

Westward Care Limited

Pennington Court Nursing Home

Inspection report

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Date of inspection visit:

07 August 2018

13 August 2018

Date of publication:

10 October 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 7 and 13 August 2018 and was unannounced. At the time of our inspection, there were 47 people receiving both nursing care and residential care at the service.

At the last inspection in November 2015, we identified a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment. This was because equipment used to support people had not been subject to regular examination to ensure it remained safe to use. We asked the provider to complete an action plan to show what they would do and by when to improve the key question; 'Is the service safe?' to a rating of at least good.

At this inspection we saw there had been improvements made in this area and the service was compliant with all relevant health and social care regulations. The breach we identified in November 2015 had been addressed and the rating for the key question; 'Is there service safe?' is now good.

Pennington Court Nursing 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 regulates both the premises and the care provided, and both were looked at during this inspection. The service provides residential, nursing and intermediate care services for a maximum of 62 people. Accommodation is arranged over two floors with communal lounges, dining areas and bathing facilities available. All bedrooms are single occupancy and many have ensuite toilet facilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was extremely passionate about delivering very high standards of care to people using the service. They had established excellent links within the local community and worked collaboratively with other professionals.

The provider demonstrated a strong commitment to ensuring people received care based on best practice guidance, with the aim of achieving the best possible outcomes. They gave people, their relatives and staff ways of sharing their opinions and ideas for any improvements that could be made. Staff told us they were proud to work at the service. They said the registered manager was very supportive and the provider gave them opportunities for professional development.

The provider had gone to great lengths to ensure people had access to a wide range of meaningful activities. This included trips out to places that people said they wanted to visit. We saw many examples of where the involvement of the local community had enabled people to feel included and maintain the links they previously had. People were also supported by staff to develop new interests which contributed to their

overall wellbeing. People told us they looked forward to things and felt excited by activities, visits and events at the service. This demonstrated activities were truly meaningful for people.

Without exception, people and their relatives gave consistent, positive feedback about the service. This included the approach of staff, the food, the range of meaningful activities that were on offer to them and the accommodation.

People and their relatives gave very positive feedback about the food at the service. People said they looked forward to their meals and relatives told us they were happy to see their loved ones with an appetite and putting weight on. The provider had a number of mechanisms in place to monitor the quality of the catering and we saw people's feedback was used to make improvements.

People told us they felt safe at the service and were well supported by staff who were caring and friendly. Staff told us they were aware of how to report any concerns and were up to date with training on how to protect vulnerable adults from abuse. We saw the provider had arrangements in place to ensure medicines were managed safely. Any risks to people were identified and plans were in place to guide staff on how to support people safely.

The provider ensured the building was safe by completing a number of safety checks on a regular basis. Continuity plans were in place to ensure staff knew what actions to take in the event of an emergency.

Staff were recruited robustly and safely. They received training which ensured they were up to date with the skills required for their roles. Nursing staff were supported to remain up to date with the requirements of their registration. New staff received an in depth induction to the service which included the support of more experienced staff.

Care plans were very personalised and focused on the person. Staff developed in depth life history documents in collaboration with people and their families. This helped staff understand what was important to people. People's communication needs were included in care plans and staff told us they were aware of these.

Care records were reviewed regularly, or when people's needs changed. People told us they had been involved in the development of their care plans. Relatives told us they always received a warm welcome when they visited people and communication from staff was consistently good. External health and social care professionals told us they experienced good levels of communication with the service.

There were enough staff to ensure people's needs were met safely and staff had time to spend time with people. Staff were aware of infection control measures and the service was clean and well maintained. Accidents and incidents were monitored by the provider and used as an opportunity for learning.

The service worked within the principles of the Mental Capacity Act and we observed people being asked for their consent throughout our visit. People were given choices and offered opportunities to spend their time however they wished. The service focused on promoting people's independence. Staff treated people with dignity and respect and were genuinely warm in their interactions with people.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good ●

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health care services to meet their individual needs.

People's legal rights were protected under the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

Without exception, people were very positive about the staff. People's relatives told us they thought the staff were incredibly caring.

There was a positive atmosphere throughout the service with warm and friendly interactions between people and staff.

