

Pilgrims' Friend Society

Finborough Court

Inspection report

Pilgrims Way
Great Finborough
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 17 October 2017 and was unannounced. The service is a care home without nursing care and is registered to provide accommodation and personal care for up to 22 people. There were 18 people living at the service on the day of our visit.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of this service since being taken over by a new provider.

People who used the service and their relatives considered the service was safe. There were systems and processes in place to minimise the risk of abuse to people and staff understood their role in safeguarding people from harm. There was a culture of openness and transparency and staff were encouraged to whistle blow about any concerns or poor practice.

The registered manager analysed falls that people sustained so that action could be taken to reduce the likelihood future falls. There were systems in place for maintaining the building and ensuring there were regular fire safety checks. There were processes in place for the safe recruitment of staff and there were enough staff to provide the care to meet people's needs. There were effective, organised systems in place for the safe management of medicines.

There was induction training for new staff and on-going training, as well as planned supervision and appraisals. The registered manager had been involved with the organisation of dementia training for the staff.

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

People were given choices and supported to eat and drink sufficient amounts. Their views on the food were sought and acted upon so that the menus were changed in line with people's preferences. The people received effective healthcare support from a range of external healthcare professionals.

Care and support was provided by knowledgeable staff that knew the people at the service well. The service had a person centred culture focussed upon supporting people to meet their assessed needs. People's rights to privacy and dignity were valued and respected.

Each person had a detailed care plan written from an assessment of their needs. People and relatives were encouraged to provide feedback on the service and felt they could raise concerns. Complaints were taken

seriously, investigated and responded to with understanding. Compliments were also recorded by the management team. Various activities of interest were planned during the day in which people could be involved if they so wished.

Quality assurance processes were carried regarding the quality of the service and identified actions carried out to develop the service. The service had a statement of purpose and the aims and objectives were adhered to by the registered manager who used their knowledge and skills to manage the staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems and processes in place to minimise the risk of abuse and staff were very clear about their role in safeguarding people from harm.

There was a robust recruitment process in place.

There were sufficient staff to support people safely.

There were effective, organised systems in place for the safe administration of medicines.

Is the service effective?

Good ●

The service was effective.

The staff received on-going supervision and training to develop their skills.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

There were choices of food and drink available at all times.

People received on going healthcare support from a range of external healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

Staff were understanding and empathic to the needs of the people

People were actively involved in the planning of their care and supported to make choices.

People's rights to privacy and dignity were valued and respected.

Is the service responsive?

The service was responsive.

Each person had a written assessment of their needs which was regularly reviewed and a subsequent care plan of how staff would support the person to meet their individual needs.

People and relatives were encouraged to provide feedback on the service and felt they could raise concerns.

Complaints were taken seriously, investigated and responded to appropriately. Compliments were also recorded.

Good ●

Is the service well-led?

The service was well led.

Policies and procedures were reviewed regularly and there was a whistle-blowing policy in place.

The registered manager worked alongside the staff at times sharing all duties so that they kept in touch with people and staff to understand what was running smoothly and to understand first hand any difficulties.

Robust and frequent quality assurance processes were carried out and identified actions implemented for the development of the service.

Good ●

Finborough Court

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.

We inspected the service on 17 October 2017. The inspection was unannounced. The inspection team consisted of an inspector 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with eight people who used the service, and three relatives. We spoke with three senior care staff, the registered manager, the business manager, and a visiting senior manager.

To help us assess how people's care needs were being met we reviewed four people's care records and other information, for example their risk assessments. We also looked at medicines records, staff recruitment and training records, as well as a range of records relating to the smooth running of the service including fire safety records, recruitment and audits carried out by the management team.

Is the service safe?

Our findings

People felt safe living at Finborough Court. One person told us, "Yes I feel safe, because the staff talk to me and know me very well." Another person told us, "I feel safe in this home, I think it is the staff that makes me feel that way." They explained that they knew the staff and had confidence in their caring nature and knowledge. A relative told us, "All safe, when I visit the staff know how [my relative] is and contact us with any concerns or updates."

The staff were very clear about their role in safeguarding people and had knowledge of the systems in place to protect people. Safeguarding training sessions were held for staff when joining the service and further training was provided on a yearly basis. The registered manager had made safeguarding reports to the appropriate authority. All of the staff we spoke with told us about the training and the types of abuse they had learnt from the training. One member of staff told us, "The training is detailed and we know we can report to the manager or I can make a direct referral myself."

The risks to people's health had been identified prior to them coming to the service and as a result of any deterioration in their condition. Information about the risk was recorded in the person's care plan with detailed actions of the support the staff were to provide. A member of staff told us how they were supporting a person with their mobility which had declined over recent times. We saw that the care plan had written information of a discussion with the person and options explored of how the staff could best support the person with their mobility.

