

Goldenage Healthcare Limited

Pilgrim Wood Residential Home

Inspection report

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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

The inspection took place on 22 June 2016 and was unannounced.

Pilgrim Wood Residential Home provides accommodation and personal care for up to 35 older people, some of whom are living with dementia. There were 34 people living at the service at the time of our inspection.

There was a registered manager 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 and associated Regulations about how the service is run.

People were safe because there were enough staff on duty to meet their needs. Risks to people had been assessed and staff had taken action to reduce these risks. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly and medicines were managed safely. The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed. Staff understood safeguarding procedures and were aware of the provider's whistle-blowing policy.

People were supported by staff that had the skills and experience needed to provide effective care. Staff had induction training when they started work and ongoing refresher training in core areas. They had access to regular supervision, which provided opportunities to discuss their performance and training needs.

Staff knew the needs of the people they supported and provided care in a consistent way. Staff shared information effectively, which meant that any changes in people's needs were responded to appropriately. People were supported to stay healthy and to obtain medical treatment if they needed it. Staff monitored people's healthcare needs and took appropriate action if they became unwell.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when decisions that affected them were made and applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People enjoyed the food provided and could have alternatives to the menu if they wished. People's nutritional needs had been assessed when they moved into the service and were kept under review. Staff ensured that people who required assistance to eat and drink received this support.

Staff were kind and sensitive to people's needs. People had positive relationships with the staff who supported them. Relatives said that staff provided compassionate care and were professional and caring. The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly

manner. Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity. Relatives told us they were made welcome when they visited. People had opportunities to take part in activities at the service and to go out to local places of interest.

People who lived at the service and their relatives told us their views were encouraged and listened to. Any complaints received had been managed appropriately.

The registered manager provided good leadership for the service. Relatives told us the service was well run and that the registered manager was open and approachable. They said the registered manager had always resolved any concerns they had. Staff told us the registered manager provided good leadership and promoted an open culture at work. They said they were encouraged to give their views about how the service could be improved.

The provider had an effective quality assurance system to ensure that key areas of the service were monitored effectively. Records relating to people's care were accurate, up to date and stored appropriately.

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 sufficient staff deployed to meet people's needs in a safe and timely way.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

There were procedures for safeguarding people and staff were aware of these.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by regular staff that had the necessary skills and experience to provide effective care.

Staff had appropriate support and training for their roles.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People were supported to stay healthy and to obtain treatment when they needed it.

Is the service caring?

Good 

The service was caring.

Staff were kind, compassionate and sensitive to people's needs.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

People were supported to maintain positive relationships with their friends and families.

Staff encouraged people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care they needed.

Care plans had been regularly reviewed to ensure they continued to reflect people's needs.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

People had opportunities to take part in activities.

Complaints were minimised because the service responded promptly to any concerns people had.

Is the service well-led?

Good ●

The service was well led.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

Records relating to people's care were accurate, up to date and stored appropriately.

Pilgrim Wood Residential 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 was 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 22 June 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR) submitted by the registered manager. The PIR 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.

During the inspection we spoke with 12 people who lived at the service. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with eight staff, including the registered manager, assistant manager, administrator, care and catering staff. We looked at the care records of five people, including their assessments, care plans and risk assessments. We checked how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service and the most recent satisfaction surveys.

After the inspection we received feedback from two relatives by email.

The last inspection of the service took place on 26 September 2012 when we identified breaches of regulations. We carried out a follow up inspection on 8 May 2013, when we found the provider had taken action to meet the regulations.

Is the service safe?

Our findings

People told us they felt safe at the service and when staff provided their care. They said they trusted the staff and felt confident when staff supported them. One person told us, "I feel safe. We're very well looked after." Another person said, "I used to fall a lot before I moved in but I don't now. I feel a lot safer here." Relatives told us that staff kept their family members comfortable and safe when providing their care. They said staff were aware of any risks to their family members' safety and managed these appropriately.

There were sufficient staff deployed to meet people's needs in a safe and timely way. People told us staff were always available when they needed them and that staff attended promptly if they rang their call bells. One person said, "They're very busy but they always come if you need them." Another person told us, "If I ring my buzzer, someone always comes quickly." Relatives told us that there were enough staff with appropriate skills to make sure their family members received the care they needed. One relative told us, "We feel very lucky indeed knowing there is always someone kind and capable on hand, 24/7."

A member of the management team had carried out a dependency assessment for each person to calculate the staff support they needed. These assessments had been reviewed regularly to ensure they reflected the person's needs accurately. The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said the registered manager increased staffing levels if people's care needs changed and they required additional support. One member of staff told us, "There are enough staff. I have time to spend with the residents." Another member of staff said, "It's never been a problem, there are plenty of staff."

We observed that people's needs were met promptly during our inspection and that people were not rushed when receiving their care.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. The DBS supplies criminal record checks on prospective staff.

The registered manager ensured that staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. The registered manager told us that safeguarding and whistle-blowing were discussed at team meetings, which was confirmed by staff. Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records. One member of staff told us, "I would speak to a colleague if they weren't treating someone well, but I'd still report them to the manager. I've had to do that in the past at a different place." Another staff member said, "I'd report it to the manager straight away. If they didn't act I'd call CQC."

