

D J Barzotelli

# Pilgrims Lodge Residential Home

## Inspection report

10-12 Pilgrims Way  
Canterbury  
Kent  
CT1 1XT

Tel: 01227760199

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 4 and 5 May 2017 and was unannounced. Pilgrims Lodge Residential Care Home provides accommodation and support for up to 26 older people, some of whom are living with dementia. At the time of our inspection 21 people were living at the service.

The previous inspection on 17 March 2015 found no breaches of our regulations although one recommendation was made about ensuring that everyone's safety was taken into consideration when leaving the building in the event of a fire, an overall rating of good was given at that inspection. Although the provider had taken action in response to the recommendation made, further improvement was required around processes should the service need to respond to an emergency situation.

The accommodation is divided into two main living areas and people are free to choose where they wish to spend their time. Both areas have separate lounges and dining areas and there is a small kitchen available where people are able to get drinks and snacks.

The registered manager had de-registered with the Commission in December 2016. 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 service was being overseen by the deputy manager; the provider had not taken appropriate action to employ a new registered manager which is a requirement of their registration.

People were not protected by robust recruitment procedures, the provider could not demonstrate how they ensured the staff they employed were suitable for their roles.

The provider had not developed any contingency plans should there be a disruption in the delivery of the service or if there was an emergency situation. People did not have adequate individual personal emergency evacuation plans (PEEPs) that staff could refer to in emergency evacuations.

Medicine was not robustly monitored or audited to ensure all medicine was accounted for. Not all areas of the service were clean or well maintained, some people's duvets and pillowcase looked very old and worn, and some had holes and stains.

Information relating to people's health had not been kept updated which could impact on the support they received. One person's diabetes management plans were not adequately detailed to guide staff in the management of this health condition.

Since the registered manager had left staff had not benefitted from regular supervision or appraisals to discuss their roles and identify areas they needed further support or guidance in.

It was not well documented how complaints had been responded to or what action had been taken when complaints were received.

There was a lack of oversight and leadership at the service. Feedback was obtained with the view of improving the service, but action was not taken or recorded to demonstrate the improvements that had been made.

There were suitable numbers of staff on shift to meet people's needs. Staff demonstrated a good understanding of how to support people well.

Incidents were recorded and audited to identify patterns. People had their own individual risk assessments according to their needs. Risk assessments had been completed to support people to remain safe.

Staff were trained in safeguarding and understood the processes for reporting abuse or suspected abuse. Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment.

People had choice around their food and drinks and staff encouraged them to make their own decisions and choices.

Staff demonstrated caring attitudes towards people and spoke to them in a dignified and respectful way. Staff communicated with people in a person centred and individual way to meet their own specific needs. People were relaxed and happy in their home and at ease around staff.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The service has now closed and no one currently lives there. The provider is in the process of de-registering the service with The Commission.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were not protected by safe recruitment processes.

Medicine management did not robustly ensure all medicines were accounted for.

Individual plans for emergency evacuations were not adequate. There were no contingently plans for staff to follow in the event of the service being un-operational.

There were enough staff to meet people's needs. Staff understood the processes for reporting concerns about people's safety.

There were detailed risk assessments which were person centred.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff had not received regular supervisions and their competency had not been routinely checked.

People's health care documentation lacked important information.

People were involved in making decisions about their food and drink.

The provider had a good understanding of the Mental Capacity Act and was working within the principles of the Act.

### Is the service caring?

**Good** ●

The service was caring.

Staff spoke to people kindly and treated them with respect and dignity.

People moved freely around their home and had decorated their personal space in their preferred way.

Staff respected people's privacy and encouraged them to make their own choices.

### **Is the service responsive?**

The service was not consistently responsive.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

However, it was not clear what action had been taken in response to complaints that had been logged.

Care plans were person centred and contained information which was important to the person. Each person was allocated a key worker to ensure they received everything they needed.

People were offered various activities within the service.

**Requires Improvement** 

### **Is the service well-led?**

The service was not consistently well-led.

The provider had not attempted to recruit a new registered manager since the previous one had retired. This is a condition of their registration.

The service lacked leadership and good oversight. The deputy manager had been overseeing the management of the service but was struggling to keep on top of this as well as their own duties.

