

Goldenage Healthcare Limited

Pilgrim Wood Residential Home

Inspection report

Sandy Lane
Guildford
Surrey
GU3 1HF

Tel: 01483573111

Date of inspection visit:
12 July 2018

Date of publication:
13 November 2018

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12 July 2018 and was unannounced.

Pilgrim Wood Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate a maximum of 35 people, some of whom may be living with dementia or have mobility and health needs. There were 29 people living at the home at the time of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People had not been sufficiently protected from abuse. Following a disclosure by a member of staff in May 2018, an investigation took place into the actions of a member of staff. The investigation identified that six people had been affected by verbal abuse. The member of staff responsible for the abuse was dismissed.

The registered manager acted appropriately following the disclosure, notifying the police, the local authority and the Care Quality Commission (CQC). The registered manager also took appropriate action regarding the member of staff who had abused people. However, the member of staff making the disclosure had not reported the abuse as soon as they became aware of it, which had extended the time during which people were at risk of abuse.

Following these incidents, the registered manager had informed people and their relatives of the events that had occurred and the action that had been taken as a result. The registered manager had also reminded staff at a team meeting of their responsibility to report any concerns they had about abuse immediately.

Medicines were managed safely but some documentation relating to medicines management could not be located on the day. We have made a recommendation about this.

People's care was not always provided in line with the Mental Capacity Act (2005). Assessments had not been carried out to determine whether people had the capacity to make decisions about their care. Where decisions had been made by others about people's care, there was no evidence that an appropriate process had been followed to ensure decisions had been made in people's best interests.

The provider and management did not always communicate effectively or maintain an adequate oversight of the service. Some relatives were dissatisfied with the provider's communication with them about administrative issues, such as invoicing. Staff and relatives told us the registered manager was available if they needed to speak with them but said the registered manager did not spend much time 'on the floor'.

The feedback we received indicated that there had been issues between the management and some staff in recent months. We were told that some staff had displayed negative attitudes in their work which affected people's experience of care. Although these staff had left and been replaced by staff with a positive approach, the registered manager had not monitored improvements by observing how staff engaged with people and how they interacted with colleagues.

Quality monitoring checks were carried out but were not always up-to-date or effective in identifying shortfalls. Monthly audits of falls, medicines and infection control were overdue. Previous medicines audits had failed to identify that there were no protocols in place regarding medicines prescribed 'as required' (PRN) or that staff had not followed best practice guidance when transcribing verbal instructions.

There were enough staff on each shift to meet people's needs. People told us they did not have to wait for care when they needed it. Relatives confirmed that there were enough staff to keep people safe when they visited. Staffing numbers were calculated based on people's needs and this calculation was reviewed regularly. The provider operated appropriate recruitment procedures.

Risks to people's safety had been assessed and action had been taken to minimise risks where these were identified. Accidents and incidents were recorded and reviewed. The home was clean and hygienic and staff maintained appropriate standards of infection control. Staff carried out regular checks to maintain the safety of the building and the provider maintained appropriate standards of fire safety. The provider had a business contingency plan to ensure people would continue to receive care in the event of an emergency.

Staff had the induction, training and support they needed to perform their roles. All aspects of mandatory training were included in the induction and refresher training was provided regularly. Staff had the opportunity to meet with their line managers to discuss their performance and development needs. People's needs were assessed before they moved into the home to ensure staff had the knowledge and skills to meet their needs.

People enjoyed the food provided and told us they always had a choice of meals. Relatives said the quality of food was good and told us they were able to join their family members for meals if they wished. People were supported to maintain adequate nutrition and hydration. Their needs in these areas were assessed on admission and kept under review. People who had specific dietary needs had been assessed by a speech and language therapist and a care plan put in place.

Staff monitored people's healthcare needs and supported them to access medical treatment if they needed it. People told us they were able to see a doctor if they felt unwell and relatives said their family members' health was monitored effectively. Healthcare professionals told us the home worked effectively with them. They said staff followed any guidance they put in place and that the registered manager responded appropriately if they raised concerns about people's care.

People told us staff were kind and caring. They said there had been changes in the staff team in recent months but that the consistency of staffing had improved. Relatives told us that staff treated their family members with respect. They said the home had a friendly atmosphere that they valued. People's families were encouraged to be involved in the life of the home and to attend events.

