Pilgrim Homes

Pilgrim Care

Inspection report

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Date of inspection visit:
04 October 2016

Date of publication:
14 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Pilgrim Care took place on 4 October 2016 and was announced. We previously inspected the service on 30 December 2013. The service was not in breach of the Health and Social Care Act 2008 regulations at that time.

Pilgrim Care provides personal care services for people living in their own apartments within a purpose built supported living housing complex close to the town centre of Mirfield in West Yorkshire. On the day of our inspection a maximum of twenty people were receiving support with personal care.

The service had a registered manager in place. 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.

Staff had received training in safeguarding vulnerable people and were aware of their responsibilities in keeping people safe. Risk assessments were in place and, where appropriate these recorded the details as to how people were assisted with their mobility needs. Where equipment was no longer appropriate, staff took action to get the persons needs reviewed.

There was a procedure in place to ensure the service recruited safely and reduce the risk of employing people who were may be unsuitable to work with vulnerable adults.

There were policies in place to ensure the safe management of medicines. Staff were assessed to ensure they competent to administer peoples medicines safely.

People told us staff had the skills to meet their needs. New staff received training and support to enable them to the standards expected of them. Staff received regular supervision and assessment of their performance.

Staff understood the principles of the Mental Capacity Act 2005. Where a person lacked capacity to consent to their care and support we saw a capacity assessment had been completed.

The complex had an onsite restaurant which was available during the day and people could choose to eat their lunchtime meal there. Where people required support with eating and drinking, this was recorded in their care plan.

People told us staff were kind and caring. People's care plans included a summary of their life history. Staff were able to clearly explain the steps they took to maintain people's privacy and dignity.

Care plans were person centred and recorded a breakdown of the tasks staff were to compete at each call.

Care plans were reviewed and updated as people's needs changed.

People told us they were satisfied with the service but they were aware of how to complain should the need arise. Everyone we spoke with gave positive feedback about the service. Staff were proud of the organisation they worked for and the service they provided.

There were systems in place to monitor the quality of service delivered to people.

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.

People told us they felt safe.

Recruitment procedures were thorough.

The management of peoples medicines was safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Four staff had not refreshed their medicines training since 2011.

Staff respected people's right to make their own decisions regarding their daily lives.

People received support to eat and drink.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

Staff were knowledgeable about the people they supported.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were reviewed at regular intervals

Care plans were reflective of people's individual needs.

A complaints procedure was in place in the event anyone wished to complain about the service they received.

Is the service well-led?

Good

The service was well led.

There was a system in place to audit the quality of the service provided to people.

The registered manager was supported by a senior manager who visited the service at regular intervals.

There were systems in place to seek feedback from people who used the service and from staff.

Pilgrim Care

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 4 October 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection team consisted of one adult social care 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. The expert by experience on this occasion had experience of working in health and social care.

Before the inspection we reviewed all the information we held about the service. We contacted Healthwatch to see if they had received any information about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted the local authority safeguarding, commissioning and monitoring team and reviewed all the information regarding the service.

During our visit we spent time looking at four people's care plans, we also looked at three records relating to staff recruitment and four related to staff training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager, a care co-ordinator, senior care assistant and a care assistant. We also spoke with five people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "The place is very safe." Another person told us "Yes safe and very settled."

Staff told us they had received training in safeguarding vulnerable people. The registered manager told us all staff had received training in how to report concerns to the relevant professional bodies. All the staff we spoke with were clear about the different types of abuse and the action they would take if they had concerns about a person. One member of staff said, "I would tell the manager, we can contact head office or we can tell CQC (Care Quality Commission). People in the company would deal with any concerns quite quickly." This showed staff were aware of their responsibilities in keeping people safe. We saw information in the staff room on how to report abuse to the local authority, this included a flow chart to guide staff as to the most appropriate course of action they should take if they were concerned a person was at risk of harm or abuse.

The registered manager told us each flat had a call system in the event they needed urgent assistance, for example, if the person had fallen They explained this alert went to an 'on call' phone which was answered by staff during the day and overnight, these calls were transferred to an external organisation (out of hour's team). The registered manager explained they received an email from the organisation if a person accessed this service in the night which ensured they were kept up to date with people's health and welfare needs. A member of staff told us about one person who wore a pendant which alerted staff if they fell. They explained this enabled staff, or the out of hour's team, to respond promptly. One person we spoke with told us they had recently fallen. We asked if staff responded appropriately, they said, "Yes they were up here in a tick, 3 of the managers." Falls were recorded and analysed by the registered manager, which provided an opportunity to identify concerns and implement possible changes to peoples care and support package.