People's feedback was sought so improvements to the service could be made but it was not always clear what action had been taken to improve outcomes for people.

**Requires Improvement** 

# Pilgrims Lodge 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 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 the 4 and 5 May 2017 and was unannounced. The inspection was conducted by one inspector and one expert by experience. The expert by experience had personal experience of caring for older people living with dementia.

Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR) and used this information when planning and undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with three people, two visitors, four staff, the deputy manager, a registered manager from the providers other service and the provider. After the inspection we received feedback from one healthcare professional.

Not everyone was able to verbally share with us their experiences of life at the service; this was because they were living with dementia. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a variety of documents including four peoples support plans, risk assessments, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

# Is the service safe?

## Our findings

A person said, "This place saved me after being in hospital. I feel very safe here. They look after me very well. They treat me as one of the family; I'm like a member of staff. I can come and go as I choose but everything is done for me. I don't have to worry."

People were not protected by robust recruitment procedures. From the three staff recruitment files viewed one staff members' Disclosure and Barring Service (DBS) checks were obtained after their start date. DBS checks identified if prospective staff had a criminal record or were barred from working with adults. Another staff members DBS had been obtained five months after they had commenced work. Although the provider had obtained an Adult First Check which allows staff to work, they must be under constant supervision and not left alone with people. The provider was unable to demonstrate this staff member had continuously been monitored throughout this time and had not been left to lone work. One staff member had received only one reference and another staff members second reference had been received after they had commenced work. The provider's recruitment policy stated references should be obtained from the previous employer plus an additional reference must be obtained before employment commences. The provider could not demonstrate how they assessed the suitability of three staff members' health to determine they were able to complete their role effectively.

The lack of effective and safe recruitment processes is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person's bedroom door had been propped open by a chair; we brought this to the deputy manager's attention as this could pose a risk to people in the event of a fire. They closed the door and said they would ask the maintenance person to attach an appropriate device to the door so it could be propped open safely. People did not have adequate individual personal emergency evacuation plans (PEEPs). PEEPS lacked enough information to inform staff how people should be supported in the event of a fire and consisted of a list of room numbers, with names of the people and non-specific information. For example, 'Room (number), (name of person), walks independently, one carer to divert'. There was no further information to describe how staff should 'divert' or support the person in the event of an emergency. During the inspection the deputy manager proceeded to write PEEPS for people. The provider had not developed any contingency plans should there be a disruption in the delivery of the service or if there was an emergency situation.

The provider had failed to have proper systems and processes in place to protect people in the event of an emergency. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some areas of the service were in need of repair and a deep clean. The Provider said it was not something that they planned to do but would get around to it eventually. For example, the hand rails by the patio doors were broken, paintwork was scuffed, a sink in a person's bedroom was badly cracked, there was a hole in the floor covering in a person's bedroom and there was a build-up of grime and dirt in a bathroom which was difficult to clean due to wear and tear. Some people's duvets and pillowcase looked very old and worn,

and some had holes and stains. A person said, "I brought my own bedding in with me. It's so much nicer".

The provider had failed to maintain a clean environment suitable for purpose. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement around auditing was required to ensure medicines were managed safely. Although most medicines were administered using a monitored dosage system or 'blister packs', some medicine was stored as loose, boxed medicine. The deputy manager said that the pharmacy conducted annual audits of medicines but no other audits were completed in between this time. There was no way of knowing if boxed medicines were correct as some of the tablets were out of sync with the cycle of medicine. It was not possible to know how many tablets should be remaining as no other recorded counts took place. We found one opened topical cream which had a shelf life of three months but this had not been dated upon opening which meant it was not possible to know when the cream should be disposed of.

The provider had failed to have robust management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other medicine practice was safe and medicines were stored securely in a dedicated medicines room. The temperature of the room was checked to make sure that medicines were kept at the right temperature. Medicines were received into the service from a pharmacy each month. The deputy manager checked all medicines to ensure that they matched with the medication administration record (MAR) printed by the pharmacy. The name of the medicine and the person for whom it was prescribed was written on each medication. This helped to ensure that people were given the right medicine as prescribed by their doctor. Staff who administered medicines had been trained in how to do so safely. Their competency in giving medicines was checked on a regular basis to make sure that they did so safely. Staff were observed administering medicines safely.