People had opportunities to take part in activities and to go out into their local community. People at risk of social isolation were protected against this risk because they were encouraged and supported to engage with others.

There were appropriate procedures for managing complaints and people told us they felt able to raise concerns. Team meetings took place each month and the registered manager had used these to remind staff of their duty to report any concerns they had about abuse or poor practice immediately. The registered manager had submitted statutory notifications to the CQC when required.

During the inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People had not been adequately protected from abuse.

Medicines management did not reflect best practice guidance.

There were enough staff deployed to meet people's needs.

The provider operated robust recruitment procedures.

Risks to people were assessed and actions taken where risks were identified.

There were plans in place to ensure people would continue to receive care in the event of an emergency.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's care was not provided in accordance with the Mental Capacity Act 2005.

Staff had the training and support they needed to carry out their roles.

People enjoyed the food provided at the home and their views were taken into account when menus were planned.

Staff monitored people's healthcare needs and supported them to access medical treatment if they needed it.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were kind and attentive to people's needs.

The home had a friendly atmosphere that people valued highly.

Staff treated people with dignity and respect.

Good ●

Staff supported people in a way that promoted their independence.

Is the service responsive?

The service was responsive to people's needs.

Care plans were personalised and reflected individual needs and preferences.

People had opportunities to take part in activities and were protected from the risk of social isolation.

There were appropriate procedures for managing complaints.

People's preferences about their care towards the end of their lives were discussed with them.

Good ●

Is the service well-led?

The service was not always well led.

The provider and management did not always communicate effectively or maintain an oversight of the service.

Quality monitoring checks were not always up-to-date or effective in identifying shortfalls.

Staff worked collaboratively with healthcare professionals.

The registered manager had notified CQC and other relevant agencies of significant events when required.

Requires Improvement ●

Pilgrim Wood Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2018 and was unannounced. Two inspectors carried out the inspection. The inspection was partly prompted by safeguarding incidents which had an impact on people using the service and that indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incidents, we did look at associated risks.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed quality monitoring reports following visits to the home by the local authority.

During the inspection we spoke with 10 people who lived at the service and three visiting relatives. We spoke with eight staff, including the registered manager, activities, housekeeping, catering and care staff. We observed the care people received and the interactions they had with staff.

We looked at the care records of three people, including their assessments, care plans and risk assessments. We checked records of accidents and incidents, including falls. We looked at how medicines were managed and the records relating to this. We checked four staff recruitment files and records relating to staff supervision and training. We also looked at records used to monitor the quality of the service, including the

registered manager's audits.

After the inspection we received feedback via email from six relatives and two professionals who had an involvement with the home.

The last inspection of the home was carried out on 22 June 2016 when we had no concerns.

Is the service safe?

Our findings

People had not been sufficiently protected from abuse. Following a disclosure by a member of staff to the registered manager in May 2018, an investigation took place into the actions of a member of staff. The investigation identified that six people living at the home had been affected by verbal abuse by the member of staff.

Having received the disclosure, the registered manager reported the allegations to the relevant authorities, including the police, local authority safeguarding team and CQC. No criminal charges were brought but, following a multidisciplinary investigation and internal disciplinary process, the member of staff responsible for the abuse was dismissed. The member of staff was also referred to the Disclosure and Barring Service (DBS) for inclusion on the DBS barring list. The DBS helps providers ensure only suitable people are employed in health and social care services. Employers in the health and care sector are required to check the DBS barring list before making recruitment decisions to preclude people included on the list from employment.

Although the registered manager acted appropriately following the initial disclosure, the member of staff disclosing the allegations had not reported their concerns as promptly as they should have. This demonstrated that the whistle-blowing training provided to staff was ineffective, as all staff should understand and fulfil their responsibility to report abuse as soon as they become aware of it. It also indicated that the provider had not created an open and transparent culture in which staff spoke up about any concerns they had. The failure of the registered provider to operate effective systems and processes to prevent abuse extended the time during which people were at risk of verbal abuse.

