Pilgrims' Friend Society

Shottermill House

Inspection report

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Date of inspection visit:
07 April 2017

Date of publication:
28 June 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 April 2017. The visit was unannounced.

Shottermill House is a care home providing residential care for up to 31 older people, some of whom are living with dementia. The home is Christian home where worship and prayer are part of daily life. At the time of our inspection there were 27 people living at the service.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the home on 31 March 2017. A new manager was due to start on 10 April 2017.

People and their relatives told us that they felt safe living at the service. Care records contained up to date risk assessments to keep people safe whilst encouraging independence. Risks to people were managed and staff followed guidance in relation to risk.

People were protected against the risks of potential abuse. Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse.

People were supported by a sufficient number of staff to meet their individual needs. The provider had followed safe recruitment practices

Medicines were administered safely and on time. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked.

There were appropriate plans in place in the event of fire. Each person had an up to date Personal Emergency Evacuation Plan (PEEP) which identified what support would be needed to evacuate the home in case of fire.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). People had their mental capacity assessed for specific decisions. DoLS applications had been made and staff had received MCA/DoLS training.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff had undertaken induction training and on-going training as required.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager. Staff received supervision three times a year.

People's dietary needs and preferences were met. Staff monitored people's food and fluid intake when required and made a GP appointment if they had any concerns about people. Records contained information on the food preferences of people and the kitchen staff were aware of these. People who needed support to eat were assisted by staff.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP, mental health team or other health care professionals.

Staff treated people with dignity and respect and were caring. Staff knew people well. They were knowledgeable about people's needs and backgrounds.

People were encouraged to be independent. Care records contained information on people's strengths and what they could do for themselves. Observations on the day showed people were able to be independent as they used communal areas and facilities independently.

People were involved in the running of their home. Regular meetings happened where people could contribute. Relatives and friends were able to visit the home at any time.

Care plans were detailed and contained information on people's lifestyles and preferences. Staff were very knowledgeable about people and what was in their care plans. People and their relatives were involved in developing their care plans. Annual reviews of people's care took place that included the person and their relatives.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required.

People's spiritual needs were met. The home is a Christian home where, 'Collective Christian worship, prayer and support are core parts of daily life.' Daily devotions take place and people are supported to go to places of worship.

People knew how to complain. The complaints procedure was available to people and visitors.

Audits were completed frequently and were thorough. These were carried out by the registered manager and the operations manager. They included cleanliness, records, health and safety, food, activities, consent to care, infection control and medicines. People and those important to them had opportunities to feedback their views about the home and quality of the service they received. An action plan was in place for 2017, this was created through actions identified in audits as well as feedback from people and relatives.

Falls were analysed so that staff could see where falls were occurring and what injuries were occurring. This was to help them identify how to avoid falls.

Staff were involved in the running of the home. Regular meetings took place where staff received important messages and shared good practice. Staff felt supported by management.

The service had a positive culture based on a Christian ethos. We observed this ethos to be present throughout the inspection and the findings from the inspection reflect this.

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 were supported by sufficient staff to meet their individual needs.
People felt safe

Care records contained up to date risk assessments to keep people safe whilst encouraging independence

The provider had followed safe recruitment practices

People were protected against the risks of potential abuse.

Medicines were stored and administered safely and on time.

There were appropriate plans in place in the event of fire.

Is the service effective?

Good

The service was effective.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA).

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager.

People's dietary needs and preferences were met.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP, mental health team or other health care professionals

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

Staff were caring

Staff knew people well. Staff knew how to communicate with people.

People were encouraged to be independent.

People were involved in the running of their home.

Is the service responsive?

Good

The service was responsive

Care plans were detailed and contained information on people's lifestyles and preferences.

People and their relatives were involved in developing their care plans.

People had a range of activities they could be involved in.

People's spiritual needs were met.

People knew how to complain.

Is the service well-led?

Good

The service was well led

Audits were completed frequently and were thorough

People and those important to them had opportunities to feedback their views about the home and quality of the service they received.

Staff were involved in the running of the home. Staff felt supported by the management.

The service had a positive culture based on a Christian ethos

Shottermill House

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 April 2017 and was unannounced. The inspection team consisted of three inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As part of our inspection we spoke with five people, two relatives, six staff and the business manager. We also reviewed a variety of documents which included the care plans for four people, five staff files, training records, medicines records, quality assurance monitoring records and various other documentation relevant to the management of the home.

We last inspected the service on 13 May 2016. At that inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service safe?

Our findings

At our last inspection in May 2016 we found people were not always protected from the risk of harm because risk assessments had not been completed and plans were not in place to minimise risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

People and their relatives told us that they felt safe living at the service. One person said, "Staff are excellent. I have a lovely room and I feel very safe with staff here." One relative said, "I have no concerns; [name of person] has never been mistreated here," and another relative said, "There is no indication of any abuse here."

Care records contained up to date risk assessments to keep people safe whilst encouraging independence. The risk assessments that had been put into place since the last inspection included those for mobility, falls, skin integrity, going out, medicines, nutrition and hydration, choking, mental health, oral, sleeping, continence and keeping safe in the home. Risks to people were managed and staff followed guidance in relation to risk by offering care to people that met their needs and reduced the risk of harm.