People had their own individual risk assessments according to their needs. Risk assessments had been completed to support people to remain safe. General risk assessments had been implemented to reduce the risk of people being harmed and staff were able to describe how they supported people to remain safe. Risk assessments identified the risk or hazard, who was at risk of harm, and the existing control measures in place.

Accidents and incidents were recorded and were analysed by the deputy manager for any emerging trends or patterns so that action could be taken to reduce risk of recurrence and further harm occurring. Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment. This included weekly, monthly, quarterly and annual checks on gas appliances, wheelchairs, hoisting equipment, fire extinguishers, electrical installation, call bell system, fire alarms, and emergency lighting.

Staff were aware of their responsibilities in relation to keeping people safe. They knew how to whistle blow and report any concerns to their manager and also to external agencies such as the local safeguarding team or Care Quality Commission (CQC). Staffing was sufficient and flexible to meet people's needs; four staff were available from 8am until 8pm, two care staff were assigned to each area of the service. At night there two wake night staff, additionally two cleaners worked from 8am until 2pm and a cook was employed to prepare meals. People were responded to quickly when they asked for assistance and staff had enough time to engage with people in an unhurried and meaningful way. The deputy manager was on call should staff need support or assistance at any time.

## Is the service effective?

### Our findings

Although there was information in people's care plans relating to their specific health conditions some information lacked enough guidance for staff to refer to. For example, one person's diabetes guidance did not explain specifically what their blood sugar levels should be or what action should be taken if their blood sugar levels read too low or too high. According to the generic diabetic fact sheet staff had access to; the ideal range should be between 4.0 and 7.0. If the person's range should go above 14 or over for three or more consecutive readings it may be necessary to test their ketones (a chemical substance that the body makes when it does not have enough insulin in the blood) and obtain advice from the GP.

Staff took the readings for this person at teatime, readings taken throughout January and February 2017 recorded several days when their sugar levels were particularly high, ranging from 14.5 to 23. It was not clear what action staff had taken, if further readings had been taken or if their GP was informed. This demonstrated poor management of this area. However, the risk to this person was reduced as they were visited by the district nurse each morning who re-tested their blood sugar levels and administered their insulin. During the inspection the registered manager from the provider's other service updated the person's care plan to include this information.

The provider had not designed care and treatment to ensure people's needs were met. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager said that since the registered manager had left, supervisions had not been kept up to date according to their policy which stated staff should receive six supervisions every year. Supervision and appraisal processes are intended to enable managers to maintain oversight and understand the performance of all staff. Supervision is used to ensure competence is maintained, as well as providing a formal forum for discussions about best practice, setting of personal objectives and development plans for staff. This helps to ensure clear communication and expectations between managers and staff. Where needed, supervision provides a link to disciplinary procedures to address any areas of poor practice, performance or attendance. Competency checks were not conducted to ensure staff practice was monitored although staff meetings had taken place which allowed staff time to share any concerns and talk about how they could improve practice in the service. This is an area which requires improvement.

Training consisted of a mixture of DVD and face to face training. Records showed that the majority of staff had completed all their essential training in respect of food hygiene, fire safety, infection control, moving and handling, health and safety and safeguarding although some of this training was now overdue for renewal. Additional specialized training in dementia, conflict management, bereavement, and diabetes training had been completed by some staff.

Although no new staff had recently been employed processes for inducting new staff were in place. Staff who were new to the care industry were required to work towards the completion of the Care Certificate. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

New staff were required to complete the in house development programme which covered knowledge in all aspects of the job and spent two or three shifts shadowing other staff or longer depending on their competency.

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 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 are called the Deprivation of Liberty Safeguards (DoLS). Three DoLS authorisations had been granted and further authorisations had been applied for. The provider was working within the principles of the Act; we saw recorded documentation of how the service had responded to meet the requirements of this law and the needs of the people living there. The service had correctly notified CQC when authorisations had been granted.

At lunchtime, which was the main meal of the day, people were offered two options or could ask for an alternative. On the day of our visit the options were chicken pie or cheese and bacon turnover. A person said, "The food is fine. It's not what you would expect at home but the cook tries very hard to please and there's always plenty of it. They are very accommodating. You can have a cooked breakfast if you want. It's good wholesome food." Jugs of water and squash were left out for people to help themselves to around communal areas of the service which staff topped up regularly, staff offered people hot drinks frequently throughout the day.