Staff told us about the actions they would take in the result of any person falling or accidents occurring at the service. The staff recorded accidents, incidents and any falls which were analysed by the registered manager or senior staff on duty at the time of the event. This had resulted in the falls prevention team being contacted for support and advice for the purpose of the likelihood of this happening again being reduced.

The registered manager and business manager worked with the maintenance staff to preserve a safe environment at the service. We saw the maintenance person working in the service during our inspection and noted that records of testing the fire alarm were carried out weekly. All of the fire-fighting equipment had been checked that it was in date and fit for purpose.

There were enough staff available to meet people's needs, respond to requests for support and keep people safe. One person told us, "There are enough staff, you have to wait a little while sometimes for help but not long and that is natural." A relative told us, "You see the same staff regularly most have been here sometime, I think there are enough staff."

The registered manager told us about the dependency tool they used to determine the number of staff they required on duty to support the assessed needs of the people. We saw from the rota for the previous three months regular members of staff had been on duty and vacancies covered by staff doing an extra shift or agency staff had been used. During our visit we noted there were agency staff working in the service. The registered manager informed us agency staff usually from one agency were used and whenever possible the

same agency staff were requested as they had got to know the people. On the day of our inspection training had been arranged for the staff and hence agency staff had been used to cover so that the staff could attend the training session.

The views of the senior staff we spoke with were mixed as to whether or not there were sufficient staff on duty to meet the needs of the people. Upon further discussion we learnt that through the use of agency staff to cover vacancies there were sufficient numbers of staff on duty to meet people's needs. However staff worked additional shifts and stayed on duty over their designated hours especially when agency staff were used to ensure they handed over all necessary information. The registered manager had discussed this situation with the staff and reported the matter to senior staff in the organisation. This has resulted in the most senior directors visiting the service to discuss and consider solutions to the situation which included a recruitment drive.

There were effective recruitment practices in place. We saw that potential staff were short-listed for interview from the information provided on the application form. Records of interviews had been kept and all staff successful at interview were given a job description and contract. The service carried out checks with the Disclosure and Barring Service (DBS) to ascertain if the person had a history that would prevent them from working with vulnerable people.

People received their medicines on time and as prescribed. The staff had worked with one person so that they continued to self-administer their own medicines. One person told us, "I cannot always remember what my tablets are for, but the staff tell me if I ask." Another person told us, "The staff bring me my medicines at the same time everyday." Medicine records had been completed accurately and medicines room was neat and tidy with the temperature of the room and fridge recorded daily. It is important for medicines to be stored at the correct temperature so that they remain effective. There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis, this is called PRN. We saw that the medicines were administered before during or after meals as prescribed and the staff we spoke with were knowledgeable about why the medicines had been prescribed and any potential side-effects.

We saw from the training records that the staff with responsibilities for the administration of medicines were trained in the safe administration of medicines and had their competency assessed on a regular basis. Audits of medicines were carried out regularly and these were effective in identifying and correcting any issues identified. We saw from the medicine records that an audit was completed on a monthly basis at the time that new medicines were ordered to identify that the stock of medicines was in date. If not, this medicine was recorded into a returns book and returned to the pharmacy. This meant the service was operating a safe medicines procedure for the people at the service.

Is the service effective?

Our findings

Staff told us that they had been provided with induction training when they joined the service. During the induction the new member of staff was met by the manager at an arranged time for supervision to discuss how the new member of staff was taking to the role and to determine any further support or training that would be of value to them.

We were informed by the staff we spoke with that on-going training was a mixture of on-line and videos as well as interactive sessions with senior staff or by visiting training staff. At the time of our visit staff were receiving Gems training. This was a training package developed by the organisation regarding training staff to support people with dementia.

We saw from the training records that training was arranged on an on-going basis throughout the year. The staff we spoke with confirmed that they had received training which included the handling of food, lifting and handling, fire safety and first aid.

Supervision was arranged for all staff as was a yearly appraisal by the registered manager or business manager for the staff not involved in direct caring, such as maintenance, house-keeping and catering. The staff we spoke with informed us that the supervision sessions had been fulfilled as planned and was a positive experience to discuss their training and aspirations plus how to support people to meet their individual needs.

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.

The registered manager had a sound knowledge of the MCA. Mental capacity assessments had involved the person and others, as appropriate. They all commenced on the basis that the person had capacity and evidence had been sought and recorded if that was not the case. The staff team then worked closely with the person, relatives and external professionals to assess capacity and develop clear guidance on how best to involve the person in decisions. This enabled the person to be involved in their care as much and as appropriately as possible whilst considering their safety and well-being.

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). 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 were being met.

