

## Avante Care and Support Limited

# Pilgrims View

### 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 was carried out on 21 November 2017, and was an unannounced inspection.

The service provides care and support for up to 44 older people who do not have nursing needs, but some of whom are living with mild to moderate dementia. At the time of our inspection there were 36 people using the service. Two of these people were cared for in bed. The accommodation was situated over four units; each had its own dining room and lounge areas and small kitchenette.

At the last Care Quality Commission (CQC) inspection on 30 September 2015, the service was rated Good in Safe, Effective, Caring and Well Led domains with an overall Good rating. However, the Responsive domain Required Improvement. We recommended to the provider to seek advice and guidance from a reputable source and to carry out research on published guidance about the benefits of and types of activities recommended for people living with dementia.

At this inspection we found the service remained good.

The service has a registered manager. The registered manager was not available on the day of our inspection as they were on holiday. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support.

There were activities located around the home for people to engage with independently and each dining room table was set up for people to be engaged in different activity. All staff took the time to sit and engage with people and take an interest in what people were doing. Staff made time for people.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

People and staff were encouraged to provide feedback about how the home could be improved. This was used to make changes and improvements that people wanted. Records were consistent and robust.

People continued to be safe at Pilgrims View. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

Medicines were managed safely and people received them as prescribed.

There were enough staff to keep people safe. The registered manager continued to have appropriate arrangements in place to check the suitability and fitness of new staff.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff showed they were caring and they treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the home supported this practice.

The registered manager ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the home continued to be made to ensure people experienced good quality safe care and support.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were fully assessed with them before they moved to the home to make sure that the staff could meet their needs.

There were activities located around the home for people to engage in.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's need.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

### Is the service well-led?

Good ●

The service remains Good.

# Pilgrims View

## 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 checked 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 was a comprehensive inspection, which took place on 21 November 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

People's ability to verbally communicate was limited, so we were unable to talk with everyone. We observed staff interactions with people and observed care and support in communal areas. We spoke with one person with limited communication skills.

We spoke with seven care staff, one team leader, one activities coordinator, cook and the assistant manager. We spoke with five groups of visiting relatives. We also requested information via email from healthcare professionals involved in the home. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments and daily care records. We looked at six staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training

records, some audits, business continuity plan and minute of managers meeting. The information we requested was sent to us in a timely manner.

## Is the service safe?

### Our findings

People told us they felt safe living in at the home. One person said, "I'm well looked after". Another person said, "Somebody always comes when I need them. I will get up out of bed and walk two feet to the door and call them".

One relative commented on how good the home was for people. They said, "Some people who live here think it is a hotel". The relative also confirmed that staff lets them know if a doctor had attended and if the healthcare plan had changed.

We observed that people felt safe in the home and were at ease with staff throughout the inspection. The home displayed dementia signage, people had their own front door to their room with a number and a knocker, this gave the impression of people having a front door, the doors were painted for easy identification. On the outside of the rooms, there was a memory box where this identified the person's name, a photograph and an item that meant a lot to them. For example, one person had a bingo ticket so as to help her identify the room that is hers.

The risk of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. All staff were provided with secure access to policies and procedures online. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with told us that they would refer to this guidance whenever required. All staff said they would report any suspicion of abuse immediately. A member of staff said, "I have done safeguarding training. It is to protect people from potential abuse. If I see this, I will report it to my line manager". Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I observe any untoward practice, I will inform my manager immediately". The provider also had information about whistleblowing in a user friendly format on a notice board for people who used the service, and staff.

People continued to be supported in accordance with their risk management plans. We observed support being delivered as planned in people's care plans. Risk assessments were specific to each person and had been reviewed in 2017. The risk assessments promoted and protected people's safety in a positive way. These included accessing the moving and handling, medicines, care plans and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us these were to support people with identified needs that could put them at risk, such as when their needs changed. For example, one person who recently was thought to be losing weight had their risk assessments reviewed in line with advice from healthcare professionals and this was discussed with staff on how to best meet their needs going forward. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