Throughout the afternoon the cook asked people if they had enjoyed their meal and asked for any suggestions for the menu. A person said, "He isn't just asking because you are here; he really likes to please and to get good comments about his food! I can go and make tea whenever I want to but I never need to. The staff are always making tea for the residents and there are snacks/biscuits/fruit etc. We are well fed and well looked after". The cook spoke knowledgeably about people's different dietary needs. This included if people required a diabetic diet, if they had any allergies or if they required their food soft or pureed, so that it was easier for them to swallow. Support from the dietician had been sought for people who required this.

## Is the service caring?

### Our findings

A person said, "The staff are lovely and there's always plenty of them. They certainly seem well trained and they certainly know what they are doing. I can't fault them. They work very hard and are a very kind bunch of people".

The service had a warm and open atmosphere. Staff were gentle and patient with people; they knelt down to speak to people in armchairs and often held their hands whilst talking to them. Two visitors said they observed staff being very kind and caring. "They are very patient, I see them dealing with difficult situations and they are very patient. They have to calm some of the residents and they are very good at it."

During the inspection staff continually engaged with people and included them in conversations. They frequently asked people if they were okay and if they were happy or needed any support. Staff spoke to people with respect and dignity and asked for people's consent before acting. For example, when people were given their medicines staff explained what they were being given and were patient for the person to respond. One person smiled and said, "Arghh, the man with the pills!" when their medicines were given to them. When people's hot drink had gone cold staff asked if they would like a freshly made drink. During lunch staff asked people if they would like some help before assisting them with their meals. A staff member sat with a person whilst they ate and described each component of their meal, "This is fish, mashed potato, and peas, would you like a spoon?"

Staff spoke about people in a caring and affectionate way and had a good knowledge of each person's individual needs and preferences. One staff member said, "(Person) interacts well with balloons. I spend time with (person), they respond well to music. (Person) is very interesting, we can chat for ages, and (person) has a very good sense of humour". People could access advocates to support them with communicating important decisions. (An advocate is a person who helps other people make their needs and wishes known).

Some people's bedrooms were decorated in a personal way and they had many objects such as ornaments, photos, and books. One person sat with a teddy bear on their lap for comfort in the lounge. Staff respected people's privacy and asked for permission before entering their personal space, one person had a doorbell and kept their room locked. Staff understood how to communicate with people in ways appropriate to their needs and adapted their approach to be person centred. A staff member described how they communicated with a person when they became agitated and verbally aggressive.

During the inspection people moved freely around the service and the deputy manager had an open door policy so people could stop by the office at any time if they wished to speak to them. One person chose to have their lunch in the library whilst they coloured their book, staff frequently asked the person if they were okay as they passed by. Some people enjoyed to spend time with other people and had formed good relationships. One person took a newspaper clipping of a sports related article to another person as they knew this was of interest to them.

## Is the service responsive?

### Our findings

A person said, "There really isn't much in the way of activities now except the music guy who comes in which I think is once a month. It all varies greatly and there is no programme of activities. Last summer we went out in the mini bus to places like Whitstable or Dungeness, which is lovely but I don't know whether that will happen this year."

Information about how people or visitors could complain was displayed in the service which included details of who to complain to internally and externally and how. A person said, "I would not be worried about talking to the staff members or the deputy manager if I needed to". Although complaints had been recorded it was not possible to see what action had been taken to resolve people's concerns. A complaint had been made in August 2016 but there was no information to demonstrate what action had been taken or if the complainant was satisfied with the outcome. The deputy manager said they were unaware about this as the previous manager would have dealt with it; no new complaints had been made since this entry. The management of complaints is an area that requires improvement.

Care plans were individual and personalised to reflect people's needs. Information covered various aspects of the person's life including personal care, likes, dislikes, particular preferences, risk assessments, social needs and health information. Before people were admitted into the service their needs were assessed and documented in a pre-admission form to ensure the service was able to provide effective support. The information collected formed the basis of their care plan. Care plans were reviewed each month to ensure information was current and staff continued to support people in their preferred way. Staff kept daily records to reflect how people's days had been and included any important information that needed to be handed over to other staff for example if people had eaten and drank well, attended any appointments or had received any visitors.