Failure to protect people from abuse and improper treatment was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the safeguarding investigations, the local authority made a number of visits to the home, including unannounced visits, to monitor improvements. The local authority found that the provider had been proactive in working with other agencies, including the local authority, police and other professionals, to improve the safety of people living in the home. The registered manager told us that they had been open with people and their relatives about the safeguarding incidents that had happened at the home. The registered manager said that a meeting for people and their relatives on 14 June 2018 had, "Discussed recent safeguarding events within the home, the action that was taken in respect of the allegations that had been raised and asked for feedback." The registered manager added that, "The minutes were taken in note form so that the general points could be included in our summer newsletter so that every family member will be informed." Further information provided after the inspection advised that the provider would be writing to each resident under their Duty of Candour with an apology and to inform them what actions had been taken to prevent abuse in the future.

All staff had attended safeguarding training and were told about the provider's whistle-blowing policy in their induction. Following the safeguarding incidents, refresher training was provided to all staff. The

registered manager told us they had also spoken to staff about the recent safeguarding incidents at the home at a team meeting. The minutes of this meeting demonstrated that the registered manager had reminded staff of their responsibility to report any concerns they had about abuse or poor practice as soon as they became aware of it. Refresher training in moving and handling had also been provided for all staff following the safeguarding incidents to ensure that staff adopted best practice when supporting people to mobilise.

Medicines were managed safely but we identified some areas in which the provider should improve. Some documentation regarding medicines management could not be located on the day of inspection. These documents included protocols for the administration of medicines prescribed 'as required' (PRN). After the inspection the provider sent us evidence that these documents were in place. The provider's policy required staff to monitor the temperature of areas where medicines were stored each month but some checks had not been completed. One person used patches to manage their condition. Staff recorded 'left' or 'right' when they changed the person's patches to ensure the site of the patch was rotated. However, recording the site of each patch on a body map would have been a more accurate method of recording and reflected best practice.

We recommend that the provider implement relevant professional guidance regarding the safe management of medicines.

Records of medicines administered were up-to-date and audited regularly. There were appropriate procedures for the ordering, storage and disposal of medicines. Relatives told us that staff helped their family members take their medicines when they needed them. One relative said, "They take [family member's] medicines to her and make sure she takes them in a very supportive manner."

The people we spoke with told us they felt safe with staff. They raised no concerns about their treatment by staff who supported them. One person told us, "The staff make me feel safe." Another person said of staff, "They keep an eye on me." People told us staff were available when they needed them and that they did not have to wait for care. One person said, "I don't have to wait for staff if I need them." Relatives confirmed that there were sufficient staff on duty to provide people's care when they visited. One relative said, "I think the staff numbers are good, although they always seem very busy."

The registered manager calculated the numbers of staff needed on each shift based on people's needs. This calculation was reviewed regularly to take account of any changes in people's needs. Staff told us that staffing levels were sufficient to keep people safe and to provide their care promptly. Some staff said staffing levels had recently increased, which had improved people's experience of care. One member of staff told us, "We get more time to spend with the residents now, it's improved."

The provider operated appropriate recruitment procedures. Applicants for employment were required to attend an interview and provide details of their employment history and qualifications. The provider also obtained references, proof of identity, proof of address and a DBS certificate for staff before they started work.

Risks to people's safety had been assessed and action had been taken to mitigate risks where these were identified. For example, one person had been identified as at risk of falling when unaccompanied in their room. The person's electric profiling bed had been lowered and a crash mat installed next to the bed to minimise the risk of harm if the person fell from their bed. A sensor mat had been installed in the person's room to alert staff if the person got out of bed during the night, which enabled them to check on the person's welfare. Another person was at risk of developing pressure ulcers. The person had been assessed as

requiring a pressure-relieving equipment including a mattress and cushion to reduce this risk and we saw this equipment was in use. Accidents and incidents were recorded and reviewed to establish any themes or factors that may have contributed to the event. These reviews were used to identify measures that could be implemented to minimise the likelihood of a similar incident occurring again.

Healthcare professionals told us they did not have any concerns about people's safety. One healthcare professional said they had had concerns in the past but that improvements to standards of care had been made since that time. The healthcare professional told us, "Historically I have raised concerns, but a great deal of change has been implemented and observed since this time. At this time, I do not have any concerns for the residents of Pilgrim Wood." Another healthcare professional said, "From my experience of working at this care home, I have never had any cause for concern on any level regarding patient care or safety. Staff perform safely within their limitations of knowledge."