People were kept safe because staff carried out risk assessments to identify any risks to people and the

actions necessary to minimise the likelihood of harm. For example, staff had evaluated the risks to people of falling and developing pressure ulcers. Where risks had been identified, staff had obtained the equipment they needed to reduce them, such as hoists, slings and pressure relieving equipment. Risk assessments were reviewed regularly to ensure they continued to reflect people's needs.

Staff aimed to learn and improve from any incidents and accidents that occurred. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. For example the registered manager had improved the security of the premises following a recent incident. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather.

Health and safety checks were carried out regularly to ensure the premises and equipment were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. A personal emergency evacuation plan (PEEP) had been developed for each person, which identified the support they would need in the event of a fire.

People's medicines were managed safely. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. People told us they received their medicines on time and that staff provided non-prescription medicines, such as painkillers, when they needed them. We observed that staff administering medicines did so in a safe way. There were protocols in place for the administration of 'as required' (PRN) medicines. Where people received their medicines covertly, a mental capacity assessment had been carried out and a best interest decision made with the relevant parties involved. This was consistent with the provider's policy and the Mental Capacity Act 2005. Where people chose to manage their own medicines, we saw that risk assessments had been carried out to support the person to do this safely.

There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and guidelines about how they received their medicines.

Is the service effective?

Our findings

People received their care from regular staff who had the skills and knowledge they needed to provide effective support. People told us staff knew them well and provided their care in the way they preferred. One person said, "I always see the same faces" and another person told us, "They know how I like things done." Relatives told us their family members received their care from consistent staff who knew their needs and preferences.

Staff had access to the training they needed to meet people's needs. They said they had an induction when they started work, which had included all elements of core training, such as safeguarding, moving and handling, first aid, food hygiene, fire safety and infection control. Staff told us their knowledge was kept up to date with regular refresher training. One member of staff said, "The training is good. I haven't been here long but I've done loads of training already. I've learned a lot." Training records confirmed that staff had also attended training in the needs of the people they supported, such as dementia care, diet and nutrition and falls awareness. We observed staff demonstrate the safe practice they had learned in their training. For example when staff supported people to mobilise, they did so carefully and safely.

Staff told us they felt well supported in their roles and said they had access to regular one-to-one supervision, which gave them the opportunity to discuss their performance and development. This was confirmed by the records we checked. The registered manager had introduced the Care Certificate and told us that all staff joining the service would be expected to achieve this award. The Care Certificate is a set of agreed national standards that health and social care staff should demonstrate in their daily working lives. We saw evidence that annual appraisals had been completed or planned for all staff.

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 make 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 and staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. We observed that staff sought people's consent before providing any aspect of their care. People's care plans demonstrated that their best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and

constant supervision by staff.

People were supported to have a balanced diet and could have alternatives to the menu if they wished. People told us they enjoyed the food provided and that the menu reflected their likes and dislikes. One person said, "The food is lovely and there's plenty of it. I haven't had anything I haven't liked." Another person told us, "The food is home-cooked. We get lovely puddings." A third person said, "I always enjoy the food. It's like I'd cook at home." Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a balanced diet. One relative said the service provided "the best possible catering."

We observed that the atmosphere at mealtimes was relaxed and that staff made sure people were happy with their meals. For example one person did not like the option they had chosen and staff ensured they were given an alternative they enjoyed. Staff ensured that people who required assistance to eat and drink received this support, giving people time to eat at their own pace and to enjoy their meals.

People's nutritional needs had been assessed when they moved into the service and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. There was evidence that care staff communicated information about people's dietary needs and preferences to catering staff.

People's healthcare needs were monitored effectively and people said they were supported to obtain treatment if they needed it. One person told us, "I can always see the doctor if I need to." Relatives said they were confident that staff monitored their family members' health closely and obtained appropriate treatment when it was needed. One relative said, "There is reliable access to the local GP. We feel confident that a rapid and professional response would be made to any critical situation and we are kept informed by telephone of any occurrences or updates on ongoing medical or other issues."

The care records we checked demonstrated that people had access to a GP and were referred to specialist healthcare professionals if necessary, such as physiotherapists and speech and language therapists. There was evidence that district nurses visited the service where people had developed nursing needs, such as wound care. A hospital passport had been developed for each person, which provided a summary of the person's needs and preferences about their care should they require admission to hospital.

Is the service caring?

Our findings

The people we spoke with were happy with all aspects of their care. They said staff were kind, friendly and helpful. One person told us, "I have no complaints about this place. It's a home from home for me. I can't praise it enough. The staff are so kind." People told us they had positive relationships with the staff and enjoyed their company. One person told us, "It's lovely here. The staff are so kind and gentle. They are like friends, really." Another person said, "The staff are all very kind and they are always cheerful."

