

Hill Care Limited

# Longroyds and Pilling House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Longroyds and Pilling House Care Home provides accommodation and personal care for up to 52 older people, some of who are living with dementia or have mental health needs. The service is located in two separate houses; Longroyds can accommodate up to 18 people and Pilling House up to 28 people. There are also five flats and one bungalow next to Pilling House which can accommodate up to six people. At the time of our inspection there were 39 people living at the service.

### People's experience of using this service:

We found one breach of the regulations in relation to the mental capacity act. The provider was not always completing decision specific mental capacity assessments and best interest meetings.

We have made a recommendation about the management of some medicines.

People told us they felt safe.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs. Staff received yearly performance appraisals.

People enjoyed the meals and their dietary needs had been catered for.

Records showed people had regular access to healthcare professionals to make sure their health care needs were met.

People and relatives felt staff were kind and caring and treated them with dignity and respect when providing care.

A complaints procedure was in place. People and relatives told us they would have no hesitation in raising concerns.

Everyone spoke highly of the registered manager who they said was approachable and supportive.

### Rating at last inspection:

At the last inspection the service was rated 'good' (report published 14 October 2016). At this inspection the service was rated 'requires improvement' overall, with two out of the five key questions rated as good.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We have requested an action plan from the service to tell us how they intend to make improvements. We will inspect the service again within twelve months.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

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

#### Inspection team:

One adult social care inspector and one specialist advisor conducted the inspection on day one. A specialist advisor is a person who has specialist knowledge of people who use this type of service. Their expertise was in older people who use regulated services. Day two of the inspection was carried out by one adult social care inspector.

#### Service and service type:

Longroyds and Pilling House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection took place on 11 and 23 April 2018. The first day was unannounced.

#### What we did:

Before the inspection, we reviewed all the information we held about the service including previous

inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We requested and received feedback from other stakeholders. These included the local authority safeguarding team, the local authority contracts team, the clinical commissioning group, the fire service and Healthwatch Kirklees.

During the inspection, we spoke with seven people who used the service and three relatives of people who used the service to ask about their experience of the care provided. In addition, we spoke with one visiting healthcare professional during the inspection. We spoke with the registered manager, regional manager and ten members of staff, which included seven members of care staff, the activity co-ordinator, domestic and relief chef.

We reviewed a range of records. This included four people's care records and three people's medication records. We looked at three staff files in relation to recruitment, supervision and appraisal and records for five staff in relation to assessment of their competencies. We also looked at records relating to the management of the home and variety of policies and procedures developed and implemented by the provider.

Following our inspection, the provider sent us additional evidence and information which we reviewed and used as part of our inspection judgement.

Details are in the key questions below.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

### Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. Time sensitive medicines were clearly highlighted and gave specific instructions for staff to follow. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Handwritten medicine administration records (MARs) were not always fully completed as the GP details were missing in two out of the three MARs we looked at.
- Where people were prescribed medicines to take 'as and when required' more detailed information was required to guide staff on when to administer them. On the first day of inspection we saw one person's required cream to be applied 'as and when required' but the medication record did not contain detailed information when to apply or a topical administration chart to guide staff where to apply the person's cream. However, the member of staff we spoke to had a good understanding of when the person would need the cream and where to apply it. We found another person did not have 'as and when required' protocol for a time sensitive medication. We raised these concerns with the registered manager and saw these omissions had been rectified on day two of inspection.
- A medication review for one person who required their medicine to be given covertly was carried out July 2018 by a healthcare professional which found staff were not always successful in ensuring the medicine was taken. We found no evidence their feedback had been considered or discussed with a GP or pharmacist.
- There was an audit process in place to identify and mitigate risks associated with the improper management of medicines however these had not highlighted the concerns we found on inspection.
- Staff received regular supervision and checks of their competency to administer medicines.

We recommend the provider seek advice and guidance from a reputable source, about the management of medicines and act to update their practice accordingly.

### Assessing risk, safety monitoring and management

- Care plans contained risk assessments and provided instructions to staff to reduce the likelihood of harm to people when being supported but found these were not always up to date. We saw one person's falls risk assessment was not routinely updated correctly to reflect a change in need although appropriate timely referrals were made to healthcare professionals. We found recommendations made to support the person on 1 March 2019 by a healthcare professional on the day of assessment and followed up by letter, had not been actioned. We looked at the review of the accident forms completed by members of staff. We saw additional investigations needed, update, outcomes and lessons learnt had not been filled in by the registered manager although they had signed the accident form. We noted the person had not had a fall within this time period. We raised our concerns with the registered manager who assured us they would rectify and update the risk assessment straight away and discuss with staff via the supervision process.