People told us the staff always treated them with respect.

People's privacy and confidential personal information was also treated with respect.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

Staff knew people very well and care records were very detailed and demonstrated a highly person-centred approach to care.

A range of varied activities were on offer and there were excellent links with the local community.

People's complaints, concerns and suggestions were actively sought, taken seriously and acted upon.

Is the service well-led?

The service was extremely well-led.

People, their relatives and health and social care professionals consistently praised the leadership of the service.

Highly effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

The registered manager had effective oversight of each aspect of the home and there was a culture and drive for continuous improvements.

Outstanding 

Pennington Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 13 August 2018 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience attended on the second day of the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for a person who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. A notification is information about important events which the service is required to send us by law.

We also used information the provider sent us in the Provider Information Return (PIR). 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 spoke with 14 people who used the service and eight people's relatives.

We spoke with 13 members of staff who provided people with care and support and the activity coordinator. We also spoke with the registered manager, the operational manager and the unit managers of both the residential and the nursing unit. We also spoke with two service commissioners and three health and social care professionals.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We looked around the building including people's bedrooms, bathrooms and communal areas. We also spent time looking at records, which included five people's care records, five staff recruitment files and other records relating to the management of the service.

Is the service safe?

Our findings

People who used the service were kept safe from abuse and improper treatment. People told us, "I feel so safe living here"; "The staff are smashing, they do everything they can to keep us safe" and "I am feeling very settled. The night staff make sure you're safe too." Relatives told us, "Feeling safe is really important to my relative" and "My relative is really safe here, they had so many trips and falls at home and have not had one since they came here."

Safeguarding policies and procedures were in place and were on display for people to refer to. Staff had received safeguarding training and understood the signs of abuse and what to do to make sure people were safe. Staff said they would not hesitate to report concerns to the registered manager. We saw the registered manager had made appropriate referrals to the local authority safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

We looked at how the service managed risk. We saw each person's care plan contained risk assessments for areas such as fire safety, choking, falls, moving and handling and skin integrity. We found clear guidance was in place for staff on how to manage identified risks. For example, how to support people with moving around the service. This included step by step guidance for staff on using equipment such as a hoist, including the correct sling for the person based on their weight.

The registered manager and staff were very committed to improving people's experiences and had taken action to reduce the likelihood of adverse events. We saw evidence of actions taken which included, liaising with health professionals and ordering equipment for people, following accidents and incidents such as falls.

Medicines were safely managed in line with national guidelines. This included there being a sufficient supply of medicines which were stored securely. They were also kept at the right temperature which is important so that they did not lose their therapeutic effect. Staff who administered medicines had received training and had been assessed to be competent to complete this task. There was written information about the medicines each person had been prescribed and records showed that these had been administered in the right way. We also saw care staff correctly giving the medicines at the right times. When medicines were no longer needed they had promptly been returned to the pharmacy. We observed that people's consent was sought when medicines were administered.

People who were prescribed medicines on an 'as required' (PRN) basis had protocols in place. These provided staff with guidance as to under what circumstances they should administer these medicines. The directions for administering topical medicines, such as creams and lotions, were detailed and well documented. The recordings for topical medicines were consistent and evidenced that administration guidance was being followed.

We checked to see if there were sufficient numbers of staff employed at the service. We reviewed staff duty rotas, including the previous two weeks before our inspection. We saw staffing levels on the rota matched

the number of staff who were working during our inspection. People told us there were enough staff at the service. Comments included, "I use my bell to call the staff, I never have to wait too long" and "The staff are busy, but it is a big home. I don't mind a little wait, it is never more than a few minutes."

Nursing and care staff were supported by ancillary staff such as chefs, laundry and housekeeping staff. We saw people were provided with prompt assistance when required. Staff had time to spend with people, meeting their social needs as well as assisting with personal care. We saw staff were unhurried and staff all told us there were enough staff to meet people's needs.

The provider used a dependency tool to calculate staffing levels in line with people's care needs. We saw current staffing levels were above what the service required. The service had a number of vacancies for which recruitment was ongoing. Existing staff often covered any shortfalls and where they could not, agency staff were used. Where possible, the service used the same agency staff to ensure continuity of care for people.

