time. If I am going out, they prepare them so I can take them with me."
- People had their medicines administered by staff who had completed safe medicine management training and who had their competencies regularly checked.
- When people had medicines prescribed for as and when needed a protocol was in place that provided information ensuring appropriate administration. Examples included medicines prescribed for pain and laxatives.
- Controlled drugs (medicines that have additional controls due their potential for misuse) were stored in accordance with current regulations.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- At the time of our inspection the home was in outbreak status as testing had found positive cases of COVID-19. The home was following government guidance, which meant some restrictions were in place when visiting the care home.
- People had the opportunity to nominate an essential care giver (ECG). This is a family or friend who can visit whatever the outbreak status of the home. ECGs needed to produce a negative lateral flow test prior to each visit.
- Risk assessments had been completed that enabled increased flexibility to visiting and which had a positive effect on people's wellbeing whilst keeping people safe. This included visitors wearing PPE and limiting areas within the home they were able to access.



### Learning lessons when things go wrong

- Accidents and other incidents had been used as an opportunity to reflect on practice and share learning. An example included a person who had experienced an unwitnessed fall. Discussions had taken place with staff and new interventions included a sensor beam in their room, lowering the bed position and increasing checks through the night.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, families and the staff team spoke positively about the management and culture of the care home. One person told us, "(Provider) is an amazing woman. She takes the time to listen to any problems. I can go straight to her and ask anything; nothing is too small." A member of staff said, "(Provider) and (senior staff) really supportive, you feel comfortable as you can just go and speak with them; you never feel you're on your own."
- Management of the home was visible and worked alongside the staff team. A care worker told us, "Never ask somebody to do something you wouldn't do yourself; that's the culture of the home. We work well as a team." Another said, "(Provider) is fantastic, my inspiration."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

- A registered manager had not been managing the home since October 2021. Since that time the provider had been managing the service. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider told us a new manager had been appointed and was due to commence employment in June 2022. They would be making an application for registration.
- Staff were clear about their roles and understood the parameters of their decision making. One care worker told us, "Everybody knows what they are doing. Staff are positive and know their job roles." Another told us, "I know the boundaries of what I can do."
- The management team had a good understanding of their responsibilities for sharing information with CQC. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance processes included a range of audits which captured service delivery and were used to drive improvements. Areas included dignity, infection, prevention and control and care and support plans.

The provider told us, "Last month's dining experience audit didn't meet standards, drinks not being offered etc. We repeated it yesterday and all good."

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

- People, their families and staff had opportunities to be involved in developing the service through a range of scheduled meetings, informal discussion and a quarterly newsletter.
- A survey had been distributed to people, their families and staff to gather feedback about the service. The provider told us, "The feedback will be collated, and we will address any issues, but initial feedback is very positive."
- The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included links with the Infection Prevention Society, Skills for Care and a local university. Staff had access to professional publications.