

Bethesda Care Homes Ltd

Pinglenook Residential Home

Inspection report

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Ratings

| | |
|---------------------------------|-------------------------------|
| Overall rating for this service | Inadequate ● |
| Is the service safe? | Inadequate ● |
| Is the service effective? | Requires Improvement ● |
| Is the service caring? | Requires Improvement ● |
| Is the service responsive? | Requires Improvement ● |
| Is the service well-led? | Inadequate ● |

Summary of findings

Overall summary

About the service

Pinglenook Residential Home is a care home providing accommodation and personal care for up to 16 people aged 65 and over who may also be living with dementia. At the time of the inspection 11 people were using the service. Accommodation is provided over the ground and first floor with communal lounges and dining areas.

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

People were not safe because risk was not managed effectively. There were a number of hazards in the environment. The provider's systems and processes had failed to identify or manage these risks. The approach to the building and decoration works being carried out was haphazard. This caused significant disruption and unnecessary risk to people and staff.

Care plans were not always reflective of people's needs. Staff did not always identify when people required medical attention in a timely manner. Although some improvements were noted to food and fluid monitoring, gaps remained in daily totals. There was no evidence of staff offering alternative meals, snacks and drinks.

Infection prevention and control requirements were not always met. Some areas of the premises were not clean. Staff did not always follow safe infection prevention and control guidance. Deficiencies identified by the fire service and by the local authority had not been fully addressed.

Some people told us they were bored and did not have enough to do.

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.

People received their medicines in a safe way. Staff were mostly kind and caring and had developed positive relationships with people. Staff were recruited in a safe way.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 19 July 2022). The service remains rated inadequate. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

Enforcement

We have identified breaches in relation to safety and leadership at this inspection.

We have taken enforcement action and cancelled the provider's registration.

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 safe.

Details are in our safe findings below.

Inadequate ●

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Pinglenook Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector, an Expert by Experience and a specialist advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Pinglenook Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Pinglenook Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We spoke with 3 members of staff including the provider, deputy manager and 1 care worker. We looked at a range of records including 4 people's care plans and medication records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has remained the same. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection.

At our last inspection risk was not managed effectively, and people were not protected from avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Lessons were not learned. We found continued provider failure to identify and address concern; some of which had been identified at previous inspections.
- Risks and safety hazards in the environment were not always identified or managed. There was an electrical wire hanging from the wall in the lounge which was unsecured and accessible to people. The deputy manager told us the wire had been in this condition for a period of 5 days. This posed a risk to people using the service, some of whom were living with dementia. The provider took action to secure the wiring when we pointed it out.
- Environmental risks were not identified. Redecoration and refurbishment was taking place in many areas of the service. The environment was untidy and chaotic with work being carried out replacing fire doors, painting and decorating and electrical work. Some people's bedrooms and communal corridors were full of decorating materials, maintenance rubbish and plaster dust. This posed a risk to people with mobility needs and or people living with dementia. The floor in the communal dining room was found to be damaged and uneven and this posed a risk of trips and falls.
- People were at risk because a number of hot water outlets exceeded maximum safe temperature limits. This meant people were exposed to the risk of burns and scalds. The hot water storage tank was set below the required temperature required to prevent the growth of legionella.
- Electrical equipment was not maintained. A badly damaged twin socket and a damaged bedside table lamp were found in a bedroom. This exposed the person to significant risk of unnecessary harm. The provider sent us evidence this had been repaired when we pointed this out. There was no routine portable appliance testing for electrical safety. The provider took action when we pointed this out and sent us evidence of safety tests carried out.
- Records were not accurate or not maintained. Food and fluid charts for some people with identified risk of malnutrition, dehydration and weight loss were not being totalled or reviewed each day which meant it was not identified when people had not had enough to eat and drink. There was no evidence of people being offered alternative drinks or snacks when they did not have enough to eat or drink and did not meet their

fluid target. One person's care plan was not reflective of their current needs regarding their diet and swallowing difficulties. This exposed them to the risk of having the wrong diet.

- People were not protected from the risk of infection. Some areas of the premises were not clean, in particular, the communal shower room and staff toilet. There were clothes on the floor in the laundry. Many of the toilets and hand wash basins did not look clean and were coated in limescale and tarnished. Staff did not always follow expected guidance to prevent the spread of infection. This increased the risk of people being exposed to infections.

Risk was not managed effectively, and people were not protected from avoidable harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection, risk assessment and management of pressure sore risk has improved. The provider has purchased 5 new alternating pressure beds for people with an identified risk of developing a pressure sore.

Visiting in care homes

- There were no visiting restrictions. Staff supported people to receive visits from their friends and family in a safe way.

