AMAFHH Care Homes Limited

Pinglenook Residential Home

Inspection report

229 Sileby Road
Barrow Upon Soar
Leicestershire
LE12 8LP
Tel: 01509 813071

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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

Overall summary

We inspected the service on the 22 October, it was an unannounced inspection.

Pinglenook Residential Home provides accommodation for up to 23 older people, some of whom are living with dementia and disabilities. There were 15 people using the service on the day of our inspection.

There was a registered manager. 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.

People felt safe within the home. Risks were assessed and managed to protect them from harm.

Staff had received training to meet the needs of the people who used the service. People received their medicines as required and medicines were managed and administered safely.

Summary of findings

People's independence was promoted and choice making encouraged. Where people needed support to make decisions or lacked the capacity to make decisions, they were supported in line with the Mental Capacity Act.

The registered manager had assessed the care needs of people using the service and had involved them in ensuring plans were in place to reflect their needs. Staff had a clear understanding of their role and how to support people who use the service as individuals.

Staff knew people well and treated them with kindness and compassion. People enjoyed the meals provided and where they had dietary requirements, these were met. People were offered adequate drinks to maintain their health and wellbeing.

Systems were in place to monitor the health and wellbeing of people who used the service.

People's health needs were met and where necessary, outside health professionals were contacted for support.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the manager and had faith that she would address issues if required. Relatives found the registered manager to be approachable.

Summary of findings

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 safe

Good

People told us they felt safe and the staff team knew how to keep people safe from harm.

Regular safety checks had been carried out on the environment and the equipment used for people's care.

People's medicines were managed so that they received them safely.

Is the service effective?
The service was effective

Good

We saw that staff received appropriate training to enable them to meet the requirements of their role.

The service catered for individual dietary needs and staff were aware of how to provide these. People told us that they enjoyed the food provided

We saw that the service had completed assessments of people's capacity to make informed decisions around aspects of their care

Is the service caring?
The service was caring

Good

People were encouraged to make choices and independence was promoted.

Staff treated people with kindness, dignity and respect.

Objectives for people's care included 'providing a friendly and homely environment, and promoting dignity and choices at all times'.

Is the service responsive?
The service was responsive

Good

People who used the service and relatives told us that they would feel comfortable to make complaints if required.

Staff had a good understanding of people's needs relating to their care and how they should support them.

We saw that people's needs were assessed and care plans were put in place to ensure that their needs were met.

Summary of findings

Is the service well-led?

Good

The service was well led

The service had a statement of purpose. Staff had a clear understanding of the aims and objectives of the service.

Staff felt supported by the registered manager. Relatives of people using the service felt able to contact the registered manager and discuss any issues with them.

The registered manager conducted regular supervision with staff members and assessed their competencies.

Pinglenook Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 inspection took place on 22nd October 2015 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service.

We spoke with three people who used the service. We also spoke with a visiting health professional. After the inspection we contacted relatives of six people who used the service to ask their views.

We used the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We completed a SOFI observation for four people who used the service.

We spoke with the provider, the registered manager and four care workers. We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, staff records, the handover book, staff rota and records associated with quality assurance processes.

Good

Is the service safe?

Our findings

People told us that they felt safe at Pinglenook. One person told us "I feel safe here I do, I'm not worried about anything". One relative told us "I am completely relaxed that my mother is there".

Most relatives felt that there were enough staff on duty when they visited. Though some relatives told us that they felt there were not. Particularly to engage in stimulating activities or to support the people using the service when they needed to attend health care appointments outside of the home. We were told of occasions when family members had felt the need to stay to support their relative during times of increased anxiety or ill health. On the day of our inspection we found that staffing levels were suitable for the needs of the people using the service. Staff did not seem to be rushed and spent time interacting with people.

We saw that there was a policy in place that provided staff, visitors and people using the service with details of how to report safeguarding concerns. Staff were aware of how to report and escalate any safeguarding concerns that they had. They told us that they felt able to report any concerns and the registered manager was aware of her duty to report and respond to safeguarding concerns.

The registered manager told us about the staffing levels that they had in place. They told us that the service never used agency staff. They told us that the rota was set out so that there were increased staffing at busy times and this was facilitated by staff coming on shift earlier or staying later to cover. This was confirmed by looking at the rota and talking with the staff. The service also employed a cook, domestic staff and someone to deal with any maintenance issues.

Risks associated with activities, care and general wellbeing were assessed and planned for. These included risks associated with moving and handling, nutrition and skin care. These had been reviewed regularly. Completion of these assessments enabled risks to be identified and guidance for staff was in place to minimise the impact of these risks.

