Pilgrim Homes

Pilgrim Homes - Evington 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 24 February 2016 and was unannounced. We returned to 25 February 2016 to complete the inspection.

Pilgrim Homes – Evington Home is a care home that provides residential and nursing care for up to 30 people. The home specialises in caring for older people including those with physical disabilities, people living with dementia or those who require end of life care. Accommodation is over two floors accessible using the stairs or the lift. Bedrooms are all single ensuite and a choice of communal lounges and a dining room. At the time of our inspection there were 29 people in residence.

A registered manager was in post. 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's care needs were assessed including risks to their health and safety when they started to use the service. However, these were not comprehensive and care plans lacked detail about the measures to manage risks.

Improvements were also needed with the ongoing monitoring, assessments and reviews of people's care and treatment. We found staff were aware of people's needs but did not respond in good time or knew how to respond. People were not always at the centre of the care. Care plans were not always person centred or up to date to ensure staff had clear information as to how to support people to ensure their needs were met safely and reliably.

The systems to store, manage and administer medicines safely were not followed correctly, which could affect people's health.

The provider's quality assurance and governance system was fragmented and ineffective. There were limited audits carried out and improvements were limited. The registered manager was aware of the improvement needed to ensure the service was well managed and provided a sustained quality service to people who used the service.

People lived in an environment that was suitably maintained and decorated. There was a secure garden which people could now use safely.

Staff were recruited in accordance with the provider's recruitment procedures and sufficient staff were available to meet people's needs. Staff had received the appropriate support, supervision and training and nurses were supported by the provider to maintain their professional competences in the delivery of care and support to meet people's needs.

People were provided with a choice of meals prepared to suit their dietary needs. Further action was needed to ensure timely advice was sought to prevent people at risk of continued weight loss and poor appetite

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before supporting them. The registered manager sought advice and made appropriate referrals to the local authority when people had been assessed as being deprived of their liberty. Further action was needed to ensure capacity assessments were completed and any decisions made in the person's best interest were recorded.

People were involved and made decisions about their daily needs and how they wish to spend their day. People had opportunities to take part in activities of interest, continue to observe their faith and attend the daily religious service.

People told us staff were caring and kind and that they had confidence in them to provide the support they needed. The atmosphere at the service was friendly and warm. We saw staff positively engaging with people, and treated them with dignity and respect.

People who used the service and relatives told us if they had any concerns or complaints they would speak with the staff or their relative. People's views about the service were regularly sought, both individually and at meetings held as part of the quality assurance.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe. Staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing was not properly assessed, managed or monitored. Guidance for care staff was not always reflective of the measures to manage risks safely.

Staff had been appropriately recruited to ensure they were suitable to work with people who used the service. There were sufficient numbers of staff available to keep people safe.

Medicines were not always stored safely. The administration and recording of people's medicines was not always done safely or correctly, which could affect people's health.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were trained, supported or supervised to carry out their duties effectively.

People's consent to care and treatment was sought. Care records did not always fully reflect that the principles of the Mental Capacity Act 2005 were used when assessing people's ability to make informed decisions about their care and support people's rights.

Further action was needed to ensure people's nutritional needs were met. People were referred to the relevant health care professionals to promote their health and wellbeing.

Is the service caring?

Good

The service was caring

People told us they were supported by staff that were kind and caring in their approach. People were treated with dignity and respect.

People were encouraged and involved in decisions made about their care and treatment and where appropriate their relatives.

The service looked after people on end of life or palliative care. With further improvements made to the advance care plans, people could be assured that their dignity, comfort and wishes would be respected at the end of their life.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed when they first started to use the service. However, people's ongoing care and treatment was not assessed, monitored or reviewed consistently to ensure care provided was appropriate and met their needs and preferences.

People were encouraged to maintain contact with family and friends. A range of activities of interest were organised for people and were able to continue observing their religious beliefs.

People were encouraged to make comments about the quality of service provided. Complaints were managed well and people felt confident that their concerns were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led.

People were encouraged to give their views about the service.

There was a registered manager in post who was supported by clinical nurses that made up the management team. Whilst they had clear expectations of the quality of service provided they knew improvements were needed to implement fully the provider's quality assurance and governance system.