- People told us they felt safe. One person said, "If I need to get in touch with staff, I just have to buzz and within a minute or so someone comes, even at night."
- Regular safety checks took place to help ensure the premises and equipment were safe.
- Practice fire drills were held to check potential risks to people from an emergency evacuation. Personalised plans were in place to guide staff and emergency services about the support people required in these circumstances.

#### Staffing and recruitment

- The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required were deployed. The registered manager told us the provider also employed a reliable team of bank staff who provided cover at short notice.
- Staff we spoke with did not have any concerns around staffing arrangements; they told us there were enough staff to meet people's needs.
- We asked people and relatives whether there were enough staff and we received a mixed response. One person told us, "There's always someone to help me. There's always staff around." A second person said, "Staff are busy, we understand." A relative told us, "Staff are always busy. Sometimes I think they are too busy." We discussed these comments with the registered manager who told us they would closely monitor and react accordingly.
- Recruitment practices were of good quality and suitable people were employed.

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

- People were supported to understand how to keep safe and to raise concerns if abuse occurred.
- Staff had received appropriate and effective training in this area. Staff knew how to recognise and protect people from the risk of abuse.
- The provider had reported abuse to safeguarding when it was identified.

#### Preventing and controlling infection

- Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections.
- People told us staff wore gloves and aprons when providing personal care and all staff we asked told us they had access to adequate supplies.
- The service was awarded a five-star rating by Environmental Health in September 2018.

#### Learning lessons when things go wrong

- The registered manager and regional manager were keen to develop and learn from events.
- The registered manager shared lessons learnt to ensure best practice was maintained with staff ad hoc, during supervisions and at staff meetings.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was not consistently completing mental capacity assessments for people who required them. For instance, one person who lived with dementia did not have a decision specific mental capacity assessment nor best interest decision recorded in their care plan regarding decision making, however their care plan stated, "During days when [Person] is not alert, decisions will be made in [Person] best interests. More complex decisions will be made by [Relative] who holds power of attorney." We also found the relative did not hold the relevant power of attorney for health and welfare.
- When the provider was completing best interest decisions, there was limited information of how the person had been involved and the considerations made during the best interest meeting. For instance, one person who required their medication to be given covertly did have a mental capacity assessment but had not been involved in the best interest meeting nor had an appropriate person to represent them. There was no evidence that healthcare professionals had been involved in the best interest meeting. There was also no evidence to demonstrate other best interest meetings had taken place since 2017.
- Policies and systems were in place to support people to have choice and control of their lives but we found these were not always followed appropriately. The provider had submitted applications to the local authority where they had considered it necessary to deprive people of their liberty in accordance with the law and had systems in place to manage this. However, we found a decision specific mental capacity assessment for one person had not been completed prior to an application to deprive them of their liberty being submitted and authorised.

The provider was not always completing decision specific mental capacity assessments and best interest

decisions for people who lacked the capacity to make decisions about their care. This was a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider's supervision and appraisal policies indicated staff should receive supervision six times a year and have a formal performance appraisal at least once a year. Staff received supervision in line with organisational policy. There was not a formal system in place to record when staff received a performance appraisal however, following our inspection, the provider sent us an appraisal overview document. We saw staff received a performance appraisal within the calendar year but not within a 12 month period. All staff we spoke with told us they felt well supported by the registered manager.
- People and relatives felt staff were well trained and skilled to do their jobs. One person told us, "Yes, I feel they know what they are doing." A relative said, "Staff seem to have the right skills."
- Staff had access to varied and relevant training which was up to date.
- Staff were given opportunities to review their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People gave us positive feedback about the quality of the food at the home. They told us, "There is always plenty to eat;" "We get a variety of food;" and "I can choose what I want to eat."
- People were able to choose where they ate their meals. We observed people being supported to have their meals in an appropriate and person-centred way. A member of staff told us, "Breakfast is cooked to order and people like different things. Some of the residents like a full cooked breakfast whilst others prefer cereals, toast or a jam sandwich."
- Staff confirmed there was one main meal available at lunchtime with a regular alternative of jacket potato with tuna or cheese, omelette or sandwiches. On the first day of inspection we found there had been a delay in the food delivery and there were no potatoes available for people who had chosen to have a jacket potato for lunch. Staff told us they would normally ask people the day before what they would like to eat. We saw staff using pictures to help some people make decisions about what they wanted to eat. We saw printed menus were placed on the dining room tables for people to view but found these may not be in a suitable format for people living with dementia. We asked people if they knew what was for lunch and one person told us it was beef casserole but most people we spoke to did not know. We asked the registered manager how they supported people with choice if they were unable to recall what they had chosen to eat from the day before, their original choice was no longer available or had simply changed their minds. They told us, "We do make choices for people I suppose because we know them and know what they like."
- We saw menu choice was discussed at a recent residents meeting and changes made to the menu following these discussions. The regional manager showed us a new spring/summer menu currently being designed which offered people a choice of two main meals along with lighter food alternatives. They also confirmed the table menus would be redesigned and displayed in a more appropriate format following our feedback. We will look at these at our next inspection.
- People's weight loss was managed in an effective way. All people had a nutritional risk assessment in place. People were weighed regularly and appropriate referrals made to relevant healthcare professionals. The registered manager kept an oversight of this area of people's care. People's care plan included information about their nutritional needs and this was being followed by staff.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment and individuals' preferences,

culture and support needs were reflected in adaptations or the environment.

