

Pingley Court Care Limited

Pingley Court Care Home

Inspection report

The Dale
Sheffield
South Yorkshire
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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

About the service

Pingley Court Care Home is a residential care home which provides personal and nursing care to up to 54 people. The home is over two floors. One of the floors specialises in providing care to people living with dementia. At the time of our inspection there were 54 people using the service.

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

People told us they were safe and received good care and support at Pingley Court. There was a friendly atmosphere, and we saw people looked well cared for.

Risks identified with people's health, medical and care needs had been assessed and documented with clear guidance on how to minimise the risk to keep people safe. People received their medicines safely and as prescribed. Systems and processes were in place to keep people safe

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff received appropriate training, which was relevant to their role and people's needs. Staff were supported by the management team and received formal supervisions where they could discuss their on-going development needs.

People's needs were assessed. Care was planned and delivered in a person-centred way, in line with legislation and guidance. People were supported to eat a healthy balanced diet. A range of activities were on offer to keep people occupied, according to their individual interests. Complaints and concerns were well managed, and the manager took prompt action to address any issues we raised during the inspection.

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.

There was a positive culture throughout the service which focused on providing personalised care. The provider had systems in place to monitor and improve the quality and safety of the service provide.

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

Rating at last inspection

We completed a targeted inspection (published 10 September 2020) to check the two key areas safe and well-led. We do not look at all the five key questions during a targeted inspection Therefore, the service was not given an overall rating. At that inspection we found the provider was in breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection to give an overall rating.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Pingley Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service, and nine relatives, about their experience of the care provided. We spoke with the registered manager, the deputy manager two senior carers, the domestic assistant, a kitchen assistant, two care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke to one visiting professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and care plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to have safe recruitment procedures in place to ensure suitable staff were employed. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff recruitment and pre-employment records were in place; however, we found some small gaps. For example, we found one staff member did not have the correct ID check in place. We discussed this with the registered manager who rectified this on the day.
- Staffing levels were appropriate to meet the needs of people who used the service. Staffing levels were determined by the number of people receiving care and support and their assessed needs.
- We observed staff responding to people's needs in a timely manner, although staff were busy, and care was delivered in line with people's care plans.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Overall medicines were managed safely, and people received their medicines as prescribed.
- We found two gaps in medication administration records and gaps in temperature recording. We found no evidence people had been harmed and the provider took immediate action to rectify this concern and organise staff supervision and training where necessary.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by staff we spoke with.

Learning lessons when things go wrong

At our last inspection we recommended the provider consider current guidance on reviewing and updating care plans following an accident. The provider had made improvements

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. We found some equipment needed cleaning. For example, we found a stand aid needed cleaning. We also found where people had been assessed to have access to individual hoist slings these had been left in communal areas. By the end of our inspection the registered manager had taken immediate action to address these concerns.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Staff showed an understanding of the risks people faced. We found risk assessments had been completed, specific to the individual, including, taking medicines, nutrition, breathing, moving and handling and pressure care.
 - Fire systems and equipment were monitored and checked to ensure they were in good working order. Personal emergency and evacuation plans were in place.
- Systems were in place to recognise early signs, take observations and respond or escalate any deterioration in people who use the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care.
- People told us, "Oh yes, we are safe, we are well cared for", and "Yes, we are safe here, as safe as can be".
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

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 the last inspection this key question was not rated. At this inspection the key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager or deputy manager met with people to assess their needs before a decision was made about whether their needs could be met at the home.
- Assessments of people's needs considered their physical and emotional needs.

Staff support: induction, training, skills and experience

- Relatives told us, "We can't fault the staff. They're well enough trained as far as I can see and they treat [relative] as family, not as a resident".
- Staff were appropriately trained and supervised to provide care and support to people who used the service.
- Staff told us they were supported in their role by the manager and the management team. We observed staff morale was good.