Pilgrim Homes - Evington 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 24 February 2016 and was unannounced. We returned to 25 February 2016 to complete the inspection.

The inspection was carried out by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and provide us with the contact details for health care professionals involved in people's care. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned to the Care Quality Commission, which we took account of in our planning.

We contacted the health and social care professionals and commissioners involved in supporting some people who used the service for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We looked at other information sent to us from people who used the service and relatives of people who used the service. We looked at the information we held about the service such as 'notifications' of significant events that affect the health and safety of people who used the service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with four people who used the service and three visiting relatives and friends. We also spoke with

the visiting hairdresser and the health care professional.

We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people in the lounge during the morning service and at the lunch time meal service.

We spoke with the registered manager, two nurses, two senior staff, eight care staff, the activity staff, cook and maintenance staff. We looked at the care records of four people, which included their assessment of needs, care plans, risk assessments and records relating to their daily wellbeing and health. We looked at 14 people's medicines and their medication administration records. We also looked information relating to staff recruitment and training records of eight members of staff, a range of policies and procedures, meeting minutes, complaints, satisfaction surveys and the provider quality assurance.

We asked the registered manager to send us additional information in relation to the staff training matrix. This information was received in a timely manner.

Requires Improvement

Is the service safe?

Our findings

We found risk to people's safety was not always managed or monitored. Risk assessments had been completed for people at risk of falling whilst walking and out of bed, moving and handling, nutrition and the development of pressure sores amongst others which were risk specific to the person. Risk assessments did not take account of individual factors such as people's ability to understand and any visual impairment, which affected people's safety and independence.

We found a number of instances that showed people's health was at risk and their safety was not managed consistently. One person was unable to use a call bell. The registered manager told us that that the bedroom door should be ajar and staff regularly checked on the person. However, the care plan was not consistent with what the registered manager had told us and our observations over the two days of our inspection visit because the person's bedroom door was closed.

We found instances where measures identified to manage risk were not always detailed in the care plan. For example, one person had bed rails and bumpers fitted to their bed. A bed rails risk assessment was completed but the use of bumpers had not been assessed or detailed in the care plan. This meant that people were at risk of receiving unsafe care because risks were not fully assessed, or managed to ensure staff knew how to support people to stay safe.

Staff told us that they completed forms required to support people living with dementia were reviewed every six months or when people's needs changed. But records showed risk assessments were not reviewed regularly. Care plans lacked information for staff to follow to reduce risks, which were also not always up to date. This meant staff were reliant on the verbal information about any changes to people's needs shared at the daily handover meetings. This meant people's safety could not be consistently protected from risk.

This was a breach of Regulation 12 (1) (2) (a) (b) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us that they received their medicines at the right time. One person told us they knew what their medicines were for, which the nurse brought to them in the privacy of their room.

Nurses had responsibility for managing and administering medicines. We observed a nurse administer administered medicines individually to people and completed the medicines records to confirm those were taken.

We found medicines were not safely stored. For instance, when we looked around the service with the nurse we found medicine was left accessible in a person's room who does not self-medicate. The door was left open and could be harmful if someone had taken it by mistake. We found the medication room door was not always kept closed or locked. The medication trolley stored in the medication room was not secured to the wall and prescribed medication such a food supplements and thickeners were not stored in a locked cupboard. The medicine trolley kept in the dining room was secured to the wall but the room temperature

was not monitored, especially at meal times and on warmer days, which could alter the effectiveness of medicines before being administered.

We found several prescribed eye or nose drops, topical creams and ointments where the label was not legible and not dated when opened. This is because those only have a limited shelf life. We found those medicines continued to be used longer than recommended use after opening. The nurse checked one person's prescribed cream and found it past the expiry date. However, it had been used. The cream was removed but the person had used medicine that was not safe to use. Therefore, people could not be assured that their medicines remained effective.

We looked at people's care records; medicines and medication administration records (MAR) to see whether people received their prescribed medicines on time. We found protocols were not in place for medicines administered, as and when required such as pain relief otherwise known as 'prn'. Two people's MAR showed that they regularly received prn medicines to manage behaviours that challenged. There was no evidence of any discussion with the person's GP, care plan or capacity assessment completed if staff had suspected the person was unable to make a decision.