Care plans contained a risk assessment relative to the supported living complex people lived in. One care plan recorded the person had been identified as being a high falls risk, therefore a falls risk assessment had been implemented. Another person required the use of a hoist, the risk assessment recorded details as to how the person was to be safely moved using the hoist, including how the sling should be fitted. This meant steps were being taken to ensure this aspect of peoples care and support was provided safely

Recruitment practices were thorough. The registered manager told us potential candidates completed an application form and attended an interview with senior staff at Pilgrim Care. We reviewed a random selection of three staff recruitment files. We saw evidence staff had completed an application form and the registered provider had obtained references and Disclosure and Barring Service check (DBS) prior to the commencement of their employment. This showed the registered provider had systems in place to reduce the risk of employing people who may not be suitable to work with vulnerable people.

Staff were in the complex from 7am until 9.45pm, the complex was not staffed overnight. Between 9.45pm and 7am people had access to a telephone assistance system, operated by the local authority. The registered manager and the staff we spoke with told us they did not use agency staff and any shortfalls in staffing numbers were covered by themselves. This meant people were supported and cared for by staff who

knew them well.

Some people required staff to support them in managing their medicines. One person told us, 'senior staff were excellent' and mistakes had 'never been made' and that they (staff), 'were pretty good'.

Each of the care plans we reviewed recorded the level of support the person needed with their medicines. For example one care plan recorded the different support one person required with tablets and liquid medicine. We looked at the medicine administration records (MARs) for this person covering a two month period and saw staff had signed the MAR each time they administered the persons medicines. This evidenced the person had had not missed any prescribed doses of their medicines.

We noted the person was prescribed a medicine which was to be taken 'as needed (PRN). The registered manager told us the registered provider had reviewed this aspect of medicines management in September 2016, and they showed us the new protocol and relevant documentation. They explained this was to be implemented over the next few weeks. Having a protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

Requires Improvement

Is the service effective?

Our findings

When we asked people if staff had the relevant skills and experience to meet their needs, one person said, "'Absolutely". Another person said, "The older ones are very good on the whole and are very busy".

New staff were supported in their role. All the staff we spoke with said new staff shadowed a more experienced member of senior staff before they were allowed to work unsupervised. One staff member said "They (senior staff) were really patient with me when I started." The registered manager told us new staff spent time completing an in-house induction with the care co-ordinator as well as spending time shadowing experienced staff. We saw evidence of this in staff personnel files. The registered manager also told us a member of staff who had very recently commenced employment had commenced the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff told us they received one to one management supervision and checks of their performance. This was corroborated when we looked at staffs' personnel files. Regular management supervision and performance monitoring helps to ensure staff have the skills and competencies to meet people's needs.

We saw from the staff training matrix and personnel files, staff received training in a variety of topics. This included moving and handling, medicines management, infection prevention and control, first aid and fire safety. Practical moving and handling was delivered in house by a member of staff. We saw that although they had refreshed their moving and handling training recently they had not updated the course which enabled them to teach other people since December 2011. Although there was no evidence to suggest staff did not have the skills and knowledge to move and handle people safely, it is considered good practice for trainers to regularly refresh their knowledge and skills to ensure they are teaching other staff in line with current standards of good practice.

Staff we spoke with told us they all completed medicines training and they received regular checks on their competency to safely administer people's medicines. We saw evidence of training in the three staff files we reviewed and on the registered person's training matrix, however, four of the eight staff listed had not refreshed this training since October 2011. This included the staff member who was responsible for checking the competency of other staff. We spoke with this staff member and they were able to tell us how they assessed people's competency and the action they would take if they had any concerns and we were reassured the visual assessment of staff competency was robust. The registered manager said staff had recently registered to update their medicines training. Following the inspection the registered manager also provided evidence staff had recently refreshed their understanding of the medicines policy and completed an 'in-house' questionnaire regarding medicines administration. It is good practice for staff to receive regular updates to their training, to ensure they continue to have the skills and knowledge to enable them to administer people's medicines safely.

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.

