Pilgrim Homes

Pilgrim Homes - Framland

Inspection report

Naldertown
Wantage
Oxfordshire
OX12 9DL

Tel: 03003031470
Website: www.pilgrimsfriend.org.uk

Date of inspection visit:
07 December 2015
08 December 2015

Date of publication:
01 February 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 and 8 December 2015 and was unannounced. Pilgrim Homes Framland provides accommodation for 23 people who require personal care without nursing. 21 people were living in the home at the time of our inspection. The home cares for elderly protestant Christians.

Pilgrim Homes Framland is set over two floors. The home has a large lounge and a separate dining room. There were other seating areas around the home for people to sit in. The home had an enclosed garden.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe living in the home. This was confirmed by relatives. Risks for individual people had been assessed. Staff were knowledgeable on how best to support people when they were at risk of harm. Staff had been trained to support and protect the people they cared for. People were protected against abuse because staff knew how to report any concerns of abuse to the relevant safeguarding authorities. Policies to protect people were in place to give staff guidance.

People's medicines were managed and administered appropriately, however the stock levels of medicines held in the home was not recorded. We were told that checking of the medicine stock levels would be added to their monthly audit. Appropriate cleaning and systems to prevent the spread of infections were in place.

People and their relatives were positive about the care and support they received from staff. They were involved in planning for their care. Their individual needs were assessed, planned and reviewed but did not always provide staff with adequate guidance. We were told this would be reviewed by the registered manager. People were encouraged to make decisions about their care and support. They were supported to maintain their health and well-being and access additional care and treatment from other health care services when needed.

Staff were passionate about their role. People were at the heart of the service. Both the people and their relatives complimented the caring nature of staff. We received many positive comments about the home. Whilst people's spiritual needs were met, they did not always have the opportunity to take part in other recreational activities. However, the registered manager was reviewing the activities provision as part of the company's Dementia Strategy as the home is a pilot home for this.

The registered manager and provider had a good understanding of their role and how to manage the quality of the care provided to people. Quality monitoring systems were in place to check and address any shortfalls in the service. People and their relatives felt that any concerns raised were dealt with immediately. There

were sufficient numbers of staff to ensure people's needs were being met. Staff had been suitably recruited and trained to carry out their role.

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 and their relatives were positive about the care they received and felt safe. Staff understood their responsibilities in reporting any allegations or incidents of abuse.

People's risks and safety were assessed and managed to protect people from harm.

People were protected by safe and appropriate systems in handling and administrating their medicines, however the medicine stock levels were not recorded.

Effective recruitment procedures were in place to ensure people were being supported by suitable staff.

Is the service effective?

Good

The service was effective.

People were involved in making decisions about their care and support; however assessments of people's mental capacity to make some decisions were variable.

When people's needs had changed they were referred to the appropriate health and social care professional. People's dietary needs and preferences were met.

Staff were supported and trained to ensure their skills and knowledge was current and met people's needs.

Is the service caring?

Good

The service was caring.

People and their relatives highly praised the staff. Staff were kind and compassionate to the people they cared for. They treated people individually and with dignity.

People were encouraged to remain independent and express

their views.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's spiritual needs were met. However there were limited opportunities for individual and recreational activities although this was being addressed.

People's care needs were assessed, recorded and reviewed. However, some people's care records did not provide staff with adequate guidance.

Staff responded promptly to people's individual concerns and understood their needs. Relatives told us their concerns were listened to by staff and acted on.

Is the service well-led?

Good

The service was well- led.

People and their relatives spoke highly of the staff and the registered manager. Staff felt supported by the provider and registered manager. The culture of the home was fair and open.

The quality of care was being regularly monitored and checked.

Pilgrim Homes - Framland

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 7 and 8 December 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people, two relatives, two members of staff and the registered manager. We looked at the care records of four people. We looked at two staff files including recruitment procedures, as well as the training and development of all staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Good

Is the service safe?