The provider recruited staff safely. Application forms gave the applicants work history, qualifications, experience and the details of referees. People's identification was checked and references had been obtained. Checks from the Disclosure and Barring Service (DBS) were sought. DBS checks were carried out to help ensure that staff were suitable to work with vulnerable adults in health and social care environments. Nursing staff had their registration (PIN) checked to ensure their registration was up to date, this check was repeated annually.

Staff followed good infection control practices. The service had an infection control lead to ensure all policies and practices were up to date and adhered to. We observed hand washing facilities were available for staff around the service. The laundry and kitchen were clean and well-ordered. Staff were trained to follow good infection control techniques and provided with gloves and aprons to use to help prevent the possible spread of infection. Visitors were encouraged to use hand sanitizers when they entered the building.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. A continuity plan was in place for staff to follow in the event of an emergency.

Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. Fire alarm testing was carried out weekly and fire drills were held regularly. This meant staff knew what action to take should an emergency situation arise.

Is the service effective?

Our findings

In the PIR, the provider told us, 'Care and support needs are assessed prior to admission to ensure that the service can meet their specific care and support needs and wishes. From admission the care and support plans are developed with the client and reviewed regularly.' Records showed that needs assessments were completed before people began using the service. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. The registered manager explained that, wherever possible, people were invited to come to visit the service, to spend half days or whole days so they could see if they liked the accommodation, staff and meals.

People said staff had the required skills to provide effective care for them. Comments included, "With the consistent support of the staff team my quality of life has vastly improved" and "The staff know what they are doing for sure. You can tell they have had all the proper training." Relatives told us, "I believe the staff are trained to a high standard" and "We are delighted in the change in our relative since they came to live here."

The provider had ensured staff received the training required to effectively care for people. Clear records were kept by the registered manager to record training and track when it needed to be renewed. The provider also ensured that staff had access to further training and development opportunities. The service was currently supporting a senior carer through a pilot trainee nurse associate programme at a local university. One staff member told us they had wanted to become a trainer in moving and handling and the provider had supported them to complete this training.

Staff we spoke with told us they completed a thorough induction when they first started working at the service. They said this included all of the training which was considered mandatory. The induction provided staff with an overview of the complaints procedure, medication management, health and safety, accidents/incidents and fire safety arrangements. This demonstrated that new members of staff were supported in their role.

Staff received regular supervision six times a year. Supervision is a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Staff also received annual appraisals of their work. Nursing staff were supervised by the registered manager or the unit manager of the nursing unit who were both registered nurses. All of the staff we spoke with told us they felt supported in their role.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. People's consent was sought and care records showed they had been supported to make as many decisions for themselves as possible. There was a clear rationale for any DoLS that had been applied for and if a DoLS had been granted with conditions, these had been complied with. The registered manager had a robust system in place to track DoLS applications and to make sure they were reapplied for on expiry, in a timely way. Staff had a good understanding of the principles of the Mental Capacity Act (2005) and applied these in their work. We heard staff ask for people's consent before delivering any care or support.

People were supported to have a good diet which met their nutritional needs and preferences. Catering staff told us communication was very good between them and staff. This ensured people's special dietary needs and wishes were passed on to catering staff. Some people required their meals to be served at a specific consistency to minimise the risks of choking and an appropriate meal was provided.

People told us meals were very good and they were offered both choice and a variety of options. We received numerous positive comments about the food at the service from people and their relatives. Comments included, "The food is grand, it's just how I like it"; "The main catering manager comes around and does what you do. He asks us how the food is and the food service in general. He makes changes straight away if things aren't right"; "I think the food here is very good"; "My relative has put weight on since they started to enjoy their food again, that's got to be a good thing" and "I visit three or four times a week and everyone seems to enjoy the food that's offered."

Tables were set with tablecloths, cutlery, crockery and condiments. Choices of cold drinks were available with meals followed by hot drinks after meals. The food looked and smelt appetising. During the afternoons of our visit, we saw a choice of hot and cold drinks and a selection of high calorie snacks were provided.