We found a number of missing signatures, errors, gaps and different entries recorded in the MAR chart. Five people's MARs had missing staff signatures including a number just for the month of February 2016. We found five MARs contained entries indicating that medicines 'could not be given' or 'not given' but no other information as to what if any action was taken to maintained the person's health. This meant people's health and wellbeing was not maintained because medicines were administered or managed correctly.

This was a breach of Regulation 12 (2) (g) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they felt safe at the service and with the staff that looked after them. One person said, "I feel very safe here. They [staff] help me and will let me do what I can for myself." Relatives we spoke with also felt their family member was safe and well cared for. When we asked one relative about their family member's safety and wellbeing they said, "We've been here [visiting] for 4 ½ years and we've no complaints."

We observed the staff supporting people in a safe way. For instance, staff gave clear instructions to one person who was supported to use a walking frame, and at lunch time another person was supported to transfer from the wheelchair to the dining chair.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service. Staff told us and records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe.

Staff were aware of their responsibilities to report concerns, accidents incidents which affect people's safety and wellbeing. Records we viewed showed that incidents affecting a person's safety were reported and the management team took appropriate action to ensure people's safety.

The PIR stated that an emergency folder with business continuity plan and the evacuation plans had information for staff to follow given any emergency situation. Records showed that the premises and equipment such as hoists were serviced and maintained with the assistance from external health and safety contractors. This helped to ensure people received the appropriate level of support in an emergency to help keep them safe.

People had access to the patio and garden with a small pond. Staff told us that people used the garden including people living with dementia or those at risk of falling. This meant people's safety was at risk because the pond was not made safe or secure. There was no evidence that any risk assessment or steps had been taken to protect people's safety if someone was to fall in the pond. We raised our concerns with the registered manager about the pond and the potential issue of restricting people's right to use the garden safely. They assured us that they would cover the pond with a mesh to make it safe. This meant the registered manager steps would be taken to ensure people lived in an environment that was maintained internally and externally.

People's safety was supported by the provider's staff recruitment procedures. A member of staff told us they had an interview and the appointment was confirmed only when satisfactory pre-employment checks were received by the registered manager. The recruitment records we looked at had the required documentation in place. A further check was undertaken for the nurses to ensure they were registered with the professional body as to their qualifications and suitability. This meant people were cared for by staff that were suitable, safe and qualified.

People told us staff were available throughout the day and night when required. One person told us staff were prompt when they used the call bell to request help. In the morning staff were seen to pop into the lounge to check on people where in the afternoon, staff were able to spend more time with people individually.

We asked staff for their views about the number of staff available to support people. Although the responses received were mixed they all said that people's needs were met. One staff member said, "We are show of staff. If someone right in sick we might get agency. We sometimes work one down. We're fully staffed today. The lounge is not always covered but we can check. Because people eat everywhere we do feel we need more staff at lunchtime. Sometimes we rush to complete tasks and it can be stressful." Another said, "We have enough staff legally. It meets people's needs. With more we could enhance people's care. We very rarely work short. We cover with our own staff, bank and then agency. There are times when the lounge is not covered so we do pop in and out. There are enough staff at lunch time."

The registered manager used a dependency calculator to determine the number of staff required. This was based on people's needs and the staff skill mix needed. They had the authority to increase the staffing levels if people's needs changed. The staff rota for previous weeks showed that shifts had been covered with the required staff, which meant people's safety was assured.

Requires Improvement

Is the service effective?

Our findings

Records showed people's nutritional needs were assessed and advice was sought from health care professionals such as the dietician or speech and language therapist (SALT). However, we found advice was not always sought or acted on. Care plans did not reflect the advice provided by SALT for one person and staff did not always follow instructions given. For example, only people assessed at risk of swallowing difficulties or choking risk were prescribed thickeners but we saw staff prepared thickened drinks for several people using the same prescribed thickener tub. When we raised this with the staff member they were not aware of the potential health risks for people.

We found people at risk of poor nutrition and dehydration were not sufficiently monitored managed or encouraged. This can result in increased risk to their health. For example, two people had been assessed at risk of poor nutritional and weight loss. One person had not been referred at all and the other person had been referred to the dietician for further assessment but had not been followed up. There was no evidence of how the health risk identified were monitored or reviewed as records showed their weight loss continued. The registered manager was unable to provide any answers as to the lack of action taken even though one person continued to lose weight without referring to the care plan. This meant people's health risks were increased.

