

Pilling Care Ltd

Pilling Nursing Home

Inspection report

Smallwood Hey Road
Pilling
Preston
Lancashire
PR3 6HJ

Tel: 01253790961

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16 May 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 16 May 2018 and was unannounced.

This is the first inspection at Pilling nursing home following the new provider's registration with the Care Quality Commission (CQC) on 06 April 2017.

At this inspection we found the service was rated Good.

Pilling 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 (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Pilling nursing home is registered to provide care and accommodation for up to 30 people who require nursing or personal care. The home specialises in dementia care. Accommodation within the home is situated on two floors with a passenger lift providing access to the upper floor. The home provides communal areas with two lounges and two dining rooms available. Car parking spaces are available to the front of the building and there is a garden at the rear of the property. At the time of our inspection visit there were 28 people who lived at the home.

There was a registered manager in place. 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.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with three people who lived at the home and three people visiting their relatives. People told us they were happy and well cared for and felt safe living at the home. One person visiting the home said, "The staff are lovely and caring people. I have no worries about [relative]. I know they are safe."

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

The service had sufficient staffing levels in place to provide support people required. We saw requests for

assistance were responded to in a timely manner.

Medication procedures observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

We saw there was an emphasis on promoting dignity, respect and independence for people who lived at the home. People told us staff treated them as individuals and delivered person centred care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place to live. We found equipment had been serviced and maintained as required.

The design of the building and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place. People visiting the home told us they were happy with the standard of hygiene.

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

People's care and support had been planned with them or a family member. They told us they had been consulted and listened to about how their care would be delivered.

Care plans were organised and had identified care and support people required. We found they were informative about the care people had received.

People told us they were happy with the variety and choice of meals available to them. Meal times were relaxed and well managed. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People told us staff who supported them treated them with respect and dignity.

We saw people who lived at the home enjoyed a variety of activities which were organised for their entertainment.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits, resident meetings and satisfaction surveys to seek their views about the service provided.

Further information is in the detailed findings below

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

We reviewed infection prevention and control processes and found suitable systems were in place.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received mandatory training.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The service was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's end of life wishes had been discussed with them and documented.

People told us they knew their comments and complaints would be listened to and acted on effectively.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable

Pilling Nursing Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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 comprehensive inspection visit took place on 16 May 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors and a specialist advisor. The specialist advisor looked at the services care planning arrangements, medicines procedures and spoke with nursing staff.

Before our inspection on 16 May 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. 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.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included three people who lived at the home and three people visiting their relatives. We also spoke with the service's registered provider,

registered manager, area manager, two nurses, five care staff, and the cook.

We looked at care records of five people, staff training matrix, supervision records of four staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of five people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with three people who lived at the home and three people visiting their relatives. People told us they were happy and well cared for and felt safe living at the home. Comments received included, "I feel very safe in the care of the staff. They are looking after me really well." And, "I have never felt safer. The staff are always calling in my room to make sure I am alright and If I need anything." One person visiting the home said, "It really is a wonderful place. I have never walked out of the home worried about anything."

The service had procedures in place to minimise the potential risk of abuse or poor care to people who lived at the home. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. They said they wouldn't hesitate to report any concerns about their colleagues care practice or conduct. People visiting the home told us they had never witnessed poor care or mistreatment of people who lived at the home. The service had cooperated and worked with safeguarding teams when concerns had been referred to them to investigate.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We reviewed the services duty rota, observed care practices, spoke to people who lived at the home, their visitors and staff on duty. We found the number and skill mix of staff was sufficient to meet people's care plan requirements. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. Staff were in attendance in communal areas providing supervision and support for people who lived at the home and greeting their visitors. We saw staff had time to spend socially with the people in their care and could undertake tasks supporting them without feeling rushed. We observed requests for support were dealt with promptly. One person being nursed in bed said, "I have my call bell here and if I need them I just press my button and they are here in no time. I never have to wait long." People visiting the home told us there was always plenty of staff on duty when they visited their relatives. One person said, "I have never had concerns about staffing levels. The staff are always in attendance and available when I visit."