Our findings

People were cared for by staff who understood their responsibility in protecting them from harm. People who were able to speak with us told us they felt safe living at the home. One person said, "Yes, I do feel safe. They are very kind to me here". Where people had raised concerns about their safety, these concerns were addressed. For example, an electronic alert system had been put into place for one person who often walked into other people's rooms during the night. This meant staff were aware of people who may get up in the night and disturb others. Relatives also confirmed that they felt people were safe and protected from harm or abuse.

Staff were knowledgeable about recognising the signs of abuse. New staff had received training in protecting people during their induction period. A safeguarding policy was available to give all staff clear guidance on how to report any allegations of abuse. Staff were confident that any concerns about people's safety would be addressed immediately by the registered manager. They told us they would not hesitate to report any concerns to the registered manager or other safeguarding organisations. The registered manager was aware of their responsibility to notify CQC and share their concerns with other agencies that have a responsibility to safeguard people.

People's individual risks had been identified, recorded and were managed well in the home. For example, risk assessments had been put into place for those people who had been identified as at risk of falls or malnutrition. Staff were able to tell us about people's risks and how they should be managed to reduce the risk of harm. For example, staff told us how they encouraged and prompted people to eat or remember to walk with their walking frames. This was confirmed during our observations during the lunchtime period.

Bed rails were used where risks had been identified such as falling out of bed. Records showed that this practice has been recognised as a form of restraint but was deemed as in the best interest of people.

Each person had a personal emergency evacuation plan which provided staff with guidance on how to support people in the event of an emergency. Staff were aware of the protocols in place to support people in the event of a fire. People's emergency evacuation plans were reviewed regularly. Any changes to their support needs were discussed with staff. A fire officer had recently assessed the home's fire safety and had made two recommendations which were being addressed.

People were supported by staff who had worked in the home for many years and knew people well. There were sufficient numbers of staff during our inspection. Staff covered extra shifts or bank staff were used when there were shortages in permanent staff. Staff confirmed that there were appropriate numbers of staff to support people's needs. One staff said, "Some days are harder than others; but there is always the right number of staff working". Extra care hours had been provided for people who required individual support at certain times of the day. The registered manager was actively recruiting bank staff to assist with any gaps in the staffing levels of the home.

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked

unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. However, in one of the two recruitment files we reviewed, there was limited recorded explanation of why there were gaps in staff's previous employment and/or the reasons why they had left their previous employment. This was raised with the registered manager who told us this would have been discussed at their interview but hadn't been recorded. We were told the registered manager had involved people in the recruitment process of new staff and had valued their opinion of potential candidates.

People's medicines were managed safely. Arrangements were in place to make sure people received their medicines appropriately and safely. People were given their medicines on time and respectfully by staff who had received regular training in managing and administering medicines. Medicines Administration Records (MAR charts) had been completed appropriately by staff. There were no gaps in the recording of administration of people's medicines on their MAR charts. Where people had refused their medicines this had been recorded. Strategies were in place to encourage people who refused their medicines. This was known by staff and recorded in their care plans. Medicines which required disposal were stored securely and recorded accurately ready for collection by the pharmacist.

Controlled drugs were stored in line with appropriate guidance and there were accurate records kept of when people received these medicines. A list of homely remedies medicines that could be used for a 48 hour period if people had a minor illness such as a headache had been authorised by the GP. We were told that if they continued to be unwell then the GP would be called immediately.

Individual detailed protocols were in place for medicines prescribed to be given as necessary. For example, some medicines had been prescribed to people who may require the occasional treatment for pain relief or constipation. Regular audits were undertaken to check on the management of people's medicines. However, there was no monitoring of the stock balance of medicines held in the home. The registered manager said this would be added to the medicines audit.

People were protected by the prevention and control of infection processes in place. The home was clean and odour free. Relatives told us they were satisfied with the cleanliness of the home. Staff understood the importance of wearing disposable gloves, aprons and washing their hands appropriately.

Good

Is the service effective?