The management team had made applications where appropriate to ensure that people were not being

deprived of their liberty unlawfully. Support plans contained information about the restrictions placed upon people and as far as possible people were informed about DoLS.

People were positive about the meals provided. Everyone we spoke with said the food was very good, plenty of choice and always well prepared. One person told us, "The food is lovely, I do not have a favourite meal because they are all good." We saw staff supporting people at meal times and the atmosphere was calm and unrushed. One person told us, "This is a nice time along with the service each day when we are together, all the staff work hard so that we have lovely things to eat." Another person told us, "There is a lot of choice on the menu for breakfast, dinner and tea." People told us that meals were discussed at meetings and a result changes were considered and made to the menu.

People's nutritional needs were assessed with regard to the amount of food and fluids taken when this had been recorded as a concern. Staff had used food and fluid charts in the past to record people's daily intake of nourishment. The catering team were informed on admission of information of which they needed to be aware such as choices, preferences, allergies and anybody who was diabetic, in order that they could take account of those needs and preferences.

The registered manager told us and we saw evidence in the care plans that the service engaged with and worked with other professionals to meet the needs of the people using the service. This included taking advice from psychiatric nurses regarding how to support people living with dementia which was recorded in the persons care plan. We also saw that doctors, chiropodists and safeguarding officer's advice had been sought and recorded as required. People were also supported to visit the dentist and optician and appropriate information recorded.

Is the service caring?

Our findings

The service had a person centred culture and positive caring relationships had been developed between the people and staff. One person told us, "The staff are very caring." They explained nothing was too much trouble. Another person told us, "The staff are so polite and understanding, I know they do training on this sort of thing but it is natural." A relative told us, "The name of the service suggests people that work here have a belief and a caring ethos, that is certainly the case in my view." The person gave examples of how the staff had supported and cared for their relative.

The staff knew the people they supported well with regard to their needs and preferences. From people's smiles, conversations and jokes we concluded that the people were relaxed in the company of the staff. One person told us, "I had become lonely until I came here and now I have made friends and have staff talk to as well as my new friends."

Everyone we spoke with informed us that they had their own care plan and that they were happy with the content and had provided information for the staff to record. One person told us, "I know the manager updates it every month as I have spoken with them about it." Another person informed us of their choice to return to their room at regular times during the day to pray. They were pleased that this had been recorded by the staff and they had never been interrupted while they were praying.

People were given the opportunity to discuss their wishes and preferences in relation to all of their care including end of life care planning. The care plans were written and developed with the person and their families and focussed upon being person-centred. One person told us, "I chose this home due to my faith and I have confidence that having discussed how the staff are to support me, this will happen."

We observed kind and respectful interactions where people were given time by the staff to explain the points they wished to make. Staff were responsive to requests for support and reassurance given. A person told us, "I like it here, you can have a bath or shower when you want you just talk with the staff and they arrange it." They also informed us they enjoyed the peace in the lounge. They felt supported by staff being present and offering drinks and support as required. They told us, "The best thing is we can chat and there is no television, I can watch that in my room when I want to do so." There was a television in the lounge but was only used for the people to enjoy watching pre-recorded films together. During our visit we saw some people enjoying watching a film of their choice together. While other people expressed their choice and were together in another part of the large communal lounge.

People were treated with dignity and their right to privacy was respected. Staff had attended dignity and respect training with regard to the care of older people and those living with dementia. Staff had a sound understanding of how to ensure people were safe whilst respecting their privacy. One person told us, "I do not mind who provides my personal care male or female, the staff are highly professional." Another person told us, "I would say they do respect me because of the care they take with my clothing when it is washed and ironed, they do a good job."

Is the service responsive?

Our findings

People received personalised care that was responsive to their assessed needs. Prior to a person coming to the service a detailed assessment was carried out to determine if the service could meet their needs. At this time information was provided to the person so that they could decide if this was the right service for them. One person told us, "They answered all of my questions and I was satisfied this was the right place for me."

Peoples care plans were clear and related to their assessed needs. Each person had a summary of their needs and important information about them as well as a more detailed care plan. The purpose of the summary was that this document would go with the person should they need an emergency admission to hospital. We discussed with the registered manager how the summary and the care plan linked together and we could see that each had sufficient and detailed information so that the person needs and how they were to be met were clearly documented. The registered manager carried out an audit of the care plan each month for the purpose of checking that information had been added and it remained up to date and relevant.

The registered manager and business manager spoke to us about the yearly care reviews that were arranged with the person and any family or friends they wished to have present. We saw that information had been carefully recorded of these meetings. One person told us, "We do look at and talk about my care plan from time to time, I am very happy with everything." A relative informed us that they visited regularly and had been involved with the review of their relatives care. They also informed us, "The care home does contact me quite often to let me know of changes or small concerns of [my relative] which is comforting, they normally start by saying this is the care home, no need to be alarmed."