- People had been supported to personalise their own rooms with items that were familiar to them.
- Outdoor spaces were accessible, newly installed ramps enabled people to easily access the outside.
- The service had recently purchased a hand-held communication tablet to support people to maintain contact with their loved ones.
- Risks in relation to premises and equipment were identified, assessed and managed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Records showed people had access to external health professionals and we saw this had included GP's, district nurses, physiotherapist, dentists, speech and language therapists. A relative told us, "The doctor comes regularly to see [Name]." A visiting healthcare professional said, "My experience with the home is positive. Staff are always welcoming, they know the residents extremely well and are receptive to advice."
- The provider participated in the 'Red Bag' scheme initiative which gives reassurance to people that they have everything they need with them when they are admitted to hospital. The bags also provide hospital staff with up-to-date information about a person's health, including health concerns and medication.

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

- People's physical, mental health and social needs were assessed and their care and support were planned through the development of a care plan.
- The registered manager used evidence-based guidance, utilised the CQC website and email alerts to gather information. They attended local networks to share good practice to assist them to continuously improve their service.
- People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. People's communication requirements were assessed and included in their care plans. For example, one person's care plan indicated, '[Person] is able to make basic day to day choices but can become tearful and scream out when left alone'; this guidance enabled staff to adapt their approach to better meet this person's needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We asked one person if staff routinely knocked on their bedroom door before they entered the room. They said, "No, they don't really knock but they shout as they open up the door to let me know that they are coming in." We observed a member of staff complete a drinks round and noted they did not knock on the bedroom door but heard them call out, "Would you like a cup of tea." We fed back our observation to the registered manager who assured us they would re-iterate the need to respect people's privacy with all staff.
- Staff we spoke with understood the importance of maintaining people's privacy and dignity when supporting with personal care and gave examples of how they would implement this. For example, a member of staff described how they would close the bathroom door and give the person private time to allow the person to be as independent as they could."
- People's private and confidential information contained in care plans were appropriately stored in lockable cupboards.
- People were supported to remain independent. A member of staff told us, "If I felt a person could walk more independently with a walking aid, I'd refer to a GP for an assessment."
- People were able to maintain contact with those important to them. We observed visitors were greeted in a warm and friendly manner and it was clear staff knew them well. A relative told us, "Staff are always friendly."

Ensuring people are well treated and supported; respecting equality and diversity

- People living at the home appeared well groomed, well dressed and happy.
- Staff were observed to be kind and caring in their interactions and they knew everyone by their names. People told us, "The staff here are lovely and they help me with everything although I live very independently;" "I don't really need to think about anything as everything is done for you" and "I feel fenced in." A relative said, "I like it here because it's so personal for [Name]."
- Staff had developed positive relationships with people and displayed genuine affection towards them. A staff member told us, "The best thing about working here is the residents. They are full of fantastic information and experiences. I feel that we have a really good staff team and everyone works together." A second member of staff said, "We monitor people's wellbeing. It might be through a conversation, asking if we can do anything for them or day to day observations."
- All staff we spoke with were extremely knowledgeable of people's likes and dislikes and it was clear staff knew people well. There was laughter and friendliness observed between staff and people throughout the inspection. A relative told us, "[Person] only likes to change into nightwear when they are getting into bed and staff know this."
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what

people needed.

- Staff supported people with whatever spirituality meant to them. People could attend religious services if they so wished. Where people had religious needs, we saw these recorded in the care plans we looked at.

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

- Staff told us people's care plans were reviewed monthly however we found people were not routinely asked to be involved. We raised this with the registered manager who confirmed monthly evaluations of people's care plans were carried out by staff however they told us six monthly reviews involved the person and where appropriate family members and/or social workers.