We observed that people had been assessed for the support they needed to move around the home. We saw that the appropriate aids were used such as a Zimmer frame. Staff had received training around helping people to move safely and how to provide care when people were not safely able to stand. We did observe that one person who was being supported to go to the dining room in a wheel chair had not been offered the correct foot plates. This meant that their feet were not adequately supported and at risk of injury. We informed the registered manager who said that she would address this immediately.

Fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event and regular servicing on equipment used was undertaken. This was to ensure that it was safe.

The needs of the people who used the service had been assessed for the help that they would need in case of fire. A fire risk assessment had been completed and the service had been judged to be complying with current fire regulations in September 2015. However we observed that door wedges were in use at times. The provider informed us that this was only during times when the cleaner was in these rooms. We recommended that this was reflected in the risk assessment. .

There was a recruitment policy in place which the registered manager followed. This was to ensure that all relevant checks were carried out on staff members prior to them starting work. We looked at the recruitment files for three staff members and found that safe recruitment practices had been followed. .

We observed staff administering medicines. We saw that medication administration record (MAR) charts were used to inform staff which medicine people required and this was then used to check and dispense the medicines. Staff explained to people what the medicine was for and once a person had taken them the MAR chart was then signed. We did observe that on one occasion a tablet had not been given and there was no explanation as to why. We informed the registered manager of this who said they would investigate. We were able to see that creams were appropriately stored and clear guidance was provided for when and how to apply the creams.

Where people had PRN [as required] medicines there were protocols in place but these did not always provide specific details about when the medicine should be administered.

Good

Is the service safe?

Staff who administered medicines had worked at the service for a length of time and had an understanding of when these medicines should be given. However, this was not recorded in detail within the PRN protocols.

There was a medication policy in place. Medicines were all stored securely and the temperature of the medicines fridge was regularly checked and recorded. One person told us “I get my medicine when I should, she [registered manager] is very particular about that.”

Good

Is the service effective?

Our findings

Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and health and safety training. We saw an induction training program had been completed in the three staff files that we looked at. Staff confirmed that they had completed manual handling training before they had been allowed to support people.

The staff training records showed that staff received regular refresher training and ongoing learning. Staff told us that they had attended courses such as diabetes management, dignity in care, safeguarding and some practical sessions with the hoist and slings. We saw evidence that training sessions had taken place in the training records that we looked at. We saw that some staff had attended a course which then enabled them to carry out training in that subject, known as a train the trainer course. These staff then provided the training in those areas for other staff at the service. We saw that in addition to this, some long distance learning courses were also offered.

People told us that they enjoyed the food provided. One relative told us "It's much better than they [their relative] were getting at home". At a meeting one person said the food was "As good as I cooked myself". The service was able to demonstrate that it maintained high standards in relation to food hygiene.

We were told by the registered manager that the menus were put together based on what people told her they liked to eat. The meals looked to be appetising. A variety of both hot and cold drinks were offered throughout the day. The manager showed us a record that staff kept when people expressed that they had enjoyed a particular food or not. This was so that the service could try and offer preferences more regularly or avoid offering certain foods that people did not like. We discussed with the registered manager ways that they could further maximise offering choices around meal times. This included having condiments on the table or offering gravy from a jug rather than putting it on the meal in advance.

Individual dietary needs were catered for such as gluten free diets and staff were aware of how to provide these. We saw that the registered manager had consulted dietitians and staff were following their advice. Assessments were used to ensure that people using the service were protected from the risk of malnutrition and dehydration. We discussed with the registered manager how the staff team could improve their recording and monitoring of fluid intake.

The Mental Capacity Act 2015 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. The registered manager had followed the requirements of the DoLS and had submitted applications for standard authorisations to the local authority for people at the service that were under constant supervision and unable to leave independently. One of these had been authorised but the manager had not told us of this. We reminded them of their legal duty to inform CQC when DoLS applications had been authorised – the manager informed us they would do so.

The service had a consent policy, it stated that 'No care practice many be undertaken without the informed consent of the service user'. We saw that the service had completed assessments of people's capacity to make informed decisions around aspects of their care such as whether to see the doctor if they were feeling unwell or having support to attend to their personal care. We saw that when people were assessed to not have the capacity to make these decisions for themselves, a 'best interest' decision had been made. This best interest decision had taken into account the views of those who knew people well and mental health professionals as well as the registered manager.

Relatives told us that people who used the service were asked their opinion and encouraged to make choices – such as whether they wanted to have a flu jab. For some decisions family members were asked to help with the making of them. We saw in one person's care plan "I am able to make decisions independently however I do benefit by having a family member present when making important decisions"

A visiting health professional told us that some of the people who used the service were at risk of pressure sores but that this risk was well managed by the staff team at Pinglenook. Staff contacted the health professional appropriately if there was an issue with a person's health and wellbeing.