Our findings

New staff had received a comprehensive induction programme before starting in their new role. This included training; shadowing experienced members of staff; reading people's care plans and documents relating to the home such as policies and procedures. They told us they were given adequate support and training to carry out their role. One staff member said, "The training is excellent". The registered manager had implemented the care certificate for new staff which helps them to monitor the competences of staff against expected standards of care. The registered manager met regularly with new staff to review their competencies against the care certificate standards and to discuss the progress in their new role.

People were cared for by staff who had been supported and trained in their role. Training charts showed the training staff had attended and when refresher courses were due. Staff carried out training considered as mandatory by the provider, such as safeguarding people and health and safety training. Most staff had received regular update training to refresh their knowledge. Plans were in place for those who required additional training. The knowledge and competency of staff were monitored through observation and individual meetings. A policy was chosen each month for staff to read and sign to state they understand the contents and would work in line with the policy's guidance.

Plans were in place to refresh all staff on the importance of person centred care and dementia awareness. The provider had engaged with an organisation that specialises in developing services that support people with dementia. The registered manager and three senior staff had subsequently attended a leadership course on supporting people with dementia. The registered manager told us they planned to deliver and share their new skills to all the staff in training sessions. Staff were also actively encouraged to undertake national qualifications in health and social care.

Staff told us they felt supported by the staff team and the registered manager. They told us all senior staff were approachable and they provided informal support and advice. Staff also received regular formal support and annual appraisal which gave them opportunity to discuss their role and personal development, for example to undertake national qualifications.

Most people who lived in the home were living with dementia and were unable to make significant decisions about their care. Staff and the senior management team had a good understanding of Mental Capacity Act 2005 (MCA). 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 were knowledgeable about the importance of gaining lawful consent when providing personal care to people who were unable to make important decisions about their health and well-being.For example, people were supported and prompted to make decisions about their day and choices of food and drinks being offered to them. If people were unable to make a decision, staff knew people well enough to remind them of their preferred choice. For example, staff reminded one person who wanted a jam sandwich but was

unable to recall her preferred flavour of jam.

The rights of people who were unable to make important decisions about their health and well-being were protected. Records indicated that other significant people such as family members or GPs had been involved in helping people to make decisions about important parts of their care. The home held documentation which informed them of who had been elected to have power of attorney on behalf of people.

Assessments had been carried out where it had been identified that some people lacked the mental capacity to make specific decisions about their care such as requiring a flu jab. However some of the details in their assessments were variable. For example, the details in one assessment were insufficient and did not relate to the specific decision being made.

Where people needed to be deprived of their liberty, the registered manager had applied for authorisation to do this. People can only be deprived of their liberty to receive care and treatment when this 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 understood her role and legal responsibilities in supporting people in the least restrictive way. A best interest decisions had been made to hold one person's hands if they protested against being washed. Care records guided staff to support this person and use other strategies before restricting this person physically. However, there was no monitoring in place of the frequency of this intervention.

People told us they enjoyed the meals and were encouraged to maintain a balanced diet. We received a lot of positive comments about the meals such as, "The food is excellent here" and "I can highly recommend the food". One person gave us a big smile and just said "Delicious!" People were offered a choice of meals at lunch time. They were shown pictures of the main meals choices and a tray of a selection of desserts and were encouraged to make their own choices about the meals offered.

People enjoyed their lunch in a calm and relaxed atmosphere. They were offered additional helpings and drinks. Staff supported some people with their meals in a respectful manner. They informed them about the food they were about to eat. Staff spoke positively to people, encouraging them to eat and drink. People who didn't enjoy the meal options were offered alternative meals, for example one person was offered a variety of food and chose a sandwich for their lunch.

The home's main cook was aware of people's likes and dislikes in food and people's dietary needs. They often spoke to people about their meal preferences and attended the residents meeting to receive feedback. They said, "The staff will feedback to me if a meal hasn't gone down well with the residents". People were offered drinks, fruit and snacks during the day. We were told the home's main cook had been on specialised training and nutritionist courses to increase their awareness of healthy eating.