Staffing and recruitment

- People told us there were enough staff. One person said, "Yes there are plenty staff, they come quickly, they are good girls."

- The registered manager used a dependency tool to calculate how many staff were required to meet people's needs. However, 2 people were known to be frequently awake and moving around during the night. This was of particular concern because there were only 2 staff on duty at night and during the redecoration and refurbishment there were additional risks posed by building material and decorating. There was no evidence this had been considered or risk assessed.

- Staff were recruited in a safe way. Checks and references were carried out before staff were offered employment. This meant so far as possible, only staff with the right skills and experience were employed.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and could speak with staff if they had any concerns. One person told us staff checked on them frequently at night.

- Staff had training and understood their responsibilities to protect people from abuse. They knew how to report suspected abuse.

Using medicines safely

- People told us staff managed their medicine in a safe way. They told us they got the right medicine at the right time.

- Staff were competent Staff had training about the safe management of medicines and had their competency assessed.

- People had their medicine at the right time and in the right way Records were accurate and up to date and audits were carried out.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People did not always have access to timely healthcare support. During our inspection we identified 3 people who required medical attention. Staff arranged for the GP to attend after we pointed this out. The GP arranged for further investigations to take place for 2 people.
- People told us they were supported to access healthcare services. One person said, "I have a district nurse put a dressing on my leg". Another person told us they were supported to attend hospital appointments.
- Staff had developed 'hospital grab sheets' so important information was sent with the person should they require hospital admission to support safe care and support.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- Food and fluid charts were in place but action was not always recorded when people did not have sufficient amounts of food and fluid. Some people had been identified as being at risk of malnutrition and dehydration. Records were not checked daily. For example, for 1 person on 2 consecutive days food and fluid charts recorded insufficient amounts and an instruction to encourage more fluids and food was written on the chart. On the third day, there was no total fluid intake recorded and they again had insufficient amounts of fluids and very little to eat. This person was losing weight.
- People did not always have enough to eat and drink. There was very little evidence of any food (other than biscuits) being offered to people after 5pm and some charts, nothing after 2pm. These were missed opportunities to provide people who were losing weight with additional nutrition and calories.
- We observed the lunchtime meal, only 4 people chose to use the dining room. The majority of people remained in their chairs and had their meal in the lounge. It was not clear if this was personal choice or if people were reluctant to use the dining room because staff were using it. The provider had recently added an extension which was not yet finished so not in use. This would provide more space for staff to write their notes and free the dining room for more people to use. Since our inspection, the registered manager has informed us the staff space in the new extension is now in use and staff no longer use the dining room to write in care records.
- People told us they liked the meals provided; comments included, "They are trying to improve the food. It was alright but the manager wants to try a new menu. The food is good here and we get a choice, if they don't have anything I like they will give me a sandwich."
- There was redecoration and refurbishment work going on in every part of the home. There was no evidence the work had been planned so there would be minimum disruption to people. The environment

was untidy and chaotic. This did not support people living with dementia or people at risk of falling.

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

- People had their needs assessed before moving in. Assessments included people's physical, mental health and social needs. Care plans were developed so that staff knew how to meet people's needs. However, care plans were not all up to date and did not always reflect people's current needs and preferences. This meant staff did not always have relevant information and guidance on how to safely support people. The deputy manager told us they were reviewing all care plans, so they contained up to date information.

Staff support: induction, training, skills and experience

- Staff received induction training and ongoing training.
- Best practice and guidance was not always followed. While people and relatives told us staff were competent and knew how to meet people's needs, we observed unsafe practice. We found staff did not always follow safe infection prevention control guidance. On 1 occasion, staff did not apply the brakes to the wheelchair a person was supported to transfer to. This was not safe practice and demonstrated some staff were not always working to required standards and best practice guidance.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had their capacity to make decisions assessed. Appropriate authorisations were in place where people had their liberty deprived.
- Staff gave people the time and space they required when they were resistant to personal care. This meant care and support was delivered in the least restrictive way.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff did not always recognise and respect people's needs. We observed 1 person was distressed and uncomfortable. A staff member however, continued to try and support the person to eat.
- One person and a relative told us there were issues with clothes going missing and they had to, at times wear other people's clothes. This was distressing and did not uphold the person's dignity.
- Some people had to move from their rooms due to fire doors being fitted. There was some delay in this process, the intumescent strips (required on all fire doors) could not be applied as the doors had not been fitted properly. There was no evidence the work had been planned so there would be minimum disruption to people.
- Most people told us staff were kind and caring. Comments included; "They [staff] look after me well" "They [staff] will do anything for you." "I couldn't wish for better care anywhere." We observed the majority of staff interacted with people in a positive way and treated people with respect.