Good

Is the service effective?

People's health needs were monitored. Where there had been a concern identified staff had contacted the relevant health professional in a timely manner. A member of care staff had contacted a person's GP and the mental health team due to concerns that they may be experiencing increased confusion.

The registered manager explained that they did not arrange hearing tests or hearing aid servicing for the people using the service. We were told of and observed occasions when people struggled to understand or engage in conversation due to their difficulties in hearing. We asked the registered manager to consider the needs of people in relation to their hearing to ensure that people's day to day communication needs were met.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring, one person told us "The girls are good and look after us well. [staff member] – she is nice, she takes a great interest in people. I don't worry I have my own bedroom and we are kept safe. I sometimes think they over indulge us but I don't mind." Another person told us when referring to staff "I tell you what these are, the best girls going."

The provider had received very good feedback about care and respect in the service from a survey they had conducted.

Staff told us that they promoted independence and one staff member told us they "Always gave opportunities for people to choose. Another staff member told us "I would recommend my mum for here." Family members told us "Staff are very good and caring", "Instantly you walk in and It's like being at home." "We are very lucky."

Within people's plans of care we saw that objectives had been set. These objectives were aimed at ensuring people's privacy and dignity were respected and promoted. Examples of objectives were 'To provide a friendly and homely environment', 'To provide support with social activities' and 'To promote dignity and choices at all times'.

A visiting health professional told us that they felt the service was "Very caring" with people and they had observed that people generally seemed to enjoy activities. The health professional had raised concern that for some people, a lack of private space downstairs had meant that it could be difficult to provide treatment in private. We asked the manager to look into a resolution to this.

We were also made aware that the hairdresser visited people at Pinglenook regularly. When they did they used one person's bedroom to work. This person had been asked their permission when they first took the room at Pinglenook and they had given it. We were told that they were also asked on every occasion when the hair dresser visited and that they continue to agree. We asked the registered manager to consider if an alternative arrangement could be made whereby not one person's private room was used for others.

We were told that people were encouraged to make choices about their lives at Pinglenook. Some people preferred to spend time in their bedrooms rather than the lounge and this was respected. We observed that a person was given a choice as to what time they wished to get up and whether they preferred to eat in their room or not. This was not reflected in their care plan however, it was clear that their choice had been respected.

We observed the staff team interacting with the people using the service. Interactions were both functional and conversational, For example people were asked if they would like a drink and a biscuit and staff discussed a present that had been bought for a family member. When staff came on shift they greeted people warmly and we saw that people were pleased to see them.

We observed a care worker assisting a person with their drink at an appropriate pace that suited them. Where one person seemed to be confused about something, a care worker engaged them in conversation and reassured them. We observed a person being asked in a manner which preserved her dignity if they would like to go to the toilet. They were then supported to use their walking aid in a dignified manner.

No one within the service currently required the support of an advocate but the registered manager was aware of how to access advocacy support if required. Family members felt that they were involved and were kept up to date with events or their loved ones wellbeing.

Good

Is the service responsive?

Our findings

People who used the service and relatives told us that they would feel comfortable to make complaints if required. The service had a complaints procedure and this was displayed in the main foyer. The service had not received any formal complaints however there was a clear policy on how complaints would be dealt with.

We saw that the registered manager carried out with a survey of family members to gain their feedback. One of the questions asked if family members were aware of the complaints procedure for the home. All bar one were aware. We saw that the registered manager had contacted this family member and made them aware of the complaints procedure. Another had stated that on the occasion that they had made a "Sort of" complaint they were "Very satisfied" with the response.

The registered manager held regular meetings for the people using the service. These took place in the lounge and we were told that most of the people took part. We saw the minutes of these meetings and topics discussed were around activities, food and outside professionals coming into the service. The registered manager asked for feedback from the people who used the service on each area. People were kept informed about events that were happening at Pinglenook.

During the two most recent meetings it was noted that some people's clothes were getting mixed up. The registered manager had apologised for this and said she would address this with the staff team. We saw that this issue had been brought up at the next staff meeting. We spoke to the registered manager about clothing going missing and she said that some people could become confused about clothing but that she would look into this again. We asked that the registered manager to monitor if improvements had been made.

We saw that people's needs had been assessed and care plans had been put in place to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to them, details of their life history and information about their hobbies and interests.

One relative told us of how the registered manager had offered for their family member to visit the service for lunch to see "how they got on" before deciding if they wanted to move to Pinglenook.