The risks to people from developing pressure ulcers were assessed and people at high risk had measures in place to manage this risk for them. For example, we saw people were provided with pressure relieving equipment where required. Where people needed to be regularly re-positioned, the required frequency was noted and staff had documented this care had been provided.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and incidents could be recognised and addressed. For example, one person recently had a fall after rolling out of bed. The incident was reviewed and action plans such as night monitoring by night staff was put in place. The care plan and risk assessment were reviewed immediately. One member of staff we spoke with told us that they monitored people and checked their Care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff member was able to describe the needs of people at the home in detail, and we found evidence in the people's Care plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There continued to be enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the home and community, to plan the numbers of staff needed to support them safely. The assistant manager told us there were eight care staff and two team leaders rostered in the morning and afternoon. Four wake night care staff and one team leader at night. In addition, there was an activities coordinator, an administrator, cook, three domestics and a maintenance staff. Records confirmed this level of staffing. During the day the two team leaders lead the shift to ensure staff knew what they needed to do and that staff were effectively deployed, in order to ensure peoples' needs were met safely. The assistant manager told us there were staff vacancies and a low level of agency usage, which records confirmed. We observed that staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the home and staff were not rushed.

The registered manager and provider continued to maintain safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Staff told us they had undergone pre-employment recruitment checks and these were documented in their records. These included a full employment history, record of interview, the provision of suitable references in order to obtain satisfactory evidence of the applicant's conduct in their previous employment, a health declaration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Appropriate recruitment procedures were in place.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. We found the management of controlled drugs, which are medicines, requiring additional measures to ensure they are managed securely, was safe. Records showed two staff always signed when a person was administered a controlled medicine as required, including if these were administered during the night shift and these records were audited daily. Staff told us and records confirmed that only the team leaders administered medicines and they had undertaken the provider's medicines training and had their medicines competency assessed annually to ensure their practice was safe.

Processes were in place to ensure people's medicines were ordered, stored, administered, recorded and disposed of safely. We observed the team leaders administered people's medicines safely. We noted staff helped people with their medicines in their own individual preferred way, either with extra support or not as required. Staff then signed people's medicine administration records (MARs) which were checked for completeness at the end of each staff shift.



Some people required topical creams for their skin, which care staff administered. We noted the topical creams on MARs there were no gaps in staff signatures. When PRN (as required) medicines were administered, the reason for administering them was recorded within the MAR chart. This indicated that the registered manager continued to have an effective system in place for the administration of medicines safely.

There were effective systems in place to reduce the risk and spread of infection. The assistant manager showed us a cleaning schedule for the home, which revealed that a routine was in place to ensure that the home was cleaned regularly. We saw that bathroom, toilet, laundry room, corridors, lounges, communal areas and the kitchen were clean. The home had no odours and the environment and equipment was safe and clean. One relative commented, "It smells nice here". We observed the use of personal protective equipment such as gloves and aprons during our visit. Liquid soap and hand gels were provided in all toilets, showers and bathrooms. The home had an infection control policy that covered areas such as hand washing, use of protective clothing, cleaning of blood and other body fluid spillage, safe use of sharps, clinical waste and appropriate disposal of waste. There were other policies such as Legionella management policy. We saw current certificates on Legionella water test and waste disposal. Staff were trained on infection control and food hygiene. This meant that the provider had processes that enhanced infection control and staff were kept up to date with their training requirements. People were cared for in a clean, hygienic environment. The home's toilets followed dementia friendly best practice and had coloured seats so as to distinguish the area of where to sit.

The registered manager continued to ensure that the environment was safe for people. Environmental risks were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. Staff logged any repairs in a maintenance logbook and the registered manager monitored these until completion. Staff carried out routine health and safety checks of the home including regular checks of fire safety equipment and fire drills. Comprehensive records confirmed both portable and fixed equipment was serviced and maintained.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP) reviewed in 2017. A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was in place. Fire equipment was checked weekly and emergency lighting monthly.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

A business continuity plan continued to be in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the home.

## Is the service effective?

### Our findings

Our observation showed that people were happy with the staff that provided their care and support. There were positive interaction between people and staff. One relative said, "I am impressed by how much there is to eat here". Another said, "Staff are well trained".