Each unit had a spacious lounge and dining area, all had easy chairs as well dining tables and chairs. There were quiet areas around the service with easy chairs and small tables for people to use. Communal areas were decorated in traditional style, in keeping with the relaxed atmosphere at the home. Corridors, bathrooms and bedrooms all allowed good space for ease of movement of people and equipment including hoists. There was a lift and each room had a nurse call system to enable people to request support if needed.

The registered manager and staff team had developed close working relationships with other healthcare professionals to maintain people's continuity of care. These included the person's GP, speech and language therapists, community and hospital specialists, dieticians, pharmacy and social workers. A staff member told us, "We know people well and monitor them closely for any changes. The staff here are very good at picking up on any changes in people and reporting them straight to the nurse in charge or the manager if needed." We saw a clear process of health professional's involvement, the outcome of appointments and the review and update of the specific care plan area. This showed people received additional support when required for meeting their care and treatment needs.

Procedures were in place to assist with the sharing of information if a person was transferred to another health care provider. The service was actively involved in the West Yorkshire accelerator zone initiative aimed at standardising the communication systems between care home and hospital services.

Feedback from external healthcare professionals was positive. We were told that the service was very good at following any advice and guidance relating to people's treatment.

Is the service caring?

Our findings

Our observations of staff interactions with people showed they were very kind, caring and compassionate. People looked very relaxed and comfortable around staff. There was a calm and friendly atmosphere and we heard some good-humoured banter shared between people and staff.

Without exception, people were very complimentary about the caring nature and approach of staff. Comments included, "The staff are just wonderful"; "Every one of the girls are brilliant, they look after me so well"; "The staff are so kind and patient"; "You couldn't want for better staff to look after you" and "The night staff are lovely."

The staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. One person told us, "The staff respect my privacy. I spend my time wherever I want to."

Relatives also gave consistent, positive feedback about the service. Their comments included, "My relative is so happy and content here"; "I am impressed by the friendly and caring nature of the staff"; "This is a special place"; "The staff have so much devotion"; "All the care is much appreciated by our family" and "The good quality of care here puts my mind at rest." The relatives of one person told us the service supported their visits by arranging for the 'pamper room' to be set for lunch.

Relatives of people were encouraged to share their views and experiences of the service. Some had volunteered to be 'Volunteer Relative Ambassadors' for the service. This involved them speaking with anyone thinking of moving to Pennington Court Nursing Home to tell them how they found the service from their first-hand experience.

People looked well cared for, relaxed and happy. People told us staff supported them to choose what they wanted to wear that day. People's spectacles were clean, their hair had been brushed or combed and men had been shaved.

The provider encouraged people to personalise their bedrooms. We saw some were decorated and furnished with people's own items from home. One relative told us, "We were encouraged to bring anything to make it feel as much like home for our relative." Most bedrooms were personalised with items such as photographs and ornaments and these had been looked after. Beds had been made with matching, clean bed linen and clothing put away tidily in drawers and wardrobes.

People were encouraged and supported to maintain and develop their independence and staff empowered them to do so. For example, one person, who had been told there was little hope of rehabilitation, was supported by the community specialist therapy staff and staff at the service to move back into their own home. The registered manager told us they were delighted to have supported the person to regain their independence in this way.

People told us staff encouraged them to do as much for themselves as they could when undertaking tasks and activities. One person told us, "The staff give me confidence to get on and do things for myself. If I need any help at all, they are always on hand."

Without exception, staff spoke positively and were passionate about working at the service. Staff comments included, "I love working here, I love the residents, they are like family to me"; "The home is great. People are well looked after because we really care about each and every one of them"; "It's not like a job, it's like they are all family. I really enjoy coming to work to see people" and "I would always recommend this place to anyone. I would be happy for a relative of mine to be here because the care is that good."

We looked at whether the service complied with the Equality Act 2010, and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

People were confident that personal information was kept secure and staff understood the importance of confidentiality and respecting people's private information. Documents were stored in lockable cabinets and staff knew about changes in legislation to keep personal information secure to ensure it was protected.

Is the service responsive?

