

Pinford End Limited

Pinford End House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pinford End is a residential care home providing accommodation, personal and nursing care for up to 40 people across two floors. The service specialises in nursing care and support for people at the end of life. At the time of our inspection there were 25 people using the service.

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

Governance systems were not robust enough to ensure shortfalls were identified and addressed. We found shortfalls in the management of risks to people's safety and welfare including, oversight of environmental risks, moving and handling plans, wound care and medicines management.

Audits in place had failed to identify the shortfalls we found at this inspection. These concerns had not been identified or resolved through current governance process.

The service was clean and well maintained. Further work was needed to ensure fire safety and equipment checks were carried out as required.

We received mixed views about the availability of staff at all times. We observed staff were visible and responding to call bells in a timely manner. Staff received training relevant to their roles and staff recruitment was carried out safely.

We observed positive relationships between people and staff. There was positive feedback from people and their relatives about staff kindness, approachability of management and good communication.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update The last rating under the previous provider was good (published 10 October 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pinford End House Nursing Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was carried out by 2 Inspectors 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

Pinford End 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. Pinford End 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 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 used observation to gather evidence of people's experiences of the service. We spoke with 11 people who used the service and 7 relatives. We spoke with 9 members of staff including the registered manager, administrator, nurses, activities, care staff and cook.

We reviewed a variety of records including 6 people's care records, staff recruitment, incident reports, audits, medicines records, policies and procedures.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Improvements were needed in the quality of care and risk management plans to ensure clear guidance was provided for staff in how to meet people's needs and reduce risks to people's safety.
- People's care plans and risk assessments did not always give staff all the information they needed.
- Moving and handling plans contained conflicting information regarding the correct mobilising equipment to use.
- Where people were at risk of pressure wounds, risk management plans were generic and not personalised to the individual.
- Where people had a pressure wound, we noted records describing dressing changes but no personalised care plan which would guide care staff as to the treatment needed. This meant staff were not always provided with the guidance needed to keep people safe from harm.
- We found significant gaps in fire safety checks and the provision of fire drills for all staff. The provider's premises fire risk assessment had not been reviewed since 2018.
- There was a lack of systems in place to ensure regular checks on equipment such as suction machines, air mattresses and call bells.
- Central heating radiators had covers to reduce the risk of burns to people from hot surfaces. However, some people's rooms in addition to central heating had electric wall heaters which were not guarded and were observed as scalding hot to touch. We also found a number of exposed hot water pipes throughout the building. This meant people were at risk of harm.
- There was a lack of environmental risk assessments. Risks to people from access to stairs, unstable wardrobes not secured to the wall and hot water outlets such as baths and showers had not been identified. In response to our findings the provider took action to secure wardrobes to walls.

Using medicines safely

- We were not assured people had received their medicines as prescribed.
- Where people were prescribed creams and lotions such as those to prevent skin damage, we found multiple gaps in staff signatures on medicines administration records (MAR) to evidence administration had taken place.
- Not all topical MAR charts contained clear directions as to the regularity of creams and lotions application required.
- The majority of creams and lotions did not have a date recorded when opened in line with best practice.
- Staff did not have access to information on the use of 'as and when required' (PRN) medicines or medicines prescribed with a variable dose.

- Where PRN medicines had been administered there was a lack of records to describe the reasons for this. This had also been identified in the supplying pharmacy audits.
- We observed nursing staff signing to say medicines had been administered before administration. This action did not comply with the provider's own policy and best practice guidance.
- Transdermal patches applied to the skin to aid pain relief did not always have a record of where on the body these had been applied in line with best practice guidance.
- Nursing staff responsible for medicines administration also undertook the medicines audits. However, these audits had not identified the shortfalls we found. There was no system of provider medicines audits.
- For people who were unable to talk to staff about their pain, assessment tools were not in use. These would support staff in identifying verbal and non-verbal indicators that a person was showing signs of discomfort, so they could administer pain relief medicines or seek clinical advice and support.