The home was hygienic and staff maintained appropriate standards of infection control. People and their relatives told us the home was kept clean and fresh. One relative said, "The housekeeping is excellent with a long-term manager who appears passionate and caring toward the residents." All staff attended infection control training in their induction and regular refresher training in this area. There were cleaning schedules in place and these were checked for completion. The Head of Housekeeping carried out monthly audits of cleanliness and infection control. Risk assessments had been carried out for the use of potentially hazardous substances (COSHH products) and these were stored safely. The Head of Housekeeping had improved the laundry system to ensure the appropriate separation of soiled linen.

Staff carried out regular checks to maintain the safety of the building. These included monthly maintenance audits and checks of the call bell system and fire systems. Staff also checked equipment used in people's care, such as hoists, slings and wheelchairs. The provider maintained appropriate standards of fire safety. A fire risk assessment had been carried out and a personal emergency evacuation plan had been developed for each person, which detailed the action to be taken to keep them safe in the event of a fire. The provider had developed a business contingency plan to ensure people would continue to receive care in the event of an emergency.

Is the service effective?

Our findings

People's care was not always provided in accordance with the Mental Capacity Act 2005 (MCA). The 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 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 whether any conditions on authorisations to deprive a person of their liberty were being met.

Two people were being given their medicines covertly (without their knowledge). The decision to administer these medicines covertly had been approved by a healthcare professional. However, there was no capacity assessment to demonstrate that these people lacked the mental capacity to make a decision about their medicines. In addition, there was no recorded evidence of the process followed to ensure the decision was made in the person's best interests. Two people had sensor mats installed in their bedrooms. Whilst these had been installed to keep people safe, there was no evidence that people had consented to the installation of the mats or of a mental capacity assessment to determine whether they had the capacity to make this decision. The local authority identified during a quality monitoring visit that mental capacity assessments were not always decision-specific. The local authority also found that some consent forms had been signed by the 'patient's representative', but it was not always clear whether the representative had the legal authority to give consent or whether a best interests meeting had taken place.

Failure to provide care in accordance with the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had the skills and training they need to perform their roles. Staff attended an induction when they started work which included all areas of mandatory training and shadowing colleagues to learn how people preferred their care to be provided. Refresher training in mandatory areas was provided regularly. The registered manager told us that three staff who had recently joined the team had achieved the Care Certificate. The Care Certificate is a set of nationally-agreed standards that health and social care workers should demonstrate in their everyday working lives. The registered manager said that all staff who had not yet achieved the Care Certificate, or its equivalent, would be required to complete it. Staff had access to one-to-one supervision with their line managers, which gave them the opportunity to discuss their performance and training needs.

People's needs were assessed before they moved into the home to ensure staff could provide the care they needed. The assessments we checked had recorded people's needs in areas including health, mobility, nutrition and hydration, continence, pain management and personal care. People were supported to

maintain good health and obtain treatment when they needed it. People told us staff arranged a GP appointment for them if they felt unwell. Relatives said staff monitored their family member's healthcare needs and ensured they had access to any treatment they needed. One relative told us, "[Family member] has always been looked after well. They refer her to the doctor and they take her to have physio when necessary." Another relative said, "They have always got the doctor to see [family member] if she has been off colour." A third relative commented, "The health care provided by the staff seems to be very good." People's care plans demonstrated that healthcare professionals had been consulted about their care where necessary, including GPs, speech and language therapists, dieticians and hospital consultants.

People enjoyed the food provided and were supported to maintain adequate nutrition and hydration. One person told us, "The meals are very good. We are told what is on and it's always been fine." Another person said, "The food is very good." Relatives told us their family members ate well and enjoyed their food, although one relative commented that the quality of meals decreased if the head chef was not on duty. One relative said of their family member, "She loves the food, she is always asking for extras." Another relative told us, "The food seems good; fresh and varied." A third relative said, "I have not seen breakfast. I have seen and experienced lunch which seems to be a good, substantial meal. The new chef seems to have a lot of forward thinking ideas in order to improve the menu. If the chef is not there the food quality is not as good."