Where there were any concerns about people's weight or appetite, a record was kept to monitor their intake of food and drink. But these were not always completed fully and there was no record of what people had for supper or any snacks. One person had been assessment recommended that they should drink up to one and half litres a day. Fluid charts showed that the person drank up between 600-900mls per day and nothing between the hours of 5pm and 8am. Therefore the care plan and support provided may not be effective. This meant people's nutritional and hydration needs were not met which continued to increase risks to people's health.

This was a breach of Regulation 14 (1) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Our observations showed that people were encouraged to make decisions and be involved in their care. We saw staff sought consent before they were helped or supported people to make choices by presenting information in a manner that the person could understand. For example, we saw staff showed the person the choice of biscuits they could have with their drink.

A member of staff said, "We have portions of food and in between we have coffee and biscuits. Some have fortifying drinks. Hot milk and Horlicks in the evening with a biscuit. We have food and fluid charts and record eating in care plans."

The cook showed us the information they received about each person's dietary needs, likes and dislikes and any known food tolerances. Where people's needs changed care staff had responsibility to update the information for the kitchen staff.

We saw people were able to have their breakfast at a time suitable to them. There was a choice of cooked breakfast or cereal and toast and also a choice of meals served at lunchtime. The meals were served individually and looked nutritious. Some people had their meals prepared to suit their dietary requirements such a soft mashable and pureed diet.

We saw a mixture of practice in how staff supported people. For instance, staff used equipment such as a hoist and stand-aid correctly and could describe how they supported people with their daily care needs. However, at lunchtime we saw a staff member who was supporting a person in a recliner arm chair suddenly lowered the headrest without informing the person who was startled. The staff member said they had been trained but it was evident that the learning had not been put into practice.

Staff we spoke with had different experiences of the training and support received to carry out their role. One member of staff said, "Induction was hands on. We spend a day going through health and safety procedures. We're looking to do the care certificate. Staff always shadow and for how long depends on the person and their experience. Induction does include moving and handling and safeguarding." Another said "I would like to know more about mental health, challenging behaviour and dementia. I raised it in my appraisal last month." The Care Certificate is a set of standards that provides the health and social care staff with the necessary skills, knowledge and behaviours to delivery good quality care and support.

We did not find any evidence of induction completed by the new staff. The registered manager told us that the nurse responsible for training new staff had left therefore they employed staff with experience in care. The registered manager told us this was a temporary situation until a new trainer was employed. Two of the three newest staff had experience and qualifications in health and social care and the third staff had a longer period of shadowing an experienced staff member to build their confidence and expertise. This practice was not consistent with the provider staff training and development policy.

The registered manager knew staff need training and support. The staff training matrix showed some staff received was not up to date. It showed some staff had received induction and training in topics such as health and safety, moving and handling, fire, safeguarding adults and mental capacity and deprivation of liberty safeguards amongst others. Some staff had additional training related to the promotion of people's wellbeing such as dementia awareness, supporting people with behaviours that challenge. This showed that staff training was not consistent or effective in all areas which may affect the care people received.

Staff told us they were supported by the nurse in charge of the shift. However, the management system to ensure staff were supported was ineffective. Records showed 100% nurses had received a formal appraisal in 2015 with 57% having additional supervisions throughout the year. Only 30% care staff had received at least 4 supervisions.

We asked for the minutes of the most recent staff meeting and were given minutes from staff meeting held in 2013 and a nurse meeting was held in January 2016. The meeting minutes did not refer to the actions and follow-up from the previous meetings and showed that the management team did not meet with staff. This meant the system to train, support and monitor staff was fragmented, which affects the care people received.

Following our inspection visit the registered manager told us that a folder evidencing more recent staff minutes was kept in the staff lounge where it is freely accessible to staff. They also told us they hoped to hold staff meetings quarterly.

People were happy with the staff that supported them as were the relatives we spoke with. One person said,

"The girls [staff] know how to help me and I'm quite happy with that." A visiting friend said, "As far as I can see the staff know what they are doing."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated a good awareness and understanding of the MCA, and when this should be applied.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found six people were subject to a DoLS and some people's applications were currently being considered. We found that conditions put in place were met by the service that ensured the person's safety. For example, bed side rails were used to prevent the person from the risk of falling out of bed.