The registered manager undertook an initial holistic assessment with people before they moved into the home. A holistic assessment focuses on the assessment of whole person rather than specific areas. This included the physical, emotional, mental health, spiritual, environmental, social, sexual, financial, and cultural needs of an individual. The assessment checked the care and support needs of each person so the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. One member of staff said, "We have all the information we need to meet people's needs in the care plan". Care plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotional feelings, cultural needs and dignity and independence. The cultural needs plans identified the support required by each person for example, if they needed support to attend the Church. For example, in one person's plan it stated that they got married in a Church. However, they did not want to go to a Church again. This was respected and reflected in their care plan. Information such as whether people were able to communicate if they were experiencing pain was detailed. Sometimes people were reluctant to wash or shower and this was addressed in the care plan for personal care, giving guidance to staff. Most people changed their minds if staff returned a short time later and asked again, or if a different member of staff asked. If people still chose not to wash then this was respected as their decision at that time.

Care plans were regularly reviewed. All the care plans we looked at had been reviewed in 2017. Care plans reviews were thorough, capturing any changes through the previous month or if there had been interventions such as with health care professionals.

Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made throughout the day and night, ensuring communication between staff was good benefitting the care of each person.

Staff have created an enriching and self-stimulating environment, specifically tailored to meet the needs of people living with dementia. By providing both meaningful stimulation and occupation, this in turn reduces people's behaviours which can challenge staff. An activities coordinator had started working with people since December 2016. As people's mobility had reduced, staff had been less able to take them to the local shops. However, the activity coordinator told us that they continued to support one person to the local shop

for their morning newspapers three times a week. In response, staff had started a 'café,' to enable people to visit these amenities within the home. These areas were not only used by people during activities, but were incorporated into daily life and events. For example, we saw that some people chose to have their breakfast in the 'café' and that they enjoyed this experience of 'going out' for breakfast. The dementia Café is opened fortnightly. Staff continued to ensure the environment was highly responsive to people's needs.

There was a focus on enabling people to stay connected with the community. People visited Snodland market every Friday and Snodland library every Tuesday morning. The provider belonged to the National Activity Providers Association (NAPA). They had also taken up the NAPA challenge to go out and participate in a community singing event. Local older people had been invited to enjoy a lunch in the home. During our inspection, school children visited to sing for the people. We saw that people were delighted.

The registered manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 what any conditions on authorisations to deprive a person of their liberty were.

The service was working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. Where people could consent to decisions regarding their care and support this had been well documented, and where people lacked capacity, the appropriate best interest processes had been followed. For example, one person who lacked capacity and needed to remain in secure environment had the MCA 2005 carried out according to the principles. A discussion was held with people involved and their advocates. It was agreed that the person remained in the home for their own best interest. This showed that the registered manager applies the principles of MCA 2005 within the home in a person centred manner which involved people in decisions about meeting their needs effectively.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation. The registered manager told us that people's DoLS were regularly reviewed with the local authority. Most people who lived in the home had authorised DoLS in place to keep them safe. These were appropriately notified to CQC.

People continued to be supported to maintain good health. Staff ensured people attended scheduled

appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. This showed that the registered manager continued to ensure that people's health needs were effectively met.

People continued to be supported to have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. There was a picture based food menu available to people. We saw that at lunchtime, people were provided with elements of their meal individually pureed where required to ensure their meal remained appetising whilst safe to eat. People were provided with adapted crockery where required, which ensured they could remain independent when eating their meal. Staff supported those who required assistance with their meal.

People living with dementia are often active and mobile and therefore may have an increased need for calories. Records showed people's meals were fortified with cream and butter where monitoring of their weight indicated they needed to increase their calories. Sweet and savoury 'snack' foods and drinks were positioned to 'catch people's eye' and encourage them to 'graze' as they walked. Any concerns about people's weight were referred to the GP for their guidance. Where people were identified as being at risk from dehydration staff put a fluid chart in place to monitor the amount of their intake and to ensure this was sufficient for their needs and these were fully completed.

Since our last inspection, records showed staff had undertaken trainings in all areas considered essential for meeting the needs of people in a care environment effectively. This helped staff keep their knowledge and skills up to date. All staff had been trained in equality and diversity, valuing people and respecting differences. Other areas of trainings that reflected their job roles were epilepsy, health & safety, dementia, active support and communication. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings.

## Is the service caring?

### Our findings

One Person said, "Yes I like it here". Another said, "It is alright. It is pleasant enough" and another said, "The staff are very kind and pleasant".

A relative said, "Almost feels like you are visiting them at home as the feeling of the home is lovely".

