

Pingley Court Care Limited

Pingley Court Care Home

Inspection report

The Dale
Sheffield
South Yorkshire
S8 0PS

Tel: 01145530008

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11 August 2020
12 August 2020

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

About the service

Pingley Court Care Home is a residential care home which provides personal and nursing care to 51 people aged 65. The home is over two floors. One of the floors specialises in providing care to people living with dementia. The service can support up to 54 people.

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

Robust recruitment processes were not always followed. Medicines were mostly managed safely. We have made a recommendation about reviewing best practice in relation to medicines. Support plans and risk assessments detailed what care and support people needed to reduce risk to them. However, we made a recommendation around reviewing care plans following incidents. People told us they felt safe. There were enough staff to take care of people.

Audits were completed, we made a recommendation where improvements were required. People spoke highly of the management team, commenting they were approachable and supportive. The registered manager understood the regulatory requirements. People told us they thought the service was well-led.

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

Rating at last inspection

This service was registered with us on 12/04/2019 and this is the first inspection.

Why we inspected

This was a planned inspection in line with our inspection programme. We have made changes to the way we work due to Covid-19. This is to avoid putting pressure on services that are caring for people. We completed a focussed inspection. During this inspection we looked at two key areas safe and well-led. We do not look at all the five key questions during a focussed inspection. Therefore, the service was not given an overall rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 ●

Pingley Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we have changed the way we inspect due to Covid-19 and needed to check with the registered manager what information we could review electronically and what we would need to look at on site.

Inspection activities started on the 10 August 2020 and ended on the 12 August 2020. We visited the care home on the 11 August 2020.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We spoke with three members of staff including the registered manager, deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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 spoke with four relatives about their experience of the care provided. We spoke with three members of care staff and the chef.

The registered manager sent various documents electronically to review. We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment procedures were not in place to ensure only staff suitable to work in the caring profession were employed. Gap's in employment history were not followed up. Staff did not always have the correct ID checks in place.

Whilst we found no evidence that people had been harmed the service failed to demonstrate they followed safe recruitment procedures this is a breach of Regulation 19: Fit and proper person employed. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

The provider responded immediately after the inspection. They confirmed actions were being taken to follow up missing information.

Using medicines safely

- Medicines were managed safely.
- People told us they received their medicines however, records were not always kept up to date. Body maps were not always in place for where on the body medicines should be applied. Dates of opening were not always recorded on creams, gels and eye ointments

We recommend the provider consider current guidance and act to update their practice accordingly.

- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked annually. Staff told us, "Competency checks are completed – every month sometimes. (Deputy manager) observes staff and documents this," and "I do medication training every year. Usually (deputy manager) observes my medicines competency, usually three monthly."

Learning lessons when things go wrong

- There were appropriate processes in place for recording accidents and incidents. However, there was no overall analysis in place to use these as learning opportunities to prevent future re-occurrence. For example, the home had a high number of falls, only one detailed analysis of falls had been completed. The registered manager told us this was something that would now be completed monthly.
- The registered manager had a system in place to monitor incidents. However, for one individual who displayed behaviours that can challenge their care plan had not been reviewed and updated following incidents.

We recommend the provider considers current guidance and act to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse. People told us the service was safe. Comments included, "We're happy living here, we feel safe." Relatives added, "(Relative) is safe. (Relative) is being cared for and looked after. We don't have to worry about them" and "My (Relative) wanders around the home and they always know where they are – they are observant."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. Staff received appropriate training.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed.
- People's care files included appropriate assessment of risk, which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment and manual handling.
- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported.

Preventing and controlling infection

- Staff used personal protective equipment (PPE) appropriately throughout the home. Staff confirmed they had access to suitable PPE, and they had received training.
- Appropriate measures were in place to protect people from infection.
- One person told us, "The home is spotless, that was one of the reasons I chose it for my (relative)."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had implemented quality assurance systems to monitor the service. However, these had not always been effective in identifying areas for improvement. For example, the concerns we identified at this inspection relating to medicines, staff recruitment and care plans had not been identified by the provider.
- Audits lacked detailed information about who's documents had been sampled, what actions were required and what had been completed. Where there were dates for actions to be taken, these were not completed so it was difficult to identify where progress had been made.

We recommend the provider consider current guidance and act to update their practice accordingly.

- There was a registered manager in post who provided leadership and support. We found the management team were committed to making a difference to the lives of people living at the service.
- People who used the service received good quality person-centred care.
- The registered manager understood which incidents and events must be reported to CQC. We were satisfied they had notified CQC of all relevant incidents prior to this inspection.

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

- The registered manager was preparing a staff and people who used the service survey to obtain their views about the service. The registered manager was going to use feedback to continuously improve the service. However, all people we spoke with confirmed their views were obtained informally and they felt listened to.
- The management team made themselves easily available to people using the service, relatives and staff.
- People and staff were engaged with the service. Staff meetings were held which staff told us they found useful. Staff met with registered manager and deputy manager to discuss any concerns.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.

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 registered manager had a clear understanding of their role and the organisation, and the lines of

managerial support available.

- There was an open and honest culture in the service. People were complimentary about the registered manager.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development. Improvements to the service were made following changes in policy and procedure, to ensure regulatory requirements were met.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with clinical commissioning groups, social workers, mental health services and Sheffield local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment process were not present to ensure the person is of good character. Information about candidates set out in Schedule 3 of the regulations was not always confirmed before staff are employed.