

Pilling Care Ltd

# Pilling Nursing Home

## Inspection report

Smallwood Hey Road  
Pilling  
Preston  
Lancashire  
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Tel: 01253790961

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Pilling Nursing Home is a residential care home providing personal and nursing care to up to 32 people. At the time of the inspection, 24 people were living at the home.

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

People felt safe and told us staff were available when they needed them. Before the inspection, we had received detail of concerns about a person leaving the home when they were subject to supervision and some fire safety matters. These were raised with the registered manager at the time. During the inspection, we noted the concerns had been completely addressed.

Staff had completed safeguarding training and knew how to protect people from the risk of abuse and harm. The registered manager recruited staff safely. People's medicines were administered and managed safely. Staff followed safe infection prevention and control practices and adhered to Government guidance on COVID-19. The safety of the home environment and essential equipment was checked regularly.

The registered manager and staff were clear about their responsibilities. They prioritised providing people with good quality care and support which met their needs. The service worked in partnership with a number of community and specialist agencies to ensure people received any support they needed. People's views about the service were sought and listened to. People, relatives and staff felt the service was well managed. The registered manager and provider completed regular checks to ensure appropriate standards of quality and safety were being maintained.

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

### Rating at last inspection and update

The last rating for this service was Good (published 31 May 2018).

### Why we inspected

We received details of some safety concerns before the inspection. Although these matters had been raised with the registered manager, a decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. During inspection, no areas of concern were identified in the other key questions. Therefore, we did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating 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 that the service can effectively respond to COVID-19 and other infection outbreaks.

### 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?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Pilling Nursing 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 conducted by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was 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 also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public and the fire service. We used all this information to help plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with three people who used the service. We spoke with two relatives about their experiences. We also spoke with six members of staff including the registered manager, regional manager and a member of the catering staff. In gathering information, we looked at a variety of records and this included three care records. We also looked at staff rotas, risk assessments, medicine records and three recruitment files. We looked around the home in both communal and private areas to assess the environment to ensure it met the needs and safety of people who lived there.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed records related to the management of the service, including minutes from meetings. We also spoke with a relative by telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from abuse and avoidable harm. Prior to the inspection, we had received concerns about some issues including concerns around a person leaving the home unsupervised and some fire safety matters. The registered manager quickly investigated these and implemented some changes to ensure people were safe. During the inspection they told us there were some minor areas that did need to be addressed. We did not find any evidence to support any further concerns at this inspection and were satisfied the registered manager had acted appropriately.
- People felt safe living at the home. People told us, "I definitely feel safe here" and one person indicated in their own way they were safe and cared for. One relative commented, "My relative is safe here and there are no issues."
- Staff had completed safeguarding training and understood how to protect people from the risk of abuse. One staff member said, "I have complete confidence that all staff here would do the right thing if there was ever a safeguarding concern. We would also be supported by the manager with this." The registered manager had taken appropriate action when safeguarding concerns had been raised about the service. This included notifying the CQC and sharing lessons learned with staff.

Using medicines safely

- People's medicines were managed safely and the provider had robust systems to ensure people received their medicines as prescribed by health care professionals.
- Systems were in place for the safe handling and storage of medicines. Staff had completed the necessary training and been assessed as competent to administer people's medicines safely. The registered manager and senior staff completed regular medicines audits. Where shortfalls were identified, action was being taken to make necessary improvements.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were in place to guide staff on how to support people safely and were regularly updated.
- The provider had systems to manage accidents and incidents effectively. Staff took appropriate action when accidents or incidents occurred to ensure people were safe. These incidents were regularly reviewed by the area manager and action was taken if necessary.
- Regular checks of the home environment, including equipment, fire safety and water safety, were completed to ensure it was safe and complied with the relevant standards.

Staffing and recruitment

- The provider recruited staff safely, to ensure they were suitable to support people living at the home. All

essential checks such as identity and criminal records had been made. Evidence around some of these checks was not available within all the files we considered but these were provided by the time this report was drafted.

- People and relatives were happy with staffing levels at the home. They felt there were enough staff available to meet people's needs. Our observations at inspection supported there were enough staff available to keep people safe.

#### Preventing and controlling infection

- The provider had processes to protect people from the risk of cross infection and contracting COVID-19. People and a relative told us the home was kept clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider had systems to analyse incidents, complaints and concerns. The registered manager made improvements where necessary and shared any lessons learned with staff. One staff member said, "We don't feel under pressure here. If there is ever an error, we quickly get to the bottom of it and learn lessons. There's an openness that I think is healthy."



# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had an open culture, with people, relatives and staff encouraged to share their views. Staff were provided with support which focused on achieving good outcomes for people. They were encouraged to specialise and this included taking courses and training to support and treat people effectively.
- The registered manager and staff treated people as individuals and included people in decisions about their care. One person said, "The home is calm and orderly. The manager is brilliant and is always taking account of people's wishes."
- Staff understood the provider and registered manager's aim to provide people with personalised, high-quality care, treatment and support. They said they would be happy for a friend or relative to live at the home.

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

- The provider and registered manager understood their roles and regulatory responsibilities. The registered manager was responsible for the day to management of the home, with support from senior staff including registered nurses. They completed regular audits of quality and safety. The area manager also visited the home regularly and completed monthly audits. This ensured appropriate standards of quality and safety were being maintained at the home.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision, handovers and staff meetings. One staff member told us, "We receive really good support and supervision. The manager takes an 'overall view' about her staff and actual cares about us all and there are no favourites."
- The registered manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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 had a duty of candour policy to guide all staff including the registered manager. In any incidents where duty of candour action was required, we noted openness and honesty around any response to people. This included, where appropriate, engagement with family members.

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

- The provider had processes to gain feedback from people and relatives about the care provided at the home. Feedback from satisfaction surveys and residents' meetings was positive and the registered manager listened and responded to people's concerns and suggestions.
- Staff spoke positively about working at the service and the support provided by the registered manager and provider. One staff member said, "We all feel valued and the manager is doing a good job."

Continuous learning and improving care

- The provider encouraged continuous learning and development. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place.
- The registered manager ensured any lessons learned from complaints or concerns were shared with staff and the area manager. Where audits identified the need for improvements, action was taken to address these in a timely way.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of health and social care professionals. This helped to ensure people received the support, care and treatment they needed. These included social workers, GPs, consultants and hospital staff.