Our findings

The registered manager was extremely passionate about enhancing people's wellbeing and sought opportunities to ensure people had access to and were engaged in activities which were meaningful to them.

We saw examples of people and staff being involved in fundraising, not only for the service, but also for the charities that people supported. In December, the service took part in the Salvation Army's Christmas present appeal. In April, the service held a fundraising tea party for the Guide Dogs charity. In June, the service held a 'cupcake day' to raise funds for the Alzheimer's Society. The service had hosted a 'community open day' which was attended by school children and a historian who gave a talk on the local area. Yoga sessions were also available on the day which were thoroughly enjoyed by people and as a result, became a regular activity at the service. Following an expression of interest by people using the service, Opera North had attended the service and offered opera singing sessions to people. Feedback we received from a person and their relatives was that this was "totally fabulous!".

People and staff told us about how the service encouraged people to continue to celebrate special occasions. One person using the service was supported to renew their wedding vows in a ceremony held at the service. The event was held in the garden courtyard with beautiful vintage themed décor arranged by the family. The staff were also invited to attend by the family. A relative of the person said, "The service marks the start of a new beginning and we are happy to celebrate the day at Pennington Court where the staff have become my relative's second family."

We saw examples of where the service had gone the extra mile to ensure people felt comfortable at the service, making it feel as close to their home as possible. For example, prior to their admission, one person had redecorated their bedroom at home and their family requested to replicate this room at Pennington Court Nursing Home. The family were supported to redecorate and furnish the bedroom in the same style as the room at home. Both the family and the person concerned were delighted with the outcome.

An activity coordinator was employed at the service and they told us how involvement in planning regular activities was important to people. They said, "People are at the heart of planning everything. Why shouldn't they have the final say on where we go, what we do and how we do it? This is their home and they tell me what they would like to do. We have a lovely time and when people are having a good time, laughing and smiling I know I've done my best for them." Day trips out were planned and risk assessed for those who wished to participate. For people who did not wish to participate in group activities, one to one sessions were offered. Comments about activities included, "There is so much happening on the activities front, there is always plenty to do" and "The staff are wonderful. The activity staff spend a great deal of time on the activities programme."

Each person had a 'Social Assessment Sheet' or a 'Portrait of my life' document in their care records. These were used to gather a broad range of information on people's life stories, and in particular, social activities and interests. One person told us how they had enjoyed preparing and discussing these matters, they said,

"It has given me and my family lots to talk about and we have laughed remembering our past times together as a family."

The staff recognised people's right to practice their faith and knew of different local places of worship. People chose if they wanted to attend the religious services in the home or to visit their family church and were enabled to do so.

There was a printed newsletter available on a monthly basis. This newsletter highlighted events that were planned for the coming weeks, staff changes and 'What has happened since our last newsletter?' People said they enjoyed receiving the newsletter as it informed them of future events and various celebrations, such as birthdays and wedding anniversaries. One relative told us, "I like the newsletter, it keeps us up to date with everything that going on."

In the PIR, the provider told us, 'Pennington Court is an active part of the local community and engages with local schools and a nursery who visit the home.' The newsletters we looked at showed many examples of where children had visited the service to sing or perform for people. One person told us, "It is wonderful when the nursery children come to be with us, it makes you feel so happy."

In their continued commitment to engage in innovative practice, the provider supported the trial of a continence assessment research programme at Pennington Court Nursing Home. The provider was asked if they would like to trial the product and when they agreed, they met with the representatives of the company who make the product who are based in the Netherlands. Trialling the product involved training staff to complete a thorough and personalised assessment of people's continence needs. This has enabled the service to achieve excellent outcomes for people. For example, establishing more personalised timings of care and support needed and ensuring people have access to the correct products to meet their specific needs. On completion of the research programme, the service has evidenced a highly personalised approach to continence care achieved by using the system.

The service participated in the EPIC (Enhancing Person-centred care in care homes) trial for dementia care mapping and staff were supported to attend the training and given time to implement the mapping within the service. The skills learnt during this trial were being implemented across the service and meant that staff were given ongoing support to be able to implement action plans developed from the mapping. The mapping found that most people were more alert in the morning however, most activities were facilitated in the afternoon. The daily sparkle activity, which is a reminiscence newspaper, was then moved to the morning to enable people to engage with this.

