

Hill Care Limited

# Longroyds and Pilling House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Longroyds and Pilling House Care Home is a residential care home providing personal care for up to 52 people aged 65 and over. At the time of the inspection, 30 people were living at this service.

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

People's medicines were not robustly managed as morning medicines had been administered late on the day of the inspection. Staff were administering prescribed laxatives, but not using records effectively to cross reference the effects of this medicine and whether it was appropriate to continue administering. This was addressed by the management team following our inspection.

Staff had a visible presence in the home and rotas showed shifts were fully staffed. The provider reviewed people's dependency levels regularly. A recruitment check was not recorded as having been followed up, which meant the process was not robust.

Mental capacity assessments had been completed, although one person's assessments raised queries which we discussed with the management team. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives felt confident staff were suitably trained. The provider had identified training gaps before our inspection and was ensuring this improved. Staff said they were well supported, but they did not receive regular formal supervision support in 2022. This was addressed following our inspection.

Infection control was mostly well managed, although we noted occasions when staff were not wearing face masks correctly. Three relatives said they were not allowed to visit the home during an infection outbreak, despite having essential care giver status.

People and relatives felt safe at this care home and staff knew how to recognise and respond to signs of abuse.

Most people had a positive mealtime experience. We saw staff assisting people in line with their dietary needs. People were supported to have enough to eat and drink.

We have made a recommendation about support at mealtimes for people who may experience memory loss and have difficulty making choices from the menu.

Staff worked with a range of healthcare partners and were able to spot the signs of ill health. Visiting healthcare professionals provided positive feedback about the care staff provided.

A range of quality checks were taking place in the home, although the provider needed to ensure timescales and completion of actions were clearly recorded. This had been identified by the provider before our inspection. The regional manager was closely involved with the running of the home and visited regularly.

Opportunities to provide feedback were being explored as there had been a limited number of meetings for people and relatives. Satisfaction surveys had been carried out, but it was not clear how negative feedback had been responded to.

Relatives said they felt they were kept informed about important issues. People we spoke with said they were well cared for. Staff told us they worked in an environment where the team worked well and there was a positive culture. Examples of lessons being learned and continuous improvement were evident at this inspection.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 17 August 2021).

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We received concerns in relation to the safe management of risks to people. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longroyds and Pilling House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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 respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will work alongside the provider and local authority to monitor progress at this service. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Longroyds and Pilling House 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. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

This inspection was carried out by 3 inspectors. Following our visit to this care home, an Expert by Experience made telephone calls to people's representatives to ask for their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Longroyds and Pilling House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Longroyds and Pilling House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The home had appointed a manager who was in the process of registering with us. They were not in the home on the day of our inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who lived at the home, 12 relatives or representatives, the deputy manager, the regional manager, the divisional director and 6 members of care staff. We also spoke with a visiting healthcare professional. We observed care in communal areas, including mealtimes.

We reviewed a range of records, on site and remotely. These included people's care records, medicines records, staff rotas, and documentation to support how the service is run.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

### Using medicines safely

- Medicines were not robustly managed at this inspection.
- On the day of the inspection in Pilling House, a senior care worker told us early morning medicines had not been given because a member of agency staff did not know how to access the electronic medication system. This meant the 7 to 8 people affected were supported later than they should have been.
- Some people were prescribed laxatives as and when required (PRN), but the PRN protocol did not cross reference to checking bowel care on individual care records.
- Where people were prescribed topical creams, staff told us these were applied regularly. However, the recording of topical creams was not robust and there were many gaps in documentation.
- Following our inspection, the management team told us steps had been taken to ensure all agency workers were able to access the electronic medicines system. The management team told us a review of all laxatives and doses had taken place, and staff had received relevant guidance to carry out these checks. Staff had also received additional training and guidance around the recording of topical creams.
- Staff said their competency to give medicines was checked by senior managers at regular intervals and there were spot checks of practice. Provider reports showed not all staff had an up-to-date competency check, but this was being addressed.

### Assessing risk, safety monitoring and management

At our last inspection we made a recommendation the provider considered current and new guidance on risk management and act to embed the improvements they have made into their practice. At this inspection, we saw improvements to the recording of accidents and incidents as well as the living environment had been made.