The home had contacts with the local surgery and the GPs visited regularly to review the needs of people. District nurses visited the home when people required additional medical treatment. Relatives told us that they were kept informed of any changes in their loved ones health and well-being. One relative said, "Yes, they are very good. They (staff) tell us about any changes in Mum's health. I can't fault them. Communication from the home is excellent". Records showed that people had been referred for additional equipment such as wheelchair or pressure relieving equipment. Staff supported people in their routine health appointments such as dentists and the chiropodist.

Good

Is the service caring?

Our findings

We received an overwhelming amount of positive comments from people and their relatives. People told us the care they received was exceptional. One person said, "It is very, very good here. The staff are wonderful". Another person said, "I am very happy here. Nobody wants to be in a care home but if you need to, you want to be here". Relatives supported this view. One relative said, "This home is exemplary. We have been very lucky finding this place. Mum has been very happy here". Relatives told us they were welcomed into the home and could join their family member for lunch or other events in the home. They told us communication between the home and relatives was excellent.

We observed staff interacting with people throughout the day in a dignified manner. Staff cared for people respectfully. We saw many warm exchanges between people and staff. Staff addressed people by their first names in a friendly and respectful way. They knew people well and stopped and chatted with people and asked them about their day. During the mid-morning, staff joined people in the lounge to have a hot drink and snack. They sat amongst people chatting about their day and the forthcoming Christmas activities. People looked relaxed and confident amongst staff and asking for their help.

Pilgrim Homes- Framland had a Christian ethos. The home supported older people who are protestant Christians which is part of the home's admissions criteria. People's spirituality was at the heart of the home. People were supported and encouraged to attend gatherings such as daily devotions, songs of praise and 'the thought of the day'. Short prayers were displayed on the wall and grace was said by people before each meal. The home had strong links with the local community. For example, during our visit, children from the local school sang Christmas songs to people in the home. A programme of the home's devotion and social activities was displayed on the notice board and a copy was given to all people and their relatives.

Most of the people who lived in the home were living with dementia. People who were able to express themselves were able to tell us about their experiences of the home and how staff have helped them. One person said, "The staff here are lovely. They are very kind and always help me when I need it". Another person with advanced short term memory problems told us about their past and how they enjoyed walking in the country. This person enjoyed sitting by the window looking out onto the garden. Although this person's mobility was limited, staff supported them to have frequent walks around the garden.

Staff were able to tell us about the needs of people who were not always able to express themselves. They gave us examples of how they supported people if they become upset. For example, staff supported one person with a book when they became anxious and agitated. People were encouraged to remain independent and staff gave the appropriate amount of support so people could retain their mobility and skills of activities in daily living.
Staff were passionate about their role. They spoke fondly of people and their relatives. All staff had received training in the importance of respect. They showed concern for people's well-being. For example, staff continually checked the well-being of one person who was feeling poorly. The registered manager offered another person a cup of warm water with honey and lemon as they feeling unwell.

People's privacy was respected. Staff knocked on people's bedroom doors and waited to be invited in before they entered the room. Staff talked to people in a confidential manner if they were amongst other residents. For example one staff member discussed booking a doctor's appointment in a discreet manner with a person in the lounge.

Requires Improvement

Is the service responsive?

Our findings

People who lived in Pilgrim Homes – Framland had a strong Christian belief. Their faith needs were met by regular events throughout the day. An activities programme was displayed on the notice boards and a copy given to each person and their families to inform them of the activities of the week. The registered manager also allocated a morning to sit and chat with people and facilitate 'the thought of the day'. This was an opportunity for them to get feedback from people and get to know them. Whilst there was a range of group activities which met people's spiritual needs, there were limited opportunities for people to explore their individual social and recreational interests. One person told us that staff were very nice and chatty but the days were long. A relative told us they felt activities in the home could be better especially for those people who chose to stay in their bedroom. Some people were independent in their interests and social activities such as reading.