People had a key worker who took a specific interest in them and to ensure they had everything they needed, key workers were responsible for reviewing care plans and ensuring all of their information was up to date.

There were signs with pictures throughout the service to assist people with needs associated with living with dementia, to find their way around the service. This included signs or pictures on people's bedroom doors and on bathroom and toilet doors. The signage on people's bedroom doors included a picture of the person and also a picture representing what interests they had.

During the inspection some people took part in a holy communion, people appeared to enjoy this a great deal and participated in reading prayers aloud and listening to stories. Some people took part in a yoga and meditation activity. When one person became confused and distressed they were supported well to re-engage with the activity which helped to relieve some of their anxieties. When the yoga session had finished one person said, "Lovely jubbly, that was beautiful". Staff tried to engage people in various games including throwing small bean bags to one another, hoopla and skittles. An activities co-ordinator had previously been employed although the provider did not have any plans to replace this role.

## Is the service well-led?

### Our findings

The service lacked leadership and oversight which was impacting on the quality of the service provision. The deputy manager said they were still learning but was struggling with managing their existing duties as well as the added responsibility of managing the service. A clear understanding of the aims and philosophy of the service was missing. We asked a person if they were asked or involved in any of the decision making about the service or how it is run, they said, "No, but I'm very confident that if I asked for anything, they would do their best to organise it for me. The staff are all very good. The deputy manager is also a senior carer so she's here most of the time. She's very approachable".

The provider said they had not been planning to replace the registered manager who had retired as the deputy manager was doing a good job and so did not see the need. The deputy manager, however, told us that they did not want the responsibility of being the registered manager. The deputy had been covering the managerial and administrative duties of the registered manager's position which meant they had fewer hours to support people.

The provider was unaware that as part of their registration condition they must have a manager registered with The Commission. A staff member said that the deputy manager was lovely and doing a good job but that it had been better with a manager, they commented, "The home ran better with strong leadership". A visitor said, "Standards have dropped since the manager has gone. It is not as clean as it used to be and we see the staff doing what they want to do. For example, they talk and walk through the holy communion service all of the time. That would never have happened when the manager was here".

Although the provider and deputy manager conducted audits to monitor the quality of the service the findings identified from these checks were not always a good reflection of the service. For example, the provider had conducted a visit on the 27 April 2017. They had recorded, 'All rooms are cleaned and refurbished to a satisfactory standard', and 'Staff supervisions are in place along with regular staff meetings'. This did not reflect the findings during this inspection. The deputy manager audited aspects of the service such as health and safety, care plans, and infection control. It was not clear what action was taken to address any shortfalls identified. The deputy manager said they discussed any concerns with the provider but had not recorded the outcomes.

The views of people, staff and relatives were sought through annual quality assurance surveys; on the whole responses were positive. Some of the comments made by relatives included, 'As always, thank you so much for everything you do for my Dad. I know he is safe and well cared for by everyone who looks after him at the home. I never have to worry about him because I know that the staff do so much for him. My Dad is very happy'. Some of the feedback from questionnaires had highlighted some areas of improvement such as improving the appearance of the outside of the service and enabling people to go out more. An analysis and action plan to respond to these recommendations had not been made so it was not clear what action was taken once feedback was received.

The provider's systems for quality monitoring were not always effective and feedback was not acted upon.

This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of their roles and because there had been little staff turnover were consistent in providing care and support to people which met their individual needs. Staff had regular team meetings to raise concerns and suggest improvements in the delivery of care and support. A staff member said, "The staff team are good, there's a good feeling about the place. The deputy is very good, any problems and she sorts it".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not designed care and treatment to ensure people's needs were met. Regulation 9(1)(3)(a)(b)(c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to mitigate risks in relation to proper and safe management of medicines and had failed to have proper systems and processes in place to protect people in the event of an emergency Regulation 12(1)(2)(b)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to maintain a clean environment suitable for purpose. Regulation 15(1)(a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems for quality monitoring were not effective and feedback was not acted upon. Regulation 17(1)(2)(a)(b)(e)(f).
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

**There was a lack of effective and safe recruitment processes. Regulation 19(1)(2)(3)(a)(b)(c).**