The service provided outstanding end of life care to people and was committed to providing a high level of support to families and friends at this time.

The provider worked closely with other organisations to make sure a high standard of care was provided and people received the support and treatment they wished for at the end of their lives. An example of this was the service achieving re-accreditation with the National Gold Standards Framework (GSF) in the provision of end of life care. The GSF is an external agency supporting providers to develop evidence-based approaches to optimise people's care. The rigorous accreditation process focuses on end of life support, communication systems, training, collaborating with healthcare organisations and quality auditing. The service had achieved reaccreditation which meant they were known as a 'GSF Platinum home'. This demonstrated the service had continued to follow best practice guidance in relation to providing end of life care.

The service held an annual remembrance service for people who had passed away at the service and we saw a memory book where the picture of the person was kept, with past books also available for people and relatives. We saw end of life discussions had taken place and people had advanced care plans and end of life care plans in place. Care records also included support plans in place for the carers and relatives of the person concerned.

People's care was centred on achieving the best life possible for them. Each person had a care and support plan to record and review their care needs. These contained clear guidance for staff to follow. People were clear about their involvement in, and gave examples of how they had contributed to their care planning. Examples of this were people having their preferred routines used to form their care plan for personal care. One person liked to have a lie in and another preferred a warm drink before taking their morning medication. Other care records showed people were asked, 'What makes you happy at this time in your life?'. People had responded with statements such as, 'To feel safe and cared for'. The steps staff needed to take to support the person with their mobility were then recorded and signed by the person concerned. Having involvement in care planning enhanced people's wellbeing as it meant they were more likely to have their care needs met in the way they wanted.

The registered manager told us reviews of care plans were carried out monthly and more frequently if required. People's relatives told us they felt staff responded very well to people's needs and were proactive in managing their changing needs.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. Daily notes were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any issues occurring on shift so that the staff working the next shift were well prepared.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. We reviewed a complaint which had been received by the service and there was evidence that this had been investigated and responded to appropriately. People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the time of our visit and those that had raised concerns previously told us they were happy with the outcomes. People felt the staff were approachable and would listen to them if they raised anything and that issues would be addressed. One person told us, "I would be happy to talk about my problems with any of the staff, the admin person or the manager."

The provider understood the requirements of the Accessible Information Standard (AIS) and had implemented this at the service. The AIS requires publicly-funded bodies to ensure their information is provided in accessible formats for people who may require this. People had individual communication care plans in place, which staff were aware of and followed.

Is the service well-led?

Our findings

The registered manager led by example and was extremely driven to provide excellent, person centred care to people. All staff we spoke with felt the registered manager was a strong, visible, approachable, fair and honest manager. They told us she put the needs of the people using the service first, and worked closely with staff to ensure they felt supported and confident in their roles. One staff member told us, "This is a good company to work for. The manager is very fair and wants the best outcomes for everyone here. She is a very lovely person, she really cares about the staff. I find her to be very approachable." Another staff member said, "I know I can go to the manager with any concern and she will take it seriously. She is very supportive, as are the unit managers, we have a good team here. I think staff go the extra mile for people because making things special for them, and seeing their smile, is what this job is all about." A third member said, "The manager is the best manager I have ever worked under. Her door is always open." External health and social care professionals who were involved with the service told us, "The manager is passionate about the work she does" and "The manager is very committed to ensuring people have the best care at Pennington Court."

We received many positive comments from people and their relatives about the registered manager. People told us, "The manager makes it quite clear, if we don't tell her how things are, how can she put things right. I would feel very comfortable speaking to her, she's lovely"; "The manager is such a caring person, she comes to say hello to me every day"; "The manager is very friendly. She is so bright and cheerful"; "The manager is lovely, she is so helpful and is always asking if I am ok and do I need anything. She doesn't just ask me, she talks to everyone. You can tell she really cares about this place and all of us too." Relatives said, "The manager always takes your worries and concerns very seriously"; "The manager and staff have so much devotion" and "The team have demonstrated a good level of communication with us which is so important."