Staff communicated information about people's dietary needs and preferences to the chef. People who had specific dietary needs had been assessed by speech and language therapists and a care plan put in place. For example, one person required a texture-modified diet. We saw that the chef had prepared the person's meal according to the guidelines recommended by the speech and language therapist. The chef had ensured that the meal was presented in an appetising way whilst ensuring that guidelines about texture were followed.

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. They said staff treated them with respect and were attentive to their needs. One person told us, "This is like a home from home. It's fantastic here. The staff do an outstanding job." Another person said, "I've never known [staff] to be anything other than kind. If I want something they bring it to me." A third person told us, "If you need anything, you only have to ask." A fourth person said, "[Staff] treat you like a human being."

People said there had been changes in the staff team in recent months but that the consistency of staffing had improved. One person said of staff, "They do a good job. They used to change a lot but that's getting better now. You'd just get to know someone and someone else would turn up. I like knowing who's who." Another person told us, "There have been some changes but the ones we have now are very good."

Relatives told us that staff were caring and treated their family members with respect. One relative said of staff, "They are helpful and kind." Another relative told us, "Generally the care is good. They look after her very well." A third relative said, "The staff are professional and caring in their approach to both the residents and the families." A fourth relative told us, "All the staff seem to know [family member] well. She had good support to settle in and they made a fuss of her on her birthday, which was nice." A healthcare professional said, "Staff are kind and caring and listen to residents." The healthcare professional added, "Residents are always clean and well-presented and happy."

When asked what the home did well, several relatives highlighted the caring nature of staff. One relative said, "The atmosphere is pleasant and the staff are friendly and caring." A second relative responded, "Care and respect for residents" and a third relative replied, "Makes my mother feel valued." A fourth relative said, "They are extremely caring and respectful. I couldn't ask for a better team of loving and caring people to look after my mother. Although there is change in the team, the atmosphere of care and respect remains."

Several people highlighted the friendly atmosphere as an aspect of the home that they valued. One relative described the home as a "Caring, friendly environment" and another relative said the home was a "Loving and caring community." A third relative said of the home, "It is a friendly homely environment rather than a hotel." A fourth relative told us, "The excellent caring atmosphere is always there whoever the staff are." The atmosphere in the home during our visit was relaxed and inclusive. Staff spoke to people in a respectful yet friendly manner and it was clear that people had developed positive relationships with staff. Staff were proactive in their interactions with people, making conversation and sharing jokes.

People told us that staff maintained their dignity when supporting them. They said they could have privacy when they wanted it and that staff respected their decision if they chose to spend time alone. Staff provided care in a way that maintained people's privacy and dignity during our inspection. For example, they discussed people's personal care needs discreetly and ensured that any personal care required was provided in private. Staff were attentive to people's needs and took time to ensure they were comfortable. They engaged with people in a friendly yet respectful manner, sharing jokes and conversations.

People were supported to maintain relationships with their friends and families. Relatives told us they could visit their family members at any time and were made welcome when they visited. They said they were invited to events at the home and encouraged to contribute to the life of the home. One relative told us, "We are always made extremely welcome. You feel that you are an important part of the home. They will always get you tea and biscuits when you are visiting and you can stay to lunch if you wish. The Family Fun Days also show how valued the families are." Another relative said, "I am always made to feel welcome and appreciated." A third relative commented, "Always a warm welcome when we visit." When asked what the home did well, one relative said, "Puts on public activities which encourages families to attend and interact with their families. I have used these opportunities to get my family together with my mum as I do not take her out of the home. They encourage us to join them for meals and generally staff interact with residents. Some care staff are exceptional and the housekeeping manager is excellent."

People told us staff supported them to be as independent as they wished to be. They said staff respected their wishes if they chose to do things for themselves. One person told us, "They do help when I need it but they're not all over you. They let you do things for yourself if you want to." Another person said, "I'm independent and I like that. Staff arrange a car once a week for me to go to Tesco's so I can buy my bits and pieces of food." A third person told us, "I'm very content because I can do my own thing." Relatives told us staff encouraged their family members to do as much for themselves as they could to maintain their independence. One relative said, "They do what they can to encourage her." A healthcare professional commented, "Residents are encouraged to be independent where possible, but still understanding individual needs."