We observed that people continued to be supported by caring staff that were sensitive in manner and approach to their needs. We saw that people looked relaxed, comfortable and at ease in the company of staff.

The registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

People's bedrooms and the corridors were filled with their items, which included; pictures, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about people, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them.

We observed positive interactions between people and staff. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as facial expressions or verbal. They gave people the time they needed to communicate their needs and wishes and then acted on this. People's care plans identified their communication needs, for example, it was noted a person was registered blind and therefore staff should explain each meal to them. Information about activities was in an accessible format. The registered manager had made communication cards for staff to use whilst a person's hearing aids were being replaced, to ensure this person could understand what was communicated and to uphold their dignity; staff confirmed they were used.

Staff understood that although people's cognitive skills were impaired many could still make everyday choices if staff gave them options and explained information in a way they could understand. At lunchtime staff showed people the two choices of meal so they could see and smell them, which would evoke memories of whether they liked each meal.

The staff on shift knew and understood each person's needs very well. Staff knew residents names and they spoke to them in a caring and almost affectionate way. They had knowledge of their past profession and who was important in their life. They understood the importance of respecting people's individual rights and choices. People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration as we observed to maintain their privacy and dignity.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

## Is the service responsive?

### Our findings

At the last Care Quality Commission (CQC) inspection on 30 September 2015, the service was rated Requires Improvement in Responsive. We recommended to the provider to seek advice and guidance from a reputable source and to carry out researches on published guidance about the benefits of and types of activities recommended for people living with dementia.

At this inspection we found the service remained good.

There were activities, such as cards, dominos, board games, mindful colouring and knitting located around the home for people to engage with independently and each dining room table was set up for people to be engaged in different activity. All staff took the time to sit and engage with people and take an interest in what people were doing. Staff made time for people.

People told us the service was responsive. Their comments included, "It is a home from home here" and "If you need anything, just ask".

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs. They said they also supported people to be able to take part in activities in the community. The staff showed in discussion with us they understood people's dementia and how they impacted on their life. We noted that the home's involvement in their local community through a raised funding of a few hundreds of pound by the local town council to support the home in July 2017.

Staff continued to help people to stay in touch with their family and friends. For example, we observed relatives freely coming into the home to visit their family member throughout the day. Staff maintained an open and welcoming environment and family and friends continued to be encouraged to visit the home.

One relative said, "The manager assessed our dad in the hospital, while dad took a dip in hospital but is coming back up to his self now since he has been here".

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board in the home. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. There had been no complaint received in the last twelve months.

## Is the service well-led?

### Our findings

We observed people engaging with the staff in a relaxed and comfortable manner.

There continued to be a management team at Pilgrims View. This included the assistant manager, registered manager and the regional care director. Support was provided to the registered manager by the regional director in order to support the service and the staff. The registered manager was not available on the day of our inspection as they were on holiday. The regional care director visited to support the assistant manager with the inspection.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "Management has got better. They are very supportive". We observed this practice during our inspection.

We found that the registered manager had implemented good quality assurance system and used these principles to critically review the service. They completed monthly audits of all aspects of the home, such as medication, kitchen, personnel, learning and development for staff. The provider also carried out series of audits either monthly, quarterly or as at when required to ensure that the home runs smoothly, such as infection control. They used these audits to review the home. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, in one person's care plan, it states 'best interest meeting' needed. We saw that this had taken place as planned.

Communication within the home continued to be facilitated through monthly meetings. These included, staff meetings, team leader's meetings, relatives meetings and resident's meetings. We looked at minutes of September 2017 meeting and saw that this provided a forum where areas such as staff trainings, rota, activities, people's needs updates and business plan amongst other areas were discussed. Staff told us there was good communication between staff, people, relatives and the management team.

The provider continued to have systems in place to receive people's feedback about the home. The provider sought people's and others views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. An independent organisation called IPSOS-MORI was used to ask people for their feedback about the home more formally by questionnaire/survey. The results were displayed in the home. Senior managers at head office were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with 100% satisfied with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided.



The registered manager was proactive in keeping staff informed on equality and diversity issues. They discussed wellbeing, equality and diversity issues with staff team regularly. The assistant manager said, "All my staff are diverse staff group from diverse ethnic background". The registered manager understood their responsibilities around meeting their legal obligations for example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the home and on their website.