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national

guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked at the medicine store room and found an organised and clean environment. Room temperatures had been checked daily and showed medicines were stored at a safe temperature. The medicine room was secure and senior staff on duty held the keys. Fridge items were found to be dated when opened and stored in a secure fridge. Fridge temperatures had been recorded daily and within safe limits.

We looked at one person's records who required a complex medication regime to ensure their wellbeing. We found that the service had implemented a risk assessment, care plan and review of this medication regime on a regular basis to ensure the safety of the person and promote the effectiveness of the medication. We looked at how the service managed controlled medicines and found safe storage, administration and recording had been maintained.

We looked around the building and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. We saw cleaning schedules had been completed by staff and audited by the registered manager to ensure hygiene standards at the home were maintained. One person visiting the home said, "The home is always spotlessly clean when I visit. The cleaning staff do a fantastic job in my opinion."

We found windows had restricted openings to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. People who had chosen to remain in their rooms had their call bell close to hand so they could summon help when they needed to. The fire alarm and fire doors had been regularly checked to confirm they were working. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Legionella checks had been carried out.

We looked at how accidents and incidents had been managed by the service. We found where they occurred any accident or 'near miss' had been reviewed to see if lessons could be learnt and to reduce the risk of similar incidents. For example people's care plans and risk assessments had been updated and referrals made to the falls prevention team where people had experienced falls. Following one referral one person had a small camera placed in their room which allowed staff to observe they were safe on a monitor.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. Comments received from people visiting the home included, "Fantastic group of staff they are all brilliant every one of them." And, "I have to say they are the most professional and dedicated team of staff I have ever come across. The service they provide is exceptional. It's a pleasure to visit the home."

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment the service, in consultation with the person had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs. We saw consent forms had been completed with people confirming they had agreed with the support provided. We found all records confirming people had consented to their care had been signed by them or a family member on their behalf. Records seen were consistent and staff provided support that had been agreed with each person.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's mental capacity had been considered and was reflected in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw people's mental capacity had been assessed and applications for DoLS had commenced.

We spoke with staff members and viewed the services training matrix. We saw staff had completed or were working towards national care qualifications. Staff new to care had enrolled or were working towards completing the care certificate. Training provided by the service covered a range subjects including safeguarding, health and safety, Mental Capacity Act (MCA) 2005, moving and handling, food hygiene, infection control and medication. Staff had received dementia care training and were knowledgeable about how to support people living with dementia. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The service provided equality and diversity training to all staff as part of their induction and this was refreshed annually. The registered manager said the training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

We found peoples' nutritional and hydration needs had been met. The staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea, milky drinks, juices,

biscuits and crumpets. Throughout the inspection we saw staff assisting people if they required a drink.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals and drinks were on offer along with a cooked breakfast if requested. Choices provided at lunch time included beef stew with dumplings, new potatoes and veg, apple sponge and custard. The cook told us the alternative meal was lasagne with salad. People with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties. The cook also had information about people's likes and dislikes.

We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

Everyone we spoke with said the food provided by service was of a very good standard. One person visiting the home said, "The food really is excellent. I have had many meals here and enjoyed everyone. The cook does an amazing job."

The service shared information with other professional's about people's needs on a need to know basis. For example, when people visited healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

We found the building and grounds were dementia friendly and appropriate for the care and support provided. People who lived at the home had access to the rear grounds which were enclosed and safe for them to use. This provided people with the opportunity to exercise and receive exposure to sunlight which is vital for wellbeing. The design of the building provided sufficient space to enable people to walk about safely. The building was well lit and made as much use of natural light as possible. Clear signs (using pictures and words) had been put in place to enable people to move around the building confidently.

We found the environment offered a range of dementia-friendly features to support people with visual, hearing and mobility impairments associated with dementia. These included furniture in a contrasting colour to the carpet, wardrobes and chests of drawers with easy to use openings and warm tones used on walls which were easier to see. The service had incorporated a bus stop in the foyer, had fidget boxes with percussion instruments and various sensory objects. There was also a display on a corridor wall of a garden shed, telephone box with a telephone and post box. Bedroom doors had been dressed so they looked like individual front doors with letter boxes and door knockers. People visiting the home told us how impressed they were with the environmental standards provided.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. Comments received from people visiting the home included, "The staff are lovely caring people. They cannot do enough for the residents they are so attentive. I love sitting and watching them providing their care." And, "I have seen this home grow and flourish since it opened. The care is exceptional, I cannot praise them high enough." Also, "[Relatives] face lights up when staff walk in his room. You can tell they really care about him and [relative] is genuinely fond of them."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

Staff we spoke with had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visits.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. We observed they demonstrated compassion towards people in their care and treated them with respect. Our observations confirmed people were encouraged to retain their independence and undertake tasks for themselves where safe to do so.