People's care plans had some information as to the person's capacity to be involved in day to day decisions about their life. However, capacity assessments were not always evident where new risks and use of bumpers on beds, the use of the call bell or where medicines were administered 'covertly'. Records showed that no best interest meeting had taken place. This meant people could have their liberty deprived. We shared our findings and concerns with the registered manager. They assured that capacity assessments would be completed including best interest meetings with the person and where appropriate family member and health care professional.

People told us they were able to see their GP as and when required. People's care records showed that they had access to a range of health care professionals to meet their health needs. This supported the information detailed in the PIR that people had access to doctors, specialist nurses and speech and language therapist.

Health care professional we spoke with during the visit told us that staff were knowledgeable about the care needs of the people they supported. They felt staff sought advice in a timely manner to ensure people's needs were met.

Good

Is the service caring?

Our findings

We asked people for their views as to the attitude and approach of staff. People told us that staff were kind, caring and respectful. One person said, "It's very nice here. Staff are good to us always" and another told us that the staff respected their wish to remain in their room and joined the other people when they wanted to.

A visiting friend and a relative we spoke with were complimentary about the staff. One said, "I have no concerns about the staff. They do respect people's dignity and my friends are quite happy with the staff." Another said, "I have very positive feedback. The staff are willing and keen."

People and their visitors had developed positive relationships with the activity staff and the visiting speakers from the local church for the daily morning prayer service.

People told us they knew about their care and support arrangements but not everyone we spoke with was aware of their care plans. Some people had been actively involved in making decisions about their care and how they wished to be supported. One person said "I was involved in my care planning and told the staff what help I needed. The staff are very kind and patient." Another person told us that staff always addressed them by their preferred name, which we saw to be the case.

People's records detailed how they wished to be cared for. Their individual choices, preferences and any decisions made were recorded. Staff knew people's faith was important and ensured they supported people to attend the morning prayers in the lounge. Some staff knew people well with regards to their life histories, family members that were important to them and interests. Records showed that people, and where appropriate, their relative and health care professionals were involved in developing their care plan.

The daily records completed by staff included information about the care and support provided to the person and contact with other people such as relatives, friends or professionals and activities participated in such as the morning prayers and entertainment.

People told us that staff supported them in a way that maintained their privacy and protected their dignity. Several people told us they had an appointment with the hairdresser on the second day of our visit. People looked clean and dressed in clothing of their choice. Ladies wore jewellery and make-up which was important to them. We saw staff popped into the lounge to check on people and those who preferred to stay in their bedrooms to make sure they were comfortable. Staff knocked on doors before entering people's rooms.

Staff we spoke with understood the importance of respecting and promoting people's privacy and took care when they supported people. They described ways in which they preserved people's privacy and dignity. However, during our visit we saw a mixture of practices within the staff team. On the first day we observed that staff discreetly supported people with their personal care needs to help ensure they remained clean and comfortable. Some staff approached people in a friendly and respectful manner, which was warm and responsive. We saw some staff did not engage with people appropriately. For example, a staff member

approached a person in the lounge and said quite loudly, "Shall we go to lunch" which made the person jump as they were asleep. We saw a staff member stood over a person to assist them with a drink. This showed the person's dignity was not maintained.

We shared our observations with the nurse in charge who assured us they would speak with the staff members concerned. On the second day of our inspection visit we observed staff's interaction and respect shown towards people had improved considerable. The registered manager assured us the issues found during the inspection visit would be raised with staff individually and monitored through observation of practice and at staff meetings once the dates are confirmed.

The PIR detailed how the service supported people in advance to ensure arrangements and support was in place for palliative and end of life care. This included working alongside specialist nurses and training for staff to support people.

The service looked after people who received palliative and end of life care. One person's care records showed that funeral arrangement were in place but there was no advance care plan or details of their last wishes. The 'do not attempt resuscitation' (DNAR) in place indicated that the person and their family had been consulted. This meant the people's wishes may not be respected because those were not known. We raised this with the registered manager who assured us they would speak with the person and their family, and have arrangements are in place ensure the person's dignity, comfort and wishes would be respected at the end of their life.