- People who required it, had been supported to access advocacy services. Advocacy services are independent of the provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

# Is the service responsive?

## Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and contained information about people's needs. For example, information relating to personal preferences, life and social histories. We asked members of staff whether they routinely looked in the care plans to familiarise themselves with a person's requirements and support needs. One staff member told us, "People's likes and dislikes are discussed and recorded on pre-admission. We then add to their care plan when get to know people a bit better." A second member of staff confirmed they looked in the care plan to find out about people and also asked them directly when providing support.
- There was an activities coordinator at the home, who clearly knew people well. We saw a variety of activities were available during the week. However, we saw there was a hand-written activities planner that was written on a black background with white chalk which was not easy to read. We observed people who were actively engaged with an activity who looked to be enjoying themselves. We saw people were involved in on one going project to create a 'wishing tree' which involved creating and leaving personal wishes to hang from the tree branches.
- People were regularly asked for their feedback regarding the activities in the home during monthly 'coffee and chat' informal get togethers.
- The service did not fully understand people's information and communication needs. We did not see sufficient evidence of how the Accessible Information Standard (AIS) had been applied through identifying, recording and highlighting people's individual information and communication needs in their care plans. We discussed the requirements of the AIS with the registered manager and regional manager and will check that this has been progressed at the next inspection.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. The registered manager told us they had not received any formal written complaints regarding the service and would address people's concerns immediately as they arose. We saw an informal complaint had been investigated and satisfactory resolved.
- People and relatives, we spoke with confirmed they knew how to make complaints should the need arise. A relative said, "If I need to make a complaint I'd go straight to staff in charge and ask how to make a further complaint. I haven't had the need to."

End of life care and support

- The provider was caring for people who required end of life care. This person's care plan indicated their care needs and support required. We saw evidence this had been reviewed recently, however there was no indication that this person's specific end of life wishes had been discussed with them. We discussed person centred end of life care planning with the registered manager and regional manager. They told us they would work towards respectfully gathering information to enable person centred care to be provided for those people who wanted to record their wishes.
- Special arrangements could be provided to support people, their families and loved ones at end of life. For example, sleep over arrangements were provided for family members and loved ones where appropriate.

# 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

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

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

- At this inspection we identified a breach in the regulations related to the mental capacity act as detailed earlier in our report.
- We saw audit processes were in place to monitor the quality of the service. For example, medicine management and care plan audits. However, we found areas which needed to improve, which had not been picked up on through the existing quality audit systems.
- The registered manager had a good understanding of the responsibilities to notify us of things which affected people who used the service, such as accidents or other matters of concern.
- The home was managed by a manager who had registered with the CQC. It is a legal requirement that the home has a registered manager in post.
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the home and on their website. We saw the previous inspection ratings were displayed in communal areas and the rating, along with a link to the CQC report was also available on the registered provider's website.

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

- The registered manager was supported in their role by the regional manager who visited the home at least twice a month. The regional manager carried out monthly provider audit visits and we saw areas of improvement were identified and action taken.
- People and relatives spoke positively the service and its management. They all knew the registered manager and felt able to approach her if required.
- All staff we spoke to were extremely positive about the senior management team and told us they felt supported by the registered manager and regional manager. Comments included, "I just love this place. I can't praise the place enough. Great staff and great manager that supports us all;" "I get on well with other staff and the manager;" "Brilliant manager, she is approachable" and "They [referring to the management team] make us feel appreciated and that's nice."
- The registered manager and staff team in the service were well established and stable as the provider had a very low staff turnover rate. This meant people received care and support from staff they knew well.
- Duty of candour was met. People's families were communicated with appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Assessments and care record documentation prompted assessors to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability.
- The provider sought the views of people and their relatives via an annual survey and regular residents meeting. We saw their feedback used to improve the service.
- We found the provider had sought formal annual feedback from staff and held regular senior staff and staff meetings. Topics discussed included new paperwork for time sensitive medicines, feedback from a visit by the fire service and pressure cushions
- The registered manager operated an open-door policy and made themselves easily available to people using the service, relatives, staff and visiting healthcare professionals.

#### Continuous learning and improving care

- The service provided a dining room comments book for people and staff to record comments made about the food people received. This was reviewed by the registered manager and kitchen staff and actions taken were required. For example, if a meal had been enjoyed or disliked.
- The registered manager and regional manager were proactive throughout the inspection in demonstrating how the service operated and the improvements implemented. They were open during the discussions about the issues found at this inspection. During the inspection, they kept us up to date of the actions they were taking to address the areas that required improvement.

#### Working in partnership with others

- The registered manager work in partnership with other agencies, including the local authority and healthcare staff. They told us they kept up to date with good practice through local authority events and training.
- The provider had forged close links with a local infant school whereby school children visited the home monthly and people went into the school to visit the children. The registered manager told us the initial feedback from everyone involved had been very positive.
- The provider also worked with a social action community trust whereby young people who were shortly due to leave senior school visit the home to gain experience of supporting people with their activities and crafts making.

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 11 HSCA RA Regulations 2014 Need for consent  The provider was not always completing decision specific mental capacity assessments and best interest decisions for people who lacked the capacity to make decisions about their care.