In relation to the above shortfalls we found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People looked comfortable and had a good rapport with staff supporting them.
- Staff had received training in safeguarding and had an awareness and understanding of how to recognise abuse and their responsibilities to protect people. They were able to explain what they would do if they had concerns and who to report to.
- Relatives told us, "My [relative] is safe living at the home. They do a fantastic job. However, some staff did leave when the new owners took over and they have been short staffed, but the new owners have brought in agency staff. [Person's relative] prefers female staff and does not cope well with males giving personal care. There is a lack of female carers sometimes at night, and only male carers, this can be very upsetting for my [relative]."
- We noted people's preference as to the gender of staff they preferred to support them with personal care had not been considered as part of their care and risk management plan.

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

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

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

Staffing and recruitment

- We observed staff were visible and responding to call bells in a timely manner.
- People, their relatives and staff, gave us mixed feedback in relation to access to staff available at all times.
- People told us, "There have been occasions when I have had to wait for up to 30 minutes for staff to come and help me to the bathroom. On one occasion I struggled to get myself there only to be told off by staff for

doing so." And, "I am happy with the home, there are sufficient staff most of the time and they are friendly and helpful, they answer the bells promptly but there is a lot of agency staff which is not so good."

- The registered manager told us action was in progress to recruit more staff. Agency staff were recruited from just one agency with regular staff to provide some continuity for people.
- Staff told us, "There has been a high turnover of staff since the change in ownership with a lot of agency staff being used, things are settling down bit now."
- Required safety checks when employing staff were in place but further work was needed to ensure all gaps in employment were explored.

Preventing and controlling infection

- A recent visit to the service from environmental health inspectors resulted in a rating of 4 out of 5 stars due to a number of recommendations. The registered manager told us action had been taken to rectify the shortfalls identified.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- The registered manager was following current government guidance in relation to visiting at the time of the inspection. People and their relatives told us there were no restrictions on visiting.

Is the service well-led?

Our findings

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

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

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

- Since the last inspection there has been a change in ownership of the service.
- There had been no change in registered manager.
- Risks to people as referred to within the safe section of this report had not always been fully assessed and recorded. There was a failure to maintain accurate and fit for purpose care records and ensure effective governance systems.
- Audits carried out by nursing staff did not identify the continued shortfalls we found in the management of medicines.

This demonstrated a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us, "I know we are not where we need to be. It has been a difficult time coming out of the COVID-19 pandemic. I have been working hands on nursing shifts which has meant I have had less time for management tasks but this has improved lately."
- In response to our feedback the provider told us they would be advertising for a deputy manager which would provide additional management support. They also showed us an action plan which they said would ensure a more effective system of provider oversight and governance.

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

- Everyone we spoke with was complimentary regarding the registered manager. Relatives told us, "The management is very approachable, I have had numerous chats over concerns I had, and they address all your queries." And, "I have no complaints and there is nothing I can think of they need to improve. I find the manager very approachable and would always approach her with any concerns."
- Throughout our inspection the registered manager was open, transparent and proactive in their response to our findings.
- Staff told us the registered manager was approachable, supportive, and listened to them. Feedback from staff, people and their relatives was encouraged through meetings, reviews of care and surveys.

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

- Providers are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had notified CQC of notifiable incidents as required.
- There was a complaints system in place. Complaints received had been responded to in a timely manner with actions taken and feedback in response evident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, their relatives and staff confirmed they had the opportunity to provide feedback about the service and make suggestions for improvements.
- Staff said they were consulted in changes planned and found the registered manager supportive.
- Relatives told us they were involved in the planning and review of their loved ones care and support.

Working in partnership with others

- People benefitted from positive joint working with health and social care professionals. The registered manager and staff worked effectively in partnership with others.
- One relative told us, "I am really happy with the care and they focus on [relative's] needs. They [relative] lost a lot of weight whilst in hospital, but is now eating well and is gaining weight. They are quick to seek support from the local surgery when needed."
- People had access to weekly GP reviews of their healthcare needs.
- The registered manager had ensured people had access to dental, opticians and chiropody services to maintain people's health and welfare needs.
- Feedback from health and social care professionals was positive regarding the caring culture of the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The management of risk and medicines was ineffective and placed people at risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not robust enough to evidence effective oversight and governance of the service.