Staff told us they had completed training regarding the MCA and the staff training matrix recorded eight of the nine staff had received training in this topic. Our discussions with the registered manager and staff showed they understood the principles of the MCA and issues relating to consent. We saw evidence people had signed their care plans. We noted in one of the care plans we reviewed, a family member had signed the care plan. The care co-ordinator told us this family member had the legal authority to do so. This demonstrated staff understood people, other than the person who lived at the complex, could not sign documentation without the legal authority to do so.

People told us there were no restrictions on their freedom and they were encouraged to go to the town or into the garden. One person told us, "There are no restrictions." 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. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection. The registered manager told us there was no one living at the service who lacked capacity and whose liberty was restricted.

A restaurant was available for people, although this was not managed by the registered provider of Pilgrim Care. One person we spoke with who had come to the restaurant for lunch said, "When I came out of hospital my meals were brought to my room for a while." Another person's told us their meals were delivered to them by an outside catering company and staff helped them to heat the meals up. One person who had specific dietary needs told us they had had a meeting with the chef to discuss how the meals were made to ensure it met their requirements. We observed lunch in the restaurant, the atmosphere was friendly and relaxed, the food was hot and plentiful.

Peoples care plans recorded the level of support, if needed, with eating and drinking. One care plan noted, 'I need help to cut my food and I eat very slowly'. This showed care plans were reflective of people individual needs.

We asked people about access to other healthcare services. People confirmed they visited them independently, but one person said, "If we felt we were not being heard by our GP then management would assist." One of the staff told us that if a person was unwell they would report this to the registered manager. They said most people could contact their doctor independently but the registered manager would contact their doctor if they were unable. Each of the care plans we reviewed recorded the contact details for the person's doctor and pharmacist. This showed people were supported to access their doctor if required.

Good

Is the service caring?

Our findings

People told us they felt they were well cared for. One person said, "Christian values and spirit is reflected in the care and the atmosphere and the peace." Another person said, "Staff are very good and turn up on time to help with care and adhere to hygiene requirements and in the process they are very tactful, sensitive and kind."

We observed staff interactions with people in the communal lounge and restaurant and in their individual flats. Staff were kind, patient and sensitive. For example, we observed a member of staff assisting a person gently out of a wheel chair into an easy chair. When we spoke with the registered manager and each of the staff, they spoke to us about the people they supported in a caring and respectful manner, demonstrating an understanding of people's individuality and preferences.

Each of the care plans we looked at contained a pen picture. This is a synopsis of people's life history, including family life, employment and hobbies. One of the staff we spoke with said, "The care plans have a pen picture, we can refer to that, you can learn a lot (about the person) from that." This showed staff were able to find out people's interests to have meaningful conversations and encourage social interaction and communication.

People felt staff treated them with respect and dignity, for example, doors were always knocked on prior to entry. One person told us, "If I ring for help they never mention my name during the conversation just my flat number." During our inspection we heard staff answering the on call phone; we did not hear staff disclosing any confidential information in public areas where they may be overheard.

Staff told us how they protected people's privacy and dignity, for example, closing doors and curtains and covering people with a towel to reduce their exposure during intimate personal care. Care plans recorded people's gender preference for the staff who supported them with personal care. This demonstrated the service respected people's individual preferences.

Staff told us how they supported people to make choices about their daily lives. One staff member said, "We ask, 'what are you wearing today?' We have another lady, we open the wardrobe door and she tells you. Some people we give them some choices to pick from." Staff also explained how they encouraged people to maintain a level of independence. Staff said, "Whatever they can do, we encourage them to do themselves. If we help with showering, we let them do what they can and then step in when we are needed." Care plans also reflected the tasks people could still carry out themselves. For example, one care plan noted, 'allow (person) to brush her teeth'. Offering people choice and control over their daily lives is a key aspect of maintaining a person's dignity and independence.

Good

Is the service responsive?

Our findings

Within the supported living housing complex there was a lounge area to each floor. On the ground floor there was a large, homely communal lounge with access to the courtyard garden and on the first floor the lounge contained a snooker table. Information was displayed on communal notice boards providing details about the social activities available for people, these included, craft groups, exercise, cards, scrabble, bible reading and outings. One person said, "People are encouraged to come together and we have outings and we went to the Wetherby Whaler last week and there is a canal trip tomorrow."

The registered manager told us the provision of activities was not part of the service offered to people by the registered provider. They explained there was social committee, with members who lived in the housing complex and they were responsible for organising and planning the various activities, entertainment and outings.