- Risk to people were appropriately managed, although some records required strengthening.
- Where people were at risk of developing pressure sores, staff repositioned them and we heard staff discuss this with one another. However, repositioning records did not show how often a person needed this support, and there were gaps in the recording of repositioning care. We found there had been no harm to people's skin integrity and the district nurse we spoke with said there were no concerns with the way staff supported people's skin care and they followed any advice given.
- People's individual risks were identified in their care records. Staff knew risks to people, such as who was at risk of falls. They reminded people to use mobility equipment, such as walking frames. People at risk of falling from their bed had equipment such as motion sensors in place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as effective systems were in place.
- People and relatives told us they or their loved ones felt safe. Relatives told us, "I think (person) is safe, (person) has lost a lot of mobility and has a trolley to walk with and they (staff) are making adaptations" and "Yes, (person) is safe and free from harm."
- A meeting record dated January 2022 showed staff were signposted by the home manager as to how they could report safeguarding concerns internally and externally. Staff we spoke with were able to describe appropriate action in response to safeguarding concerns.

Staffing and recruitment

- Feedback from relatives was mixed around staffing levels, with the weekends noted as a time of the week when staff responsiveness needed improvement. Staff rotas we looked at covering a 2 week period in November 2022 showed weekends were fully staffed.
- Staffing levels were mostly seen to be supportive of people's needs.
- One person said they did not have to wait long for staff to respond to them pressing their call bell to request assistance. However, another person said they waited a long time. On the day of inspection, we observed staff responded promptly when alarm sensors were triggered.
- Staff said staffing levels could be improved, but they were hopeful the new recruitment would be effective in ensuring more continuity of staff. Staff told us there had been a high use of agency staff.
- We looked at 2 staff files and found action needed in 1 file was not recorded, although it had been completed. Other background checks had been made for these 2 staff.

Preventing and controlling infection

- Some elements of infection controlled required improvement.
- The majority of relatives we spoke with said staff consistently wore their PPE correctly. However, during our inspection, we observed mixed practice with some staff and a visiting contractor not wearing face masks correctly. We discussed this with the management team.
- Most relatives said they felt the home was kept clean and this was our observation.

Visiting in care homes

We asked relatives whether people's right to have visitors was upheld. One relative told us, "I was not able to go when there was an outbreak, I am the essential care giver." Two other relatives who said they were essential care givers said they were also not allowed to visit the home. We have reported this to the management team to ensure people's visiting rights are upheld.

Learning lessons when things go wrong

- Examples of lessons learned were seen at this inspection.
- We found lessons had been learned in response to feedback we received from a third party. This information had been acted on and positive changes had been made to reduce future risks.
- In January 2022, we saw a governance meeting discussed staff deployment to help reduce the risk of people falling in communal spaces.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Formal support for staff required improvement to ensure they received regular supervision and ongoing training.
- One member of staff said they could not remember when they last had a supervision meeting and thought it may have been 6 months ago. Supervision records showed staff had not received regular supervision in 2022. However, staff told us they felt well supported. Following our inspection, all staff received a supervision session by January 2023.
- Training records showed occasional gaps, but this had been identified through systems of governance and we could see some training sessions showed they were in progress. Following our inspection, the provider told us training completion rates were as high as 95 per cent.
- We asked relatives if they felt staff were well trained. They told us, "All the ones I have come across are well trained, they are very good" and "By the way they look after (person), they must know what they are doing."
- The regional manager told us the majority of shifts had a trained first aider and others were due to have this training refreshed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were completed where people's capacity was in question and these were decision specific. We discussed mental capacity assessments completed for one person with the management team as this person was understood to have capacity. The regional manager told us they had

identified areas for improvement in the recording of MCAs.

- People were given choices in their daily routine, such as where they wanted to sit, or what they wanted to wear, or how they would like their hair doing. Relatives we spoke with gave us examples of how their loved ones were supported to be in control of their day-to-day routines. For example, people chose how to spend their time and when they wanted to wake up and go to bed.
- We asked one person if they felt in control and they responded, "I am hoping so and I would want as much control for as long as I can."

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink and dietary needs were being met.
- People did not always have opportunities to make informed choices of the food they would like. Staff offered several options to people verbally, but some people struggled to remember what had been offered, or what the food was. One person chose pasta and then said, "I don't even know what pasta is." People may have been better supported in their decision making if there had been a visual aid, such as picture menus, or show plates. Meals were already plated up, which meant people did not get to decide about quantity or individual items of food on their plates.

We recommend the provider consider best practice around supporting people with memory loss to better understand their options and choices.