We saw people visiting their relatives and friends were made welcome by staff. One person visiting their relative said, "I visit most days and always receive a warm welcome. The manager and her staff are really

friendly and I love visiting."

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care.

People we spoke with told us staff were responsive to their care needs and were available when they needed them. We observed staff undertaking their duties and responding to requests for assistance in a timely manner. People said they were happy with their care and the attention they received from staff. One person said, "I spend most of my time in my room because I like peace and quiet. The staff are popping in all the time to check I am alright and just to spend some time talking with me. I really do appreciate their care and attention."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs. These included whether the person required easy read or large print reading, brail or audio books. They also had the contact details of translator's services and organisations such as action for blind people.

The service had technology to assist people to have contact with family members or friends if they wished. One person visiting the home told us they had a holiday booked shortly after [relatives] admission to the home. They told us they had wanted to cancel the holiday but had received reassurances from the registered manager they would be kept updated about [relatives] welfare. The person said, "I wouldn't have left [relative] anywhere else I was so confident [relative] was safe. I received regular emails and photographs showing me how well they looked. I felt so reassured as I could see from the photographs [relative] was happy and well cared for."

The service provided a wide range of interesting and innovative activities to keep people stimulated and entertained. During our inspection we saw a reminiscence session which was well attended. We saw people joined in the session with enthusiasm and there was lots of laughter.

The service had a complaints procedure which was on display around the home for people's attention. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. People who lived at the home and their visitors told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals. We looked at the services complaints log and saw two complaints had been received. These had been investigated by the registered manager and responded to in a timely and appropriate manner.

People's end of life wishes had been recorded so staff were aware of these. For example advanced care planning had been completed with family members in relation to preferred place of care and death. We saw people had been supported to remain in the home where possible as they headed towards end of life care.

This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

Is the service well-led?

Our findings

People who lived at the home and their visitors told us they were happy with the way the home was managed. Comments received included, "They provide a first class service, excellent in all departments. The manager and her staff are second to none." And, "The manager and her staff deserve every credit. It is an extremely well run service. I cannot praise them high enough."

We found the service had clear lines of responsibility and accountability. The manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well run and consistent service. All staff spoken with were committed to providing the best possible service. One staff member said, "I absolutely love working here and enjoy my role. I feel trusted and valued by the manager."

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the manager and management team.

Additional quality monitoring procedures included area manager audits checking facilities, staffing levels, training and management of complaints on a monthly basis. From this information they developed further action plans for the registered manager to manage future performance.

Resident and relative meetings had been held on a regular basis. We looked at the minutes of a recent meeting. We saw topics discussed were people's satisfaction with the service and the activities provided. We saw the registered manager had received positive feedback in both areas.

Surveys completed by family and friends of people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt consulted and involved in the running of the home which was well managed. Comments received included, 'Since entering the home [relatives] transformation has been remarkable. Far less agitated, anxious and aggressive.' And, 'Excellent rapport with all staff the whole atmosphere at the home is friendly and helpful.' Also, 'The manager is approachable and makes herself available at all times. Her open door policy is most acceptable.'

We saw a sample of messages left by relatives of people who had lived at the home commenting on the service provided. Comments included, 'We thank all staff from the bottom of our hearts for their undying devotion, dedication, professionalism, kindness and care. We thank you also for the support and affection you give us as a family.' And, 'At Pilling you truly do care for the wellbeing and happiness of each and every one of your residents. You go the extra mile to ensure they receive the very best you are able to offer.'

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as the falls prevention team, dieticians, speech and language therapists and tissue viability nurses. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety.

This is the first rated inspection of Pilling nursing home with the current provider. Providers are expected to place on display in the conspicuous area of their premises and their website their CQC rating once received. This has been a legal requirement since 01 April 2015.