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

- People received good support with eating and drinking. There were written guidelines for staff on how to support each person with their eating and drinking.
- Staff knew each person's dietary needs due to their allergies, religious preferences and consistency of food they could eat safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. Health checks were carried out for people on a regular basis. One relative told us, "The GP links to Pingley Court are really good".
- Timely referrals were made to other healthcare professionals where there were changes in a person's physical or mental wellbeing.
- Advice given by healthcare professionals was recorded in people's care records and linked to people's care plans

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

- People had been supported to personalise their rooms with their own pictures, items and furniture.
- The atmosphere and appearance of the home was homely, and people looked comfortable and relaxed in their surroundings.
- There were adaptations at the home to assist people living with dementia in finding their way around the

home and understanding other information, such as easy-read signage.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw mental capacity assessments and best interest decisions were completed where relevant. These were decision specific and included, for example, consent to receiving medicines and the COVID-19 vaccination.
- People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was not rated. At this inspection the key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People looked comfortable and relaxed in the presence of staff. We saw staff had developed good positive relationships with people and knew them well.
- Relatives spoke positively about the care their relatives received. Staff were described as being 'caring', 'kind', 'friendly' and 'empathetic'. Comments included, "The staff are caring and loving, and they seem to understand my [relative]". Another relative said, "I was impressed [relatives'] key worker knows all about the clothes [relative] likes; she [staff] seems to understand her well and her interaction comes from a place of kindness and understanding".
- Information on people's past lives was recorded to assist staff to better understand them. Staff and the management team demonstrated a good understanding of the people they were supporting.
- Staff were trained in equality and diversity and there was an up to date policy. We found no evidence to suggest anyone using the service was discriminated against and no one we spoke with or their relatives, told us anything different.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care.
- We saw staff asking for consent from people before supporting them.
- One relative said, "The staff look after our [relative] really well. They make her feel comfortable. They don't force her to do anything she doesn't want to do; two weeks ago, when we visited, we found our [relative] talking with carers and as we were leaving our [relative] said "I love it here".

Respecting and promoting people's privacy, dignity and independence

- Staff interacted with kindness and compassion throughout our inspection, treating people with dignity and respect.
- People's privacy and dignity was maintained. We saw staff knocked on bedroom doors before entering and spoke about people in a respectful manner.
- Systems were in place to maintain confidentiality and staff understood the importance of this, people's records were securely stored.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was not rated. At this inspection the key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were assessed, and clear and detailed plans of care put in place. These were person centred and regularly reviewed.
- People's likes, dislikes and what was important to the person were recorded in people's care plans.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and the service ensured steps were taken to communicate effectively with people.
- Information was provided in a range of different formats, for example picture cards were used to aid communication.
- Communication about people's needs and any changes in their care and support was shared appropriately with staff through daily handover, ongoing daily communication and regular team meetings.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities when they were scheduled.
- Activities were both communal and on a one to one basis to ensure people were engaged in activities which were meaningful to them.
- Relatives told us, "It seems to be well organised and well run", and, "They're [staff] very compassionate and their interaction and engagement with residents is wonderful".

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- When people had raised concerns, the provider checked they were satisfied with the outcome, and records showed they were.
- Comments from relatives included, "I've nothing to complain about; my [relatives'] being completely well

looked after", and, "The manager is very approachable; we've never made a complaint, but if I did so I think it would be taken seriously".

End of life care and support

- End of life care arrangements were in place to ensure people had a comfortable and dignified death.
- The service worked with families and people to assess and document their end of life wishes. These were clearly recorded within care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements. However, these needed to be further embedded, to ensure there was a continuous approach to improving care.
- The provider audited the service on a periodic basis, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service.
- The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.
- Comments from relatives included, "We have no worries or concerns. They're [staff] straightforward and lovely. I can tell they [staff] really care about people and they know what interests them. We think it's a great care home". Another relative said "It seems to be well organised and well run. They're [staff] are very compassionate and their interaction and engagement with residents is wonderful".

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

- People and staff praised the management team and told us they were approachable and had an 'open door' policy. We saw this during our inspection.
- Relatives described the manager as being 'approachable, responsive and professional'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.
- The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The management team sent statutory notifications to the Commission as required.

- Throughout the inspection the manager was honest and open with us. Where they saw improvements were needed, they had taken action.

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

- Without exception relatives told us they felt involved in their relative's care. In a recent survey one relative said, "There policies during covid have been very good; they locked down earlier than other homes and they've taken great care of everybody there in my opinion."

Continuous learning and improving care: Working in partnership with others

- Pingley Court worked in partnership with people's representatives, as well as professionals such as speech and language therapists, district nurses, social workers and occupational therapists.
- The provider and management team were committed to continuous improvement of the service. The management team demonstrated their understanding of quality performance and regulatory requirements and had made good progress against the action plan formulated at the last inspection, to show what action would be taken to make improvements.
- The management team were keen to continue working with partners such as CQC and the local authority.