Relatives told us their family members were looked after by staff who genuinely cared about them. One relative said of their family member, "She retains quality of life through the consideration and good humour of the staff." Relatives told us the atmosphere in the service was relaxed and friendly and that families were made welcome when they visited. One relative told us, "Visitors are welcome any time and I certainly feel I have been made welcome as part of the residential community, able to share a meal, either with Mum in her room or by joining other residents downstairs. There is a real family atmosphere, but underpinned by professionalism in every situation."

Relatives told us that staff kept them informed about their family members' health and welfare. One relative said, "They keep us up to date. They are very prompt in letting us know about any incidents." Relatives told us that staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this. We saw staff encourage people to do things for themselves where possible to promote their independence. For example, staff encouraged people to mobilise as independently as possible and supported them to do this. Staff supported people to make decisions about their day-to-day lives, such as what time they got up and went to bed, what they wore and what they ate. People told us that staff knew their preferences about their daily routines and respected these choices.

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were attentive to people's needs and proactive in their interactions with them, making conversation and sharing jokes. Staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support.

People had access to information about their care and the provider had produced information about the service. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. All staff had signed this policy to indicate their understanding of it and their agreement to adhere to it. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people's privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people's needs in a discreet and private way. People and their relatives were given support when making decisions about their preferences for end of life care. Any advance decisions had been recorded in an individualised care plan and were known by staff.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. People's needs had been assessed before they moved in to ensure that the staff could provide the care and treatment they needed. A relative told us the registered manager had "been to great lengths" to gain an understanding of their family member's needs before they moved into the service. Pre-admission assessments recorded people's needs in areas including health, mobility, communication and nutrition/hydration. Assessments also explored and recorded aspects of people's lives that were important to them, such as relationships, interests and hobbies.

Where needs had been identified through the assessment process, a care plan had been developed to address them. Care plans were in place for areas including communication, nutrition, personal hygiene, skin integrity, continence and mobility. The plans were person-centred and provided clear information for staff about how to provide care and support in the way the person preferred. People's plans were reviewed regularly to ensure that they continued to reflect their needs.

Staff were knowledgeable about people's individual preferences about their care and their daily routines. They understood the importance of providing care in a person-centred way. One member of staff told us, "We give care that's centred around the person. We revolve around them, not the other way round." Another member of staff said, "We always make sure the residents have the care they want." Staff attended a handover at the beginning of their shift to ensure they were up to date with any changes in people's needs.

People had opportunities to take part in activities at the service and to go out to local places of interest. People told us they enjoyed the activities provided. One person said, "There seems to be a lot going on. I join in when I feel like it. I enjoy the quizzes and the church service." Another person told us, "There's quite a lot [of activities] now but I think the manager has plans to provide a lot more." The registered manager had recently made an appointment to the newly-created post of social care facilitator. The registered manager told us this role had been created to enhance people's quality of life through the provision of activities and establishing links with the local community. The social care facilitator had been given the brief of developing a three-month plan incorporating therapeutic and reminiscence activities and outings to places suggested by people.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had a written complaints procedure, which was given to people and their families when they moved in and displayed in the service. The complaints procedure detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. We checked the complaints log and found that all complaints received had been investigated and responded to appropriately. The registered manager told us they aimed to avoid complaints by maintaining regular communication with people and encouraging people to raise concerns before their dissatisfaction escalated. None of the people we spoke with had made a complaint but all told us they would feel comfortable doing so if necessary.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. Relatives told us the service was well run and that they had confidence in the registered manager. One relative said, "It's run very professionally." Relatives told us the registered manager had improved the recruitment and retention of staff, which had improved the consistency of care their family members received.

The registered manager had developed a positive culture that was open, inclusive and empowering. People and their relatives told us the registered manager was approachable and valued their opinions. They said the registered manager responded appropriately if they raised concerns or requested changes.

People and their relatives had opportunities to give their views about the service through regular satisfaction surveys. We checked the most recently returned surveys and found they provided positive feedback about all aspects of the service. People and their relatives were also able to voice their opinions at residents and relatives meetings, which were held regularly. We checked the minutes of these meetings and found any issues raised were revisited at future meetings to ensure action had been taken to resolve them.

Staff told us the registered manager and assistant manager were supportive and encouraged their contributions to making improvements. One member of staff said, "We get good support from [assistant manager] and [registered manager]. They are very open. We're not afraid to voice our opinions and we know they'll be listened to." Another member of staff told us, "I know I can knock on the door and speak to the manager any time I need to." A third member of staff said, "It's a very open and honest place to work. We can say what we want and we will be listened to."

Staff told us the registered manager had improved the individual support they received through the implementation of regular supervision and appraisal. They said the registered manager had established regular team meetings, which had improved communication amongst the team. The notes of team meetings demonstrated that the registered manager had used these meetings to clarify the values and behaviours staff were expected to demonstrate in their work.

The provider had implemented effective systems to monitor and improve the quality of the service. Regular audits were carried out which checked key areas of service delivery, such as accidents and incidents, medicines management and infection control. A report of each audit was produced and the actions taken where areas had been identified for improvement. People's care plans were reviewed on a monthly basis to ensure they reflected their needs accurately.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they respond appropriately to keep people safe. Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their health, the medicines they took and the activities they took part in. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.