Requires Improvement

Is the service responsive?

Our findings

We used a SOFI to observe how people were supported and spent time. We found care provided was not person centred or responsive. The first example was in the lounge where a number of people were sat prior to the morning prayer service. Staff were not always visible. Occasionally staff popped into the lounge, unless they were assisting people to be seated in readiness for the morning prayers or supporting people to attend to their personal care needs. When the mid-morning drinks were served not everyone was provided with a small table to put their cups on. This made it difficult for people to enjoy their drinks and eat a biscuit safely.

Another person tried to get up from their chair, which activated a very loud chair alarm. Staff member serving the drinks continued to tell the person to sit down. The person found it difficult to communicate due to their level of dementia. When another care staff assisted them to the toilet they were quite settled. This showed that staff did not consistently support people with their individual needs and in some instances their freedom had been restricted.

We wanted to find out staff's understanding of what personalised care was and their role in supporting people. Staff were aware of people's needs but did not respond in good time or knew how to respond. We saw one staff member supporting three people at the same time with their meal. There was no interaction and the member of staff struggled to support the three people as they often had to leave them to fetch food or drink from the servery.

We saw other people sat at the dining table for over 30 minutes before the meal was served. When one person asked the catering staff to cut up their food into small pieces they were told to wait for the care staff to help them. This meant the person had to wait for assistance by which time their meal was cold.

We saw one person was distressed and shouted out at different times during the day. Staff did not always respond to this. When staff did respond it was brief and ineffective as the person continued to shout. A visitor responded by showing them a photo album and spent time with them. This helped to calm the person.

People's needs had been assessed prior to them moving to the service and included information from family members and health care professionals. Information from the assessment was used to develop the care plans so that people received the care and support they required. However, we found there was a lack of consistency in the quality of care and support provided to meet people's individual needs. Care records were not always up to date and not fully centred on the person's needs or abilities especially where people had difficulty with communication due to their dementia or other health condition. This meant people received care and support that was not always reflective of their current needs.

We also found people's wellbeing and health was not consistently and accurately monitored. Care plans and risk assessments were not regularly reviewed or re-assessed when people's needs changed. We found gaps in the care records in relation to people's intake of food and drink and the frequency of re-positioning

people nursed in bed to prevent development of pressure sores varied. This meant people were at risk of receiving inconsistent care or had not received the care and support they need.

This meant the information in the PIR did not support the practice in place. We shared our observations with the registered manager with regards to people not always being at the centre of their care they received because staff were focused on a task rather than the people. They accepted our findings and agreed that improvements were needed.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person described how staff supported them with their daily care needs and told us that staff responded quickly when they used the call bell to request help. Another person told us that they practised their faith and continued to enjoy the nature and being with their family who visited and called them regularly.

The lunch time meal service was very different on the second day. It was a positive meal time experience as people were served meals promptly. Staff were seen supporting people to eat individually and talked to the person. When one person asked for the food to be cut into small pieces the member of staff did it immediately.

We observed the afternoons on both days were different. Staff were seen spending time with people and their visitors talking. One visitor was seen chatting to their family member and also other people. On the second day of our visit a number of people were in the lounge upstairs being entertained with songs and activities by the school children. Two people told us that they enjoyed the activity. One said, "It's a wonderful thing they've done today; all the children had a lot of fun and so did we" and "Very well organised and lovely to see children visiting us." The other person has similar praise for the entertainment and said, "There's plenty of good and different activities organised by the staff." Both commented that the service was the right place for them as they were able to continue to practice their faith with the daily services and Sunday service.

We saw the service had a range of ways for people who use the service and their relatives to feedback their experience of the care provided, raise concerns or make a complaint.

The PIR stated that regular meetings were held with the people who used the service and their relatives. We read the meeting minutes, which showed people had the opportunity to share their views about the service provided, local community issues and involvement of the church and also comment on plans to develop the service. The minutes did not always include any update on issues raised previously. We raised this with the registered manager who assured us action would be taken.

The provider's complaint procedure was detailed and accessible to people using the service and their representatives. People using the service knew how to complain. One person told us if they had any concerns or wanted to complain they would speak with the staff that helps them in the first instance. Another said they would speak with their relative first.