The registered manager told us the home's activity programme would be addressed within the companies dementia strategy. They said "We are reviewing our activities to ensure that the residents are offered a variety of activities and orientated towards people who have different cognitive abilities". Plans were in place to further develop the home's environment and gardens to meet the needs of people and those living with dementia. For example, the garden had been developed to include a woodland walk and there were plans to further develop this into three separate sensory areas. The home had good links with the local community. During our inspection, children from the local school visited the home and sang songs to people who sat in the lounge.

People's care records focused around their physical needs and support requirements. Staff were knowledgeable about people's individual needs. They told us how they adapted their approach depending on the support needs of people. For example, one staff member said, "Some people like time to themselves. Others like you to have a chat with them. The staff team here are good. We share information at handovers to ensure all staff up to date with the resident's". People's care records provided detailed profiles about their personal information such as their backgrounds or personal interests. People's care records were regularly reviewed to reflect the changes in their support. However, parts of some people's care records did not always provide staff with adequate guidance. For example, whilst staff were able to tell us how they supported one person with their diet to help manage their diabetes this had not been recorded. Daily record notes gave an overview of the care provided but mainly focused around practical support rather than emotional and social interactions and activities.

There had been no formal complaints made since our last inspection and the registered manager told us they dealt with day to day concerns immediately. People and their relatives told us if they had any concerns, they were always listened to and acted on. One relative said, "I rarely have to raise anything but if I did I would go to staff initially, then talk to the manager if necessary." The registered manager values people's feedback by spending time with people and their relatives. A customer satisfaction survey had recently been sent out to people. The results would be analysed by the registered manager. Residents and relatives meetings were held regularly to give people the opportunity to raise concerns and make suggestions about the home.

Good

Is the service well-led?

Our findings

The registered manager monitored the quality of the service provided by carrying out weekly and monthly checks such as nutritional and medicines audits, health and monitoring falls related incidents. A team from the local authority also visit the home twice a year to over view the frequency and cause of people's falls. Any shortfalls had been identified and actioned. For example, it was identified that one person required extra support at certain times of the day, which resulted in extra care hours being provided for this person.

The registered manager's line manager visited the home regularly and carried out an internal audit of the service being provided. Once a year, the registered manager was required to send a report to the trustees and senior management of the charity to give them an update of the progression of the home. The registered manager said, "These reports help the trustees and managers at a higher level understand the weakness and strengths of this home." Accident and incidents were recorded and analysed to identify any trends or patterns of incidents and the cause. Any areas of concern or shortfalls in the service provided were addressed to reduce any further risk to people. Where significant events had occurred, such as a serious injury to a person; these had been reported to the appropriate authorities.

The home welcomed and valued feedback from people and their relatives. Regular newsletters from the provider were provided which informed people of news within the organisations. We were told by people, relatives and staff that the registered manager and senior staff were approachable and they could raise any concerns with them.

The chief executive of the charity had recently visited the home. They had consulted with staff, people and their relatives in the home. We were told the chief executive was keen to hear from everyone who was involved in the home. Other senior managers and stakeholders involved in the organisation also visited and supported the home such as the 'Friends of Framland' (who provide spiritual, social and practical support to the people) and trustees of the charity. The home shared their purpose and values on the notice board together with a resident's charter and the home's complaints procedure. These values were evident in the staff approach and care of people.

The culture of the home was calm and open. The registered manager led by example. There was a strong sense of team work within the home and staff enjoyed working with people. One staff member said, "I love my job. It is very rewarding. I love being with the residents, it is very rewarding". People and their relatives complimented the staff and service they received.

The registered manager had links with managers of other homes within the organisation as well as managers in the local area. Together they shared information, provided peer support and supported each other with significant issue'. The registered manager also kept up to date with their knowledge by attending local and national health and social care events. Together with an operations manager and another home they were part of a pilot scheme to develop a companywide dementia strategy to improve the quality of service being provided to people who live with dementia in the groups homes. For example, the small lounge in the home had recently been redecorated in preparation to develop a reminiscence group. The

home had formed good connections with the local community. They regularly visited a local Christian café which holds drop in sessions to provide support and advice to carers supporting people living with dementia.