The registered manager told us they completed an assessment of a person's needs prior to them accepting a new care package. A care plan was developed using this information and any other information supplied to them by the local authority and other health care professionals. The registered manager explained they involved the person, asking them about their expectations and preferences. This helped to ensure care plans were person centred.

The care plans we looked at were neatly organised and information was easily located. The registered manager and the staff we spoke with told us care plans were reviewed and updated in the event a person's needs changed or on an annual basis. We saw dates on peoples care planning records which indicated they were updated on a regular basis. A central log was also kept which recorded the dates care plans were reviewed and the date they were due to be reviewed again. This showed there was a system in place to ensure care plans were reviewed on a regular basis.

Each of the care plans we reviewed were person centred and provided a simple breakdown of the tasks staff were to perform. For example, 'remember to put bed socks on and a light blanket over (person's) feet', and 'comb (person's) hair and put on glasses after they have been cleaned'. This showed care was tailored to meet people's individual preferences and needs.

Daily records were completed by staff at each call; this noted the date, times of the call, a summary of the tasks completed and the name and signature of the staff completing the call. This ensured an accurate record of peoples care and support was maintained.

No one we spoke with raised any concerns or complaints about the service they received. One person said, "It is perfectly clear what to do if I did want to complain and I know it would be recorded." Another person said, "I wouldn't be apprehensive to make one, but I have not needed to."

The registered manager told us they had not received any complaints about the service, however, they were able to tell us the process they would follow in the event of a concern or complaint being raised. We saw the

registered provider had a complaints procedure in place. This included details of how and who to complain to, how the service should deal with complaints, including timescales, and where the complainant could take their concerns in the event they were dissatisfied with the outcome. This showed there was a system in place in the event of a person not being happy with the service they received.

Good

Is the service well-led?

Our findings

The registered manager had been employed at the home since 2010. They were professional throughout the inspection and knowledgeable about the people who they provided care and support to and the staff who worked with them.

People told us they saw the registered manager on a regular basis and they felt the service was well managed. One person said, "Very good and the team ring me every day to see if I am OK." We also asked what is good about the service, people said, "The carers are angels and they are really lovely." And, "Looking forward to seeing the carers and have the opportunity to make relationships with carers and neighbours. People here care." We asked one of the staff we spoke with if they felt Pilgrim Care was a good organisation to work for, they said, "Yes, they are quite nice actually." The registered manager also said it was a good organisation to work for, they added, "Staff are looked after."

Information about the vision and values of the service were on display and staff we spoke with were clear about their roles and responsibilities. The registered manager told us and we saw evidence throughout our inspection of the Christian ethos of the supported living housing complex.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

Prior to the inspection we reviewed a report from the local authority, following a contract monitoring visit. The registered manager told us, that following this visit the medicines policy and competency assessment document had been reviewed and updated. This showed they were open to new ideas and keen to learn from others to ensure the best possible outcomes for people.

There was a system in place to monitor the quality of service people received, including audits and feedback surveys.

An audit was completed of each person's care plan, twice a year and we saw evidence of these being completed in July and November 2015 and March 2016. Audits of people's daily records and MAR's were also completed. Where issues were identified, the action required was noted. For example, we saw one entry which the auditor had written a staff members name and recorded 'referred to manager for action'. The registered manager told us they had addressed this matter through a supervision with the member of staff, although they were unable to locate the supervision record to show us this.

The registered manager told us they were supported by a senior operations manager who visited the service every three months. We saw a copy of their visit reports dated January, April and June 2016 which recorded matters discussed and follow up actions to be taken. One of the identified actions was for the manager to

attend training in deprivation of liberty safeguards, the registered manager showed us their attendance certificate to show this action had been completed.

A quality management report was compiled and submitted to the registered provider annually. Following the inspection the registered manager emailed the most recent report dated February 2016. This detailed the service provided to people, staffing, staff training and development, any safeguarding or complaints, and feedback from the most recent service user quality surveys.

Quality surveys had been sent to people who used the service and staff during June 2015. We saw a summary of the feedback and noted there was no negative feedback from either people who used the service or staff. The registered manager told us the questionnaires for the current year were due to be sent to people in November 2016.

The registered manager and the staff we spoke with told us staff meetings were held quarterly. Staff told us they were usually rostered to be on duty to enable the majority of staff to attend. We saw minutes from meetings dated February and June 2016, topics discussed included policies, training and medicines. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service provided to people.