

Bethesda Care Homes Ltd

Pinglenook Residential Home

Inspection report

229 Sileby Road
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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

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 seven 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

The service needed further improvement to ensure it was managed effectively.

A concern over staffing levels, and some pieces of equipment that could pose risk of cross contamination were addressed at the inspection.

People's care needs were assessed by trained staff. People received compassionate care from staff who were recruited safely.

People felt safe living at the service. Staff knew how to recognise abuse and how to report it.

People were supported to access healthcare services when required. People had access to their medication when they needed it, and medicines were managed safely.

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

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

Rating at last inspection and update

The last rating for this service was inadequate (published 21 January 2021). The service has been in Special Measures since 21 January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 20 September 2020. Breaches of legal requirements were found, and the service was placed in special measures. We imposed conditions on the providers registration. A director completed an action plan after the last inspection to show what they would do and by when to bring about the improvements needed.

This inspection was prompted in part due to concerns received about care and support provided to people.

A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this 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 the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pinglenook residential home on our website at 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 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

The inspection was carried out by one inspector.

Service and service type

The service had two managers registered with the Care Quality Commission. One registered manager was not at the service at the time of the inspection. The other registered manager was also the nominated individual. Both are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had also been recently recruited.

Notice of inspection

The nominated individual had been previously been informed an inspection would take place around the date of our visit.

What we did before the inspection

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 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 all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, manager, senior care workers, care workers, the chef and maintenance person.

We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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 inadequate. At this inspection this key question has now improved to requires improvement.

Staffing and recruitment; Learning lessons when things go wrong

At our last inspection the provider had failed to deploy sufficient numbers of suitably skilled and experienced staff. This placed people at risk of harm. This was a breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the time of the inspection the new manager had identified a new shortfall in staffing levels between 12pm and 4pm where only two staff were deployed. They told us staffing levels were scheduled for review shortly after the inspection using a new dependency tool. The review was brought forward and the following day a third member of staff was permanently deployed.
- Staff shared their concerns of staffing levels in the afternoons. They told us a member of the management team did sometimes act as a third person, but they were not always available. One staff member told us, "We don't feel comfortable communal areas are not always staffed when some residents need two of us [staff] to support them [people] with personal care in their bedrooms and toilets."
- We reviewed concerns identified at our previous inspection over staffing levels and found the necessary improvements had been made.
- Staff were recruited safely. Records showed recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff.

Assessing risk, safety monitoring and management

At our last inspection risks to people's health were not assessed and safely monitored. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Whilst we identified no serious concerns with the environment we did identify some equipment was in need of replacement. A toilet frame was unstable, which could pose a risk to people when using the toilet, and two-bedroom crashmats were old and torn. A broken lounge chair had been identified for disposal but

had not been removed from the service. The provider ordered this equipment the same day, and they confirmed it was in place the following day. The chair was disposed of during the inspection.

- Concerns we previously identified around fire safety had been addressed. Following recommendations made by Leicestershire Fire and Rescue Service (LFRS) at their inspection the provider recruited a fire risk assessor to enact their recommendations. We spoke with the fire risk assessor during the inspection and reviewed the work they had undertaken. All recommendations made were implemented.
- People's needs and risks had been assessed. These were recorded in care plans and identified risks monitored. For example, one person's care plan stated a specialist piece of equipment was required to support the person when mobilizing and be assisted by two staff. We observed the equipment used consistently and operated by the required number of staff.
- One relative told us, "[Name] requires a lot of support, and it takes two staff to support them. When I visit, I am always reassured when I see them [person] being moved and helped by staff. They know them well and know what they are doing."
- Staff received training to support people with behaviours following the concerns raised at our previous inspection. We observed one person who was monitored and supported appropriately to reduce anxiety and distress they displayed.

Preventing and controlling infection

- Two pieces of equipment were replaced during the inspection that posed some risk of cross contamination.
- We were assured that the provider was promoting safety through the layout 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 was using PPE effectively and safely.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. All the relative we spoke with told us their family members were safe and well cared for. One relative told us, "My [family member] is safe. They are looked after well and let me know everything that happens."
- Staff had received safeguarding and whistleblowing training and knew how to identify potential signs of abuse and report their concerns. Staff were confident in raising any concerns they had.
- Records showed safeguarding concerns were reported to the local authority and CQC.

Using medicines safely

- Medicines were managed safely. Medicine administration records (MAR) were in place, and people received their medicines as prescribed.
- One person had been identified as previously being administered regular 'as and when required' (PRN) medication to manage their behaviour. Staff now used distraction techniques and reassurance which resulted in a significant reduction in use of this medicine.
- When people were prescribed PRN medication the correct protocols were in place. Records confirmed when and why staff had administered these medicines.

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

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

At our last inspection systems and processes were not robust to ensure the service was safely managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was continuing concern about the systems and processes in place for identifying and taking prompt action with shortfalls in the service. Whilst audits were in place, they had not identified the concerns we found during this inspection, for example, staffing, equipment and the potential of cross contamination from damaged pressure cushions and crashmats. This meant we were not fully assured any future concern would always be identified.
- We reviewed the provider's action plan to bring about the required improvements identified during the previous inspection. Many of the actions had been completed and those outstanding had a date set for completion.
- The recently recruited manager had identified areas for improvement and had plans in place for them to be undertaken. For example a full review of care plans to reduce the level of duplicated content, and a more person-centred approach.
- The nominated individual and manager were open and transparent. Where we identified areas of concern, they were responsive to them.
- All legally required notifications were submitted to CQC when required.
- CQC's rating of performance was conspicuously displayed at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People and relatives had not been provided with opportunity to share their views of the service. The manager told us they were arranging surveys to be undertaken in the near future.
- The provider consulted with staff on their experiences of working for them. A staff survey had recently

been undertaken where 12 of the 17 staff took part. None of the staff agreed with 'performance is appropriately rewarded', and half of staff said, 'I am not appreciated for my hard work' or that the 'organisation was run well'. The provider said they would form an action plan to address staff responses to try and improve.

- The service updated relatives about the health and welfare of their family member when a person's needs had changed. One relative told us, "They always contact us about [Name]. They [staff] were especially good throughout the COVID-19 pandemic and to be honest did really well."
- The service was welcoming, and people were cared for with kindness and compassion. One person told us, "I am happy here and have no worries." All the relatives we spoke with felt assured their family members were well cared for."

Continuous learning and improving care

- The provider evidenced they had improved people's care following the previous inspection, for example, specialist training for staff to support people with their behaviours. However, further improvement was identified, and sustainability of those improvements already made required embedding.
- An external consultant had been recruited by the provider to support them with the areas identified for improvement at our previous inspection.

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 management team were aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.

Working in partnership with others

- The service worked in partnership with other agencies, such as health professionals to ensure people received joined-up care. This meant people had the right access to support when they needed it.