The registered manager constantly looked at ways to engage people and encouraged them to try new things which they then went on to take up as interests and hobbies. This included the introduction of yoga classes and opera singing sessions at the service with Opera North. People and their relatives were supported by the team to celebrate events and milestones.

The registered manager's continued focus on people achieving the best quality of life they could, continued in other areas of the service. With consistent and effective support of the team, one person had exceeded expectations in their recovery by regaining the use of their legs and being able to walk again.

The registered manager had established excellent links with other agencies. They were a member of the Leeds Care Association leadership team which the provider chaired. They attended regular management forums alongside managers of services which meant they had many opportunities to share and develop good practice. The registered manager was a key member of the provider reference group which met to work on quality standards for the care home contract in Leeds. Pennington Court Nursing Home held an enhanced contract with Leeds City Council which meant they met a set of enhanced quality standards. This ultimately impacted on the provision of care and the delivery of exceptional outcomes for people.

The provider demonstrated their commitment to innovative practices aimed at improving the experience of people who used the service. This included a continence assessment tool which was trialled at the service and led to the delivery of extremely person-centred continence care. The provider continued to invest in the tool which was not available elsewhere in the UK. The provider has invested in the system, purchasing the equipment and products required to continue using this assessment tool at Pennington Court Nursing Home.

The service had recently achieved reaccreditation with the Gold Standards Framework (GSF) for their commitment to delivering a high standard of end of life care to people. Pennington Court Nursing Home was now rated a 'Platinum Home' with the GSF.

In the PIR, the provider told us, 'Pennington Court is commencing collaborative work with Leeds University following a model established in the Netherlands. NICHE Leeds (Nurturing Innovation in Care Home Excellence in Leeds) is an innovative partnership between Leeds care association and the University of Leeds which aims to enhance and promote quality of care for older people living in nursing homes in Leeds.' The provider was funding a researcher from Leeds University to spend a day a week within the service to establish research questions and offer solutions to questions that mattered to people using or working within the service.

The provider promoted a positive culture of learning and development that gave all staff the opportunity to develop their knowledge and skills in social care practice. We saw examples of where a staff member was encouraged and supported to complete their nurse training, and another to become a trainer of staff within the service. Pennington Court Nursing Home offered placements to student nurses and had achieved 100%, very positive feedback in the evaluations completed by students. This had led to an invitation from the college for the service to share their strategies on effective mentorship with other services.

The registered manager held regular involvement forums at the service which were attended by people and their relatives. Action plans were formulated from feedback during these meetings. An example of where people's ideas for different activities have been discussed and actioned was the introduction of more gender specific focused activities after opinions were raised that activities had a more female focus at times. Following this, the activities organiser held regular activities with a small group of men who use the service, focusing on their requests. The provider also produced a monthly newsletter circulated to all their services, sharing areas for development and celebrating good news stories.

Staff meetings were also an opportunity for staff to input into the success of the service as they were encouraged to share ideas and ways to improve the quality of the service provision for people. Minutes of one meeting we reviewed showed that staff had discussed how people could have increased involvement in the running of the service. It was decided that people using the service would be offered the opportunity to be involved in the recruitment process in the coming months. This demonstrated the provider was committed to seeking the views and opinions of people, their relatives and staff and used these to drive improvements within the service.

The registered manager had completed the provider information return (PIR). This was completed in detail and showed that the registered manager was aware of the areas the service performed well at and where they planned to make further improvements so that the service could demonstrate continuous improvements for the benefit of people using the service.

Highly effective quality monitoring systems were in place. The registered manager or delegated staff members carried out a range of audits to monitor the quality of the care and facilities provided. These

included care plans audits, medication audits, catering and dining experience audits, environmental audits and infection prevention audits. We saw if any shortfalls in the service were found, action plans were put in place and steps were taken to address any issues. For example, people said they felt that at times, food was not hot enough. Actions were put in place to ensure plates were warmed and plate covers used for those people who had meals in their rooms. Food was also to be left in the hot trolley until served.

The registered manager understood the responsibilities of their registration with CQC. They reported significant events to the CQC, such as safety incidents, in accordance with the requirements of their registration.