We saw that the registered manager reviewed care plans monthly. At times they had asked the people themselves about the service they received. We saw in one care plan "[Person] stated she loves it here and all staff are doing a wonderful job – no complaints." We also saw that the person and their family members had met with the registered manager to review their placement at the home and that they had expressed a wish to stay at Pinglenook.

Staff had a good understanding of people's needs relating to their care and how they should support them. We saw that people were encouraged to be as independent as possible and that their wishes around their care were reflected in their care plans.

Visitors were welcomed at any time and relatives told us that they regularly saw the registered manager. All of the relatives we spoke with knew her by name. They told us that she would often ask if they had any worries or concerns. One relative told us that they were "Always very impressed" with the manager and that she was "On the ball and keeps us informed."

Realities told us that if they had a concern or problem then they would feel confident to address these with the registered manager. They felt that communication between themselves and the management was good.

Staff members were responsible for providing activities as part of their role. We observed people using the service engaging in some activities during our visit such as singing and watching television. Staff told us about trips out that people had been on and that the garden was enjoyed by people during the summer. A volunteer from the local collage visited to provide activities on an 'ad hoc' basis. Care plans reflected people's interests and hobbies but it was not clear how people were being supported to engage in these. Church services took place at the service every week for those who wished to participate.

Good

Is the service well-led?

Our findings

People told us that they had faith in the registered manager and owner and that they could approach them if they had any concerns. We observed people calling them by their first names and chatting with them. One person told us "When you say something [registered manager] will deal with it." Staff told us that they feel supported by the owner and registered manager and that they could contact them at any time if they needed to.

There was a statement of purpose which was displayed in the home. It set out the aims and objectives of the service, the standard of care that people could expect to receive and how to raise concerns. Staff had a clear understanding of the provider's aims and objectives and told us that "We are here to make people as happy as possible, as comfortable as possible in their home. It is their home."

The registered manager conducted regular supervision with staff members. During these sessions staff competencies around aspects of providing care were also assessed. The registered manager had recently adopted a more in-depth competency system which was intended to aid her in assessing staffs understanding and skill in a variety of duties.

We saw that staff meetings had taken place. During these meetings issues relating to the service were discussed such as activities for people or infection control precautions. We saw that staff meetings were used as a way of communicating information and provided an opportunity for staff to provide feedback. We also saw that the registered manager used these meetings to remind staff of specific guidelines such as safeguarding policies.

Important information about changes in care needs for people were shared with carers during the handover period. A Handover is when staff coming onto a shift are made aware of the wellbeing of each person and any important information relating to their care. We discussed with the registered manager how the service could formalise this process to ensure staff accountability and reduce the risk of important information being missed.

All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. These included maintenance of moving and handling equipment, legionella testing and gas appliance safety checks.

The registered manager told us that she saw the people who used the service and their family members daily and so was available for them to talk to if they had a concern. Relatives told us that they saw the registered manager when they visited. Staff told us that the registered manager was present in the service 5 days a week and the provider visited the home at least weekly.

The registered manager received three monthly supervision with the owner. During these supervisions she was offered support and guidance in her role. Supervision also gave opportunity to feedback any outstanding issues or concerns around the care of the people who used the service, environmental or staffing issues to the provider so that they could be addressed. Such as if the manager wished to recruit more staff.

The service employed its own maintenance person who was responsible for ensuring that the environment was well maintained and any issues were fixed in a timely and safe manner.

The registered manager completed monthly audits of accidents, incidents and where there was a 'near miss'. A 'near miss' is when and accident or incident was avoided. This enabled her to address any issues to avoid further risk of accidents or incidents. It also enabled her to assess the dependency levels of people who used the service and look for patterns or ways that the service could reduce the risk of accidents or incidents occurring.

The manager had implemented a system whereby monthly audits were conducted by key workers to ensure that people who used the service rooms were in order, their clothing was all in order, their dentures, walking aids and hearing aids had been cleaned and in good states of repair. This meant that people were supported to maintain their independence and dignity.

Systems were in place to assess, monitor and improve the quality and safety of the service. These included a range of audits completed by the registered manager in the areas of medication and training. Where issues were identified the registered manager took action to address these.

The Registered manger also welcomed audits by external professionals such as fire officers and social service. Where external professionals had identified areas to address these had been done in a timely manner.

Good

Is the service well-led?

The registered manager and the owner were aware of the requirements upon them to notify the care quality commission or other agencies of significant events with in the service. We reminded them of their legal duty to inform CQC when DoLS applications had been authorised – the manager informed us they would do so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

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