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

- People told us they had choices and were involved in decisions about their care and support. However, there was no evidence people had been involved in developing or reviewing their care plan. This meant people's wishes about how they wanted their care delivered may not have always been known.
- 'Listening forms' were used by staff. Staff asked people about their wellbeing and whether anything had made them unhappy. Other than food preferences and changes made to the menu, there was no evidence of any other changes being made in response to people's views.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had a care plan in place. The deputy manager told us they were in the process of updating all care plans and acknowledged they were not all up to date or reflective of people's needs.
- Care records included information about people's social, cultural and religious needs. Some people told us they were bored and did not have enough to do. One person said, "Everyone is bored, we all just fall asleep, we need some fun." One person told us they could not access 'you tube' on their TV and was hoping this would be sorted once the building work was completed. Another person told us they did not have access to a hairdresser and had been asking staff to organise this for some time.
- People were supported to follow their chosen religion.
- People's friends and family were made to feel welcome. This meant people were supported to maintain relationships that were important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always considered. Staff were aware of the accessible information standard and had access to some pictorial and easy read format documentation to support communication. However, this was not in use at the time of our inspection. One person we spoke with was experiencing recent hearing loss and had significant difficulties communicating. This meant opportunities to communicate effectively with people were missed.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. We were told there had not been any complaints since our last inspection.
- People, and relatives told us they would be confident raising a complaint with staff and with the manager. Staff also felt able to raise complaints if it was necessary.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- The GP practice was in the process of recording people's end of life preferences.

- Staff had training about end-of-life care and support.
- The deputy manager gave us examples of how people had been supported by community nurses with pain control.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection, systems and processes were not effective to assess, monitor and mitigate risk or to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider failed to identify additional risks posed by the ongoing refurbishment and redecoration. This lack of planning and management of the refurbishment caused unnecessary risk to people and staff. We found a number of hazards, including falls risks, unsafe electrical appliances and wiring. The provider's systems and processes had failed to identify or manage these risks. The provider took action to address the electrical wiring and appliance risk when we pointed this out, but they had not identified the risks as part of their own systems and processes.
- Systems were not in place to identify environmental risks. We found hot water temperatures were not within safe limits exposing people to the unnecessary risk of being scalded. Three people's extractor fans in their en-suite toilet were not working. One person did not have an accessible pull cord for the light in their en-suite. Fire doors were still in the process of being fitted despite this requirement being identified in April 2022. Door handles fitted to the new fire doors were located too near the door frame and likely to cause hand injuries when used.
- Quality assurance systems and processes were not effective. Concerns had been raised by the local authority infection and prevention team following their visit to the service in August 2022, They made a number of recommendations. During this inspection we found the required improvements had not been made. For example, recommendations about the safe storage of mops and mop buckets had not been implemented; staff did not always follow the required uniform policy for safer infection control; there were clothes on the floor in the laundry and the ground floor communal shower room and staff toilet were dirty. The communal shower room had been identified as having an unpleasant damp odour at our last inspection and this odour remained. The provider failed to establish oversight of the service to identify where improvements were required.

- Quality assurance systems and processes were not effective. The registered manager carried out a number of audits to check the quality and safety of the premises and of care and support, however, these failed to identify the risks and ongoing non-compliance we found at this inspection.
- There was limited oversight of people's care needs. Some improvements had been made to food and fluid recording since our last inspection, but staff continued to fail to take action when people known to be losing weight did not have enough to eat and drink. The providers own risk assessment for malnutrition instructed staff to take action when risk was identified such as encouraging additional snacks, milky drinks and milk shakes. There was no evidence staff were following these instructions and these were missed opportunities to increase people's food and fluid intakes. This exposed people to the unnecessary risk of harm.
- People were not involved in the care planning process. We found people had limited opportunities to feedback their views and experiences so that these could be acted on.
- The provider's compliance history since registration with the CQC was poor and demonstrated ongoing failures to make and sustain improvements and to ensure people were safe. We continued to identify failings which exposed people to the unnecessary risk of harm.

Systems and processes were not effective to assess, monitor and mitigate risk or to assess, monitor and improve the quality of the service. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People, staff and relative told us they had confidence in the registered manager and found them to be supportive.

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

- The provider and registered manager understood the requirement to be open and honest when things went wrong.

Working in partnership with others

- The registered manager was working to an action plan to address non-compliance identified at the local authority's contract monitoring visit. They were also addressing deficiencies identified at the last food hygiene inspection.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk was not managed effectively, and people were not protected from avoidable harm |

The enforcement action we took:

We cancelled the provider's registration

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not effective to assess, monitor and mitigate risk or to assess, monitor and improve the quality of the service. |

The enforcement action we took:

We cancelled the provider's registration