People had access to information about their care and the provider had produced information about the service people could expect to receive. Information about safeguarding, activities, meals and how to make a complaint was displayed in the home.

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. Care plans had been developed where needs had been identified through the initial assessment process. Each care plan contained guidance for staff about how each person's care should be provided in a way that met their needs and reflected their preferences. Staff took appropriate action if people's needs changed. This included liaising with other professionals to ensure people received the care they needed and reviewing their care plans. Healthcare professionals told us that the care plans they had seen were accurate reflections of people's needs. One healthcare professional said, "All residents have individual care plans and are treated as individuals."

People told us they were happy with the extent to which they were involved in planning their own care. Relatives said they were able to be involved in developing their family member's care plans and to attend care reviews. One relative told us they were consulted about their family member's care plan, "On a regular basis." Another relative said, "The reviews that are carried out show that you have a voice."

Most of the care plans we checked contained information about people's lives before they moved into the home, such as their early life, schooling, employment history, friends and families. Gathering and recording this information enabled staff to get to know people as individuals and to understand what was important to them. However, some care plans did not contain sufficient detail to enable staff to know and understand them as individuals. We discussed this with the registered manager, who agreed to address this. We will check whether this action has been taken at our next inspection.

People had access to activities they enjoyed. The home employed activities staff who arranged a programme of events and outings. People told us they enjoyed the activities and several people said they enjoyed spending time in the garden. One person told us, "I love listening to the music." Another person said, "I love walking out in the garden, through the grass, looking at the trees." A third person told us, "We get out in the garden. We can walk around and enjoy it. We have lovely views."

Some people reported that they preferred not to take part in activities but were aware that these were provided. These people said they had their own interests, which they were able to pursue at the home. One person told us, "I'm not interested in games but that's my choice. I belong to a library and the library lady comes in once a fortnight with some new books for me." People's religious and spiritual needs were met and religious services were held regularly in the home. One person told us, "They have services here which I attend. It's important to me."

Relatives told us their family members had opportunities to take part in activities. They said staff did their best to arrange activities that met people's needs and that families were able to attend some events. One relative told us, "There seems to be plenty for people to do. If [family member] is not involved, that is her choice." Another relative said, "The staff try hard to arrange suitable activities." A third relative told us, "Activities are organised regularly and a good variety of events are open also to families."

People enjoyed the activities that took place during our inspection. A visit from a local school band took place and people were observed to be enjoying the performance. Activities co-ordinators also considered

the needs of people who spent the majority of time in their bedrooms and were thus at risk of social isolation. One of the home's activities co-ordinators arranged group activities and outings whilst the other focused on spending time with people in their rooms. During the afternoon's school visit, the activities co-ordinator ensured that the band visited people in their rooms as well as spending time with people in the communal lounge.

The provider had a written complaints procedure, which detailed how complaints would be managed and timescales for response. Information submitted by the provider reported that there had been three complaints in the previous 12 months, all of which had been responded to and resolved within 28 days.

All the people we spoke with said they would feel able to raise concerns with the registered manager or provider if they were dissatisfied. One relative told us, "I have not had to make a complaint but would definitely feel able to speak to the manager or deputy manager if necessary." Another relative said, "I do not know the formal procedures to make a complaint, however I have the confidence to make contact with the home (and have done so) when necessary."

The registered manager told us nobody at the home was receiving end-of-life care. The registered manager said people's preferences about their care towards the end of their lives were discussed with them and their relatives. Staff told us they aimed to enable people to remain at the home as long as they wished and that they would liaise with appropriate healthcare professionals to ensure people received any specialist care and treatment they needed.

Is the service well-led?

Our findings

The provider and management did not always communicate with people effectively. Some relatives told us the registered manager was available to speak with them when needed and that they were kept informed about important events. One relative said, "I think it is a well-run home. They inform us of any incident or significant updates." Another relative told us, "The manager is available to discuss any personal issues that arise and ensures a warm and caring atmosphere a priority in the home."

However, other relatives told us the provider and registered manager did not always communicate effectively with them. One relative said, "I have not been happy with the management/administration. I do not always feel I have been professionally spoken to on occasions and considering the amount of fees I pay as a customer, I have not felt valued. When I have spoken to the manager/deputy manager, I have concerns that they do not follow things up." The relative gave an example of requesting an appointment for their family member on several occasions that had not been arranged.

