

Hill Care Limited

# Longroyds and Pilling House Care Home

## Inspection report

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20 July 2021

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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

Longroyds and Pilling House Care Home is a residential care home providing personal care for up to 52 people aged 65 and over. At the time of the inspection, 31 people were receiving care on the first day of our inspection and 27 people on the second.

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

Risk was not always identified and managed in the environment as some areas had not been made safe or secured. This also meant there was missed opportunity for learning following an incident. We have made a recommendation about further embedding risk management in practice. People felt safe and staff knew how to support people safely and meet their needs. There were enough staff and systems were in place to ensure they were recruited safely. Medicines were managed and systems were in place to prevent and control infection.

Improvements plans were being implemented by the registered manager and provider to address risk management, the environment and training. Record keeping for mental capacity assessments and best interest decisions had been addressed following the previous inspection and the service was no longer in breach. Systems were in place to monitor the quality and safety of the service and people's feedback was sought to drive improvement. The management team and staff worked well together and had developed partnerships with other services and organisation to improve outcomes for people.

For more details, please see the full report which is on the Care Quality Commission (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 requires improvement (published 8 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

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 inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about risk management in the environment. This inspection examined those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led section of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. Improvements were made during and following the inspection by the registered manager and provider. Please see the safe and well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longroyds and Pilling House Care Home 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

**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. 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 Care Act 2014.

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 two inspectors and a specialist advisor specialising in estates.

#### 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 a single package under one contractual agreement. 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

This inspection was announced on the day of the visits. We did this to discuss the safety of people, staff and inspectors with reference to Covid-19.

Inspection activity started on 28 April 2021 and ended on 20 July 2021. We visited the care home on 28 April

and 15 June 2021.

#### 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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, regional manager, divisional director, five care staff and two members of kitchen staff. We spoke with three people who used the service. We reviewed a range of records. This included four 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.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also shared information with partner organisations to help drive improvement within the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

- Some risks had not been identified and managed in the environment. For example, the height of a stair gate required increasing to prevent this being a trip hazard. The use of stair gates had not been thoroughly risk assessed for each person who may use them. Some areas had not been secured safely or made safe. This included some exposed pipes, no lock on the boiler cupboard and we found the key cupboard had been left open on the day of the inspection.
- Accidents and incidents were responded to appropriately. However, following an incident some learning was not identified, so action was not taken to prevent similar incidents occurring. We found opportunity for learning had been missed due to the shortfalls identified above.
- Following and during the inspection, the registered manager and provider took action to address the above shortfalls and drive improvement.

We recommended the provider consider current and new guidance as it emerges on risk management and act to embed the improvements they have made into their practice.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. One care plan required some of this information personalising to improve this.
- People told us they felt safe.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Staff involved in handling medicines had their competency assessed to ensure they had the correct skills to safely administer them.
- Some of the record keeping was not always consistent. The service has since converted to a new system to promote a consistent approach to record keeping.

Systems and processes to safeguard people from the risk of abuse

- Staff had the skills and knowledge to identify and raise concerns appropriately.
- Safeguarding referrals were made to the local authority when required and local procedures followed.
- Staff were aware of whistleblowing and felt confident to raise concerns if these arose. The whistleblowing policy required improving which was being addressed by the provider following the inspection.

### Staffing and recruitment

- Staffing levels met people's needs and were monitored appropriately.
- Systems were in place to recruit staff safely. Pre-employment checks were carried out to check people's suitability before they worked at the service.

### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection we found 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- 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. Records of mental capacity assessments and best interest decisions had been improved to reflect this.
- Some systems had not always been effective at identifying risk in the environment, as noted in the safe section of this report. The provider had recognised further improvement was required to manage risk effectively and had taken steps to address this. This included further training for the registered manager and the recruitment of a health and safety officer across their services.
- Some staff training had become out of date. The registered manager was working to address this.
- Systems were in place to monitor the quality and safety of the service. When issues were identified these were addressed and improvements were made. For example, a fire risk assessment identified actions which the registered manager had developed an action plan for.
- The registered manager was aware of their regulatory requirements. They were supported by a team of managers including Regional Manager and Divisional Director who had oversight of the service and monitoring.

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

- People and staff felt the registered manager and deputy manager were approachable.
- There was a positive culture, where staff felt supported by one another.
- The registered manager was keen to drive improvement within the service and had plans to improve the quality of the service in future. These were yet to be implemented.
- The registered manager was aware of the duty of candour and their responsibilities in relation to this.

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

- Links had been developed with other services and organisations; staff worked in partnership with them to achieve outcomes for people. A staff member told us weekly meetings with the GP surgery where 'a really good idea' and a 'good way to share information'.
- Daily meetings and handovers took place amongst staff to enable effective communication. As well as support from the management team, staff at Longroyds were supported by staff at Pilling and vice versa.
- Feedback was sought from people, staff and relatives in order to drive improvement and improve quality.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.