- Staff offered snacks and drinks regularly, and nutritional supplements where required. Meals were appetising and of quantities suitable for people's needs. Where people needed staff support with their meals, this was organised.
- The mealtime experience was pleasant with people being supported appropriately. A member of staff assisted one person who needed help. The staff member was helpful and engaging. Relatives told us, "(Person) has a choice of food and there is an endless supply" and "(Person) told me they hadn't been to bed the night before. (Person) had toast and marmalade at 3am. This demonstrated support was personalised and provided to meet people's routines and needs.
- People's dietary needs were understood by staff who followed guidance provided by speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff worked well with healthcare partners to meet people's needs, which were assessed before they moved to the home.
- Relatives told us, "I have had a few phone calls and they get the chiropodist and anything else (person) needs" They (staff) let me know if (person) isn't well, they always let me know. The GP comes out if (person) needs it" and "Person has trouble with their leg and they (staff) spotted it and contacted the GP."
- Care records and our observations showed staff worked with community mental health partners, the continence team, speech and language therapists and other professionals.
- People's needs were assessed before they moved to this home. The provider did this to ensure they were able to meet the person's care and support needs before they moved to the home.

Adapting service, design, decoration to meet people's needs

- The home was presented appropriately to meet people's needs.
- Longroyds and Pilling House consists of two properties considered to be older buildings. Following our inspection, the provider shared a refurbishment plan with us which showed how they intended to continue to maintain the upkeep of the living environment.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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

- There were a range of quality checks taking place, although the provider needed to ensure actions were clearly recorded.
- A range of audits were seen as part of this inspection. These did not always include an action plan with timescales and sign off to show actions were completed. For example, the medication audit we looked at showed some staff competencies were out of date, but this was not part of the audit action plan. The provider had identified an example of an action plan not being acted on before our inspection, but progress was being made. Following our inspection, the regional manager followed up these audits and provided detailed feedback about the progress made in respect of identified actions.
- Spot checks carried out in 2022 showed the responses to some questions were identically worded, which did not fully assure us of the independence of these checks.
- Staff felt communication worked well in the home. In addition to shift handovers and communication books, a daily 'flash' meeting took place between department heads to share key information about people's care needs.
- The regional manager had been visiting the home at least once a week. Monthly reports were produced which demonstrated their oversight and included relevant findings and action plans. Records of accidents and incidents showed they had been reducing prior to our inspection. There was evidence of these being reviewed and reported to the senior management team.

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

- The home had a positive culture which helped to ensure positive outcomes for people.
- Staff said teamwork was effective and we saw good levels of communication between staff working together. One member of staff said, "It's like a family." Another staff member told us, "I really do love this job. There's never a day when I don't want to come into work." Staff were clear about their roles and responsibilities.
- We saw one person was carrying out tasks in the dining room, such as setting the table. This helped to meaningfully occupy this person and had positively impacted on their wellbeing. We overheard a visiting professional commenting indirectly about this person's care needs. They said, "You're doing a good job." We spoke to the person referred to who said, "It's the best place I've been at."
- Staff felt well supported and said the senior management team were approachable at any time if they

needed to discuss anything. Staff said they thought the home was running well, even though there had been changes in the management.

- Feedback we received from people's representatives was largely positive. Comments included, "I think they are doing a fantastic job", "I think they do work well together, when I drop things off they seem to work well" and "It is a really nice place. I am confident they would sort any problems that I had." We saw complaints were recorded as having been responded to.

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

- Opportunities for more regular engagement with families were being explored by the management team.
- There had been one meeting for people and relatives in 2022. A meeting was planned for October 2022, but this had to be called off due to ill health. This was to be rescheduled. Staff told us they attended staff meetings regularly and shared information.
- Satisfaction surveys had been carried out in July 2022 with people, their representatives and professionals. We were unable to see how feedback had been responded to by the provider, with the exception of feedback about a particular dining option.
- Communication to the service was sometimes felt to be difficult as relatives said they could not always make telephone contact. They said the number for Longroyd House and Pilling House was the same, but only dialled through to one house.
- People's religious needs were being met. One person assisted others by leading them in worship which they appreciated. Another person requested hymns were played, which staff organised using an electronic device. Others joined in with this and shared memories.

Working in partnership with others; Continuous learning and improving care; 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

- Relatives consistently said they were kept well informed in response to accidents, incidents and other key events. The staff team worked well with partners.
- Care plans contained reference to partners and there was effective working with professionals to support people's needs.
- The home was expecting a visit from a local school who were going to sing Christmas Carols. A brass band was also due to visit the home.
- In January 2022, a staff meeting was used to discuss the importance of maintaining information security around social media.
- We saw a health and safety audit dated November 2022 which prompted further practice of fire drills to help ensure staff knew what to do in the event of an emergency.
- The provider routinely notified us in response to reportable events as it is their legal responsibility to do so.