Some relatives said they had experienced difficulties when dealing with the provider about the administrative aspects of their family member's care. For example, two relatives told us the provider had not communicated effectively with them when they had queried invoicing arrangements. One relative said, "We did have an issue recently where we were waiting for a response from the owner. The response took a long time and involved a lot of emails but was finally resolved." Another relative told us they had contacted the provider with invoicing queries on a number of occasions without receiving a response. The relative said, "The invoicing is very disorganised and when we queried bills we had no response to our emails."

It was clear from speaking to staff and from some relatives' feedback that there had been issues between the management and some staff in recent months. Staff told us that some staff had displayed negative attitudes or behaviours in their work which negatively affected the atmosphere in the home and thus affected people's experience of care. One member of staff said the resulting tension between these staff and their colleagues and the management had been "Unsettling" for people living at the home. The tension in the relationship between the management and some staff had been noted by relatives at the time, one of whom reported, "I pick up on most occasions when I am there by the atmosphere that some staff are also unhappy with management."

Staff told us that those staff who had displayed these attitudes and behaviours no longer worked at the home. They said new staff had been recruited who had a positive attitude to work and a desire to provide good care. Staff told us this had improved the atmosphere at the home and people's experience of living there. One member of staff said, "It's much better now." Another member of staff told us, "The atmosphere in the team has improved. Everyone supports everyone now." A third member of staff said, "The staff team are a lot more gelled."

Although relatives told us the registered manager had made themselves available if they requested to speak with them, they said they usually did not see the registered manager in the home when they visited. One relative said, "I think we have seen her twice in six months." Similarly, staff reported that the registered

manager was usually available in their office if needed but did not spend much time 'on the floor'. The office used by the registered manager and the deputy manager was in the basement of the home. As people lived on the ground and first floors, this did not enable the registered manager to observe how staff delivered people's care and how they interacted with colleagues and the people they supported. This was a concern given the negative attitudes displayed by some staff in recent months and the effect this had had on people's experience.

Quality monitoring checks were carried out but were not always kept up-to-date or effective in identifying shortfalls. The provider's quality monitoring systems included monthly audits of key areas of the service, such as care plans, risk assessments, falls, infection control, medicines and fire safety. We found that the last recorded monthly audits of falls, medicines and infection control were dated April 2018. In some cases, we found shortfalls in areas that had not been identified through quality checks. For example, medicines audits had failed to identify that there were no protocols in place regarding PRN medicines or that staff had not double-signed when transcribing verbal instructions onto medicines administration records.

Failure to effectively assess, monitor and improve the quality and safety of the services provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Team meetings took place each month. The minutes demonstrated that the registered manager had used these meetings to remind all staff of the requirement to report any concerns they had about abuse or poor practice immediately. The minutes of the June 2018 team meeting recorded that the registered manager had told staff they had a duty to report concerns straightaway, whatever their role or department. The registered manager was aware of their responsibilities in terms of informing CQC when notifiable events occurred and had submitted statutory notifications as required. The registered manager had also worked co-operatively with the local authority when investigating and responding to allegations and concerns.

Healthcare professionals told us the home worked effectively with them. They said the registered manager responded appropriately if they raised concerns about people's care. One healthcare professional told us, "As a visiting professional I have no problems with staff or management regarding communication on a professional level or on instructions to be followed should I have any concerns following my visit." Another healthcare professional said, "I recently discussed concerns raised by a member of my team with the manager at Pilgrim Wood. I can confirm that this was acted on in a timely manner and handled very well."

One healthcare professional told us that they had worked with staff to improve communication between the home and healthcare professionals. The healthcare professional said that previously, "Due to the staff shifts we did not always manage to speak with the same person twice. However, to improve this we have created a communication book to be completed by the carer that we hand over to at the end of every visit so that there is always a chain on communication. This has rapidly improved things." The healthcare professional added, "I have a very good professional relationship with the home."

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 11 HSCA RA Regulations 2014 Need for consent The registered person had failed to provide care in accordance with the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person had failed to establish and operate effective systems and processes to prevent abuse of service users.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to assess, monitor and improve the quality and safety of the services provided.