A person explained to us activities were planned for the week but were subject to change depending upon circumstances at the time and what people wanted to do. They told us, "People are quite content with this." They also told us that one thing that did not change was the daily service at 11a.m. This was for about 20 to 30 minutes and it was people's choice to attend but everyone currently at the service did so. The staff worked with the people to make arrangements in advance for various people to lead the service. One person told us, "We always have music, very grateful for that a song and music brings everything together."

The registered manager informed us that activities and supporting people with their interests was the responsibility of all staff to arrange with the people. During our inspection we saw people engaged in different activities during the day, some individual such as word searches, crosswords and colouring, as well as group games. One person worked with the staff to sew buttons onto clothing and to use their skills to make adjustments to clothing with people's permission.

The service was flexible and responsive to people's individual needs. Staffing levels enabled people to access support as and when they needed and routines were adaptable to suit the needs of people who used the service. One person told us, "I usually get up and go to bed around the same time but this does change and the staff are understanding and help me when I want them." Another person informed us about the trips out that were arranged and how much they enjoyed them.

The management team were responsive to people's feedback compliments and complaints. At the time of the inspection there were no outstanding complaints. The service had a complaints policy and procedure. All of the people we spoke with told us that they had no complaints and were appreciative of the staff. People considered that the staff were quick and responsive to listen to them and act upon anything raised at the time and hence the point of raising a complaint was not reached. Relatives informed us that staff were helpful and they had never experienced an occurrence when they needed to raise a complaint. We saw a number of written compliments and thanks from the relatives of people that had and were using the service to thank the staff for the care provided.

Is the service well-led?

Our findings

The people and relatives we spoke with gave positive feedback about the service. One person said, "You can ask to speak with any of the managers if you want to, I never have as they come around and speak with us whenever they are here." A relative told us, "I have every confidence in the manager and staff, I think it is a well-managed service."

The service had a statement of purpose which explained the aim and objectives of the service to support people to meet their individual needs while promoting the person to live as full a life as possible of their choosing. The registered manager informed us how they supported people in line with the statement of purpose. They considered first and foremost their role was to employ and arrange good quality training for the staff. We saw that training was arranged throughout the year and the service had responded to staff's request for further and specific training. The dementia training in operation of the day of our visit is delivered in stages over a year and explores various ways of supporting people living with dementia. In particular the training focusses upon different stages of dementia such initial memory difficulties and more advanced needs.

The registered manager informed us that they operated an open door policy for anyone to meet with them to discuss and resolve problems at that time. This was confirmed by people, relatives and staff. A member of staff told us, "The manager is very experienced and has worked here a long time in other roles, they will always help." The registered manager worked alongside the staff at times sharing all duties so that they kept in touch with people and staff to understand what was running smoothly and to understand first hand any difficulties. We also noted that the service had a whistle-blowing policy and staff had received information about how to whistle-blow should they consider the need to do so.

The staff we spoke with were very positive about all aspects of the service other than they would like to see more staff recruited. Staff had been involved in discussions with the senior directors of the organisation regarding the recruitment campaign to employ more staff. From listening to the registered manager and business manager we understood that a recruitment plan was in operation. The registered manager told us that they were very well supported in turn by their manager. They were always at the end of the phone and visited the service regularly. The registered manager provided them with a monthly report of all activities regarding the service as the basis for their supervision and meeting to determine any actions needed to be taken. This meant the day to day running and long-term planning of the service were regularly reviewed.

There were clear mechanisms in place to ensure that feedback from people who used the service, relatives and staff influenced future developments of the service. Surveys were used by the registered manager to learn lessons and the feedback implemented to drive improvements for the service. Examples included reviewing the starting times of the shifts in order to support people with their needs and the length of the shift. We also noted that changes had been made as a result of seeking people's opinions in particular to the breakfast menu.

Risks to people's safety were well managed. Incident/accident forms were collated and reviewed so

incidents could be learned from. The service also judged the safety and effectiveness of the service by carrying out regular audits of care. Some involved the analysis of data in relations to accidents, incidents, near misses and falls. By collating and analysing this information it was possible to identify themes and trends. This enabled the service to judge the effectiveness of their risk assessments and ensure actions taken were appropriate to people's needs.

We saw that there were audits in place for the purpose of planning and checking that cleaning had been completed. We noted that the service was clean and we understood the staff worked to a routine but would respond to any identified situation to provide a cleaning service straight away.

In addition the registered manager arranged observations and audits of care delivery such as dining room audits for the purpose to gather if people were supported to eat and drink sufficient and their needs were met. The registered manager told us they had also held meetings with the night staff to understand and resolve any issues particular to night duty and to ensure people were receiving a continuity of care.