The registered manager kept a complaints log. The service had received nine complaints and all had been investigated and the outcome shared with the complainant along with any actions taken, where appropriate. This meant people could be assured that complaints were well managed, which also supported the information detailed in the PIR sent to us.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post. They were supported by two part time nurse managers who provided the clinical expertise to meet people's health needs and supported the care staff.

The PIR detailed that the arrangements in place to monitor the quality of service provided at Pilgrims Homes – Evington Home and plans to improve staff training, development and support. However, we found the provider's quality assurance and governance system was fragmented and ineffective. We checked a sample of audits carried out by the either the registered manager or the management team. We found an action plan had been developed from the health and safety audit. We saw the management of medicines audits for the year 2015 did not meet all the requirements and the care plan audits done in 2016 was not always documented. This meant the quality of care provided and effectiveness of staff practice, and records was not known in order to make improvements.

The registered manager showed us the electronic care plan audit record kept which highlighted action was needed such as further health care assessment for individuals and staff training. There was no further evidence of what action had been taken. We had identified gaps in the care records in relation to the care provided and ongoing monitoring of their health and wellbeing. People's needs were not reviewed regularly and actions taken were ad hoc and ineffective.

Because care plans were not up to date or centred on the person's needs staff were limited and did not have clear information as to providing personalised care. Staff told us that the daily handover meetings were informative and kept them up to date about any changes to people's needs. We also saw staff made their own notes at the handover meeting for each person which helped to ensure they supported people appropriately.

Information relating to staff training and support was not up to date. There was no dates for staff meetings, supervisions in place. This meant that the management systems to ensure people's needs were met by trained staff were not effectively managed.

We asked staff for their views about the management of the service. We received a mixture of comments and views about the registered manager and the management team. Comments included "The manager is nice and approachable. They listen. Other comments indicated the registered manager and management team were not approachable, available to support staff and some felt staff morale was low. This could affect the quality of care and support people received.

The registered manager acknowledged improvements were needed to the quality assurance and governance systems to ensure people received a quality care service. They had already identified areas that needed improvement which included people's care records, clear and strong leadership to monitor the care provided, staff training, support and competency assessments. They welcomed out observations and findings which were shared with them throughout our inspection visit.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they were happy with the care they received. They told us that their views about the service were sought through individual discussions, through the meetings held for people who used the service and complaints.

A relative said, "My only criticism is the bureaucracy and the paperwork when staff should be doing the important things but people don't lose out."

The meeting minutes held for people who used the service and their relatives showed people were informed about any changes planned to the service and their views were sought. The registered manager told us that the satisfaction surveys had been sent prior to the refurbishment of the service. Although surveys had not been sent to people at the time of our inspection visit the provider had planned to continue to send surveys throughout in the year.

Health care professional told us that they spoke with the nurse in charge and found they were knowledgeable about the people who used the service and responded well when they had any concerns about people's health.

Prior to our inspection visit we contacted the local authority responsible for the service they commissioned on behalf of some people who used the service and the dispensing pharmacy and asked for their views about the service. The local authority told us that they were planning to carry out a contract monitoring visit to assure themselves the people that they supported received quality care. The pharmacist told us that whilst they had not carried out a medicine audit for some time, the nurses had sought advice about people's medicines as and when required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care and treatment was not assessed or monitored to ensure care provided was appropriate and met their needs and preferences. Assessment of people's needs and care plans were not person centred or reviewed regularly to ensure people received the care and support needed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Providing care and treatment was not in a safe way because risks to people's health and safety was not assessed properly. The provider did not assess risk, monitor, and review the needs of people to ensure that the care provided was safe and new needs could be met. Care plans lacked guidance for staff to follow. Medicines were not managed and administered correctly to make sure people received their prescribed medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

Treatment of disease, disorder or injury	Peoples nutritional and hydration needs were not consistently met. Assessments and advice was not always sought or acted on to manage health risks and their intake was not monitored sufficiently to meet their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's quality assurance system, audits and governance systems was fragmented, not used consistently in determining the quality of care provision or used to improve the service. Improvements were needed to evaluate the service practices in respect assessment service delivery, management and monitoring staff training and support and overall governance systems.