The provider had followed safe recruitment practices. Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

People were protected against the risks of potential abuse. Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. Staff members told us they would not hesitate to report any bad practice they witnessed or suspected, and they would report it to the manager straight away. One staff member said, "If I saw abuse I would immediately report it to a senior. I would of course attempt to stop it. If it's the senior I would escalate it." A safeguarding policy and whistleblowing policy were available to staff. There was also safeguarding information displayed in the home. Staff had received safeguarding training.

People were supported by sufficient staff to meet their individual needs. People told us there were enough staff at the service and staff would come very quickly when you pressed the call bell. One person said, "Staff come straight away, nothing is too much for them." One staff member said, "We normally have five carers in the morning and three in the afternoon. This is enough. There is an on call system if we need extra help." The rotas confirmed what people and staff said and we observed throughout the day that people's needs were met in a timely manner. The home was in the process of recruiting three new staff members so agency staff were being used in the meantime.

Medicines were administered safely and on time. One person said, "I take lots of medicines and I always get them on time every day," and another person said, "I get medicines at the time I need them." One staff member said, "Seniors do all medicines. We have all received medicines training. I had to pass a

competency test," and another staff member said, "I have an update in my training for administering medicines; we have to do this every year."

Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines, and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines from the pharmacist. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records (MAR's) during our inspection, and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic, and personalised guidelines about how they received their medicines. We observed a medicines round. We saw the staff member checking photographs before administering to people. This reduces the risk of incorrect administration. The staff member talked to people as they administered the medicines, asking people if they wanted their medicines. MARs were signed after medicines were administered.

There were appropriate plans in place in the event of fire. There was a fire risk assessment. The fire service had visited the home in June 2016 and made some recommendations about furniture storage and fire drills. These had been dealt with. Each person had an up to date Personal Emergency Evacuation Plan (PEEP) which identified what support would be needed to evacuate the home in case of fire. Tests of fire equipment were up to date and regular fire drills were being completed.

Good

Is the service effective?

Our findings

At our last inspection in May 2016 we found people's rights were not always protected because staff had not acted in accordance with the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

Staff worked 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. We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people had their mental capacity assessed for specific decisions. For example one person had their mental capacity assessed for the decision to go out. The MCA assessment identified that the person lacked capacity to make the decision due to being unable to understand or retain the information. A best interest decision recorded involvement from their son, GP and staff.

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 DoLS. The provider had made a number of DoLS applications for people who were unable to go out on their own safely. They kept a record of these.

Staff were aware of the MCA and DoLS and the processes to be followed. They told us they always offer people choice and never do anything without gaining their consent. One staff member said, "You look at whether the person is able to make a decision. You start by assuming they can. We may have to make a best interest decision. It should be the least restrictive one. I offer support to make decisions." Staff had received training in relation to the MCA/DoLS, and were able to describe the procedures to be followed.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One relative said, "I believe they [staff] have the right training, they always know what they are doing." Another relative said, "They had a lot of training last week, so I presume they get it." Staff told us they had undertaken induction training and it included all the mandatory training as required. One member of staff told us that when they first started they shadowed another member of staff for two weeks and they undertook the Care Certificate. This is a nationally agreed framework which sets a basic standard for the skills staff need to have in order to support people safely. Staff also told us they had received all the mandatory training that included safe administration of medicines, moving and handling, food hygiene, first aid and fire safety. One staff member said, "We have just started some on-line training. It's brilliant. We watch a video and answer questions." Training records confirmed this. We saw the training plan for 2017. This included mandatory training as well as training on understanding challenging behaviour and therapeutic activity training for care staff.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager. Staff told us that in supervision they discussed their roles, training requirements and people living at the service. One staff member said, "Every couple of months I have supervision. We talk about training, any issues I want to talk about and any concerns. I have had an appraisal recently with the manager. It was positive. I was given a couple of training goals." Records showed that staff were receiving supervision three times a year and an annual appraisal.

People's dietary needs and preferences were met. One person said, "The food is very good, it is very nice." A second person said, "Since there has been a change of cook the food has been much better, I get choices at every meal." A relative said, "The food is really good, I cannot fault the food." People had two options at each meal. They could also have something else made, such as an omelette or salad, if they did not want either option. The salad was offered at the request of several people. Food was available at night. Sandwiches were available and staff could access the kitchen to prepare something if requested. A staff member said, "We always offer people a choice of food. We support people when they need it, but nearly all can eat independently."

Staff told us they monitored people's food and fluid intake when required, and made a GP appointment if they had any concerns about people. Records contained information on the food preferences of people and the kitchen staff were aware of these. Kitchen staff told us that care staff communicated changes to them and had given them sheets with people's dietary needs and allergies. The food served at lunch time looked and smelled appetising. The lunch time experience was relaxed and unhurried, people had a choice of food and drink, and vegetables were placed on tables in serving dishes so people were able to help themselves. Picture menus were available on each table in the dining room to assist people with dementia to make an informed choice. Because this is a Christian home a hymn 'All good gifts around us' was sang before the meal. One person was supported to eat. The staff member sat next to them whilst providing the support. Others were gently encouraged to eat.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP, mental health team or other health care professionals. One person said, "I see the GP, dentist and optician when I need to." A relative said, "Staff inform me of GP appointments and any changes to my family members' health." People told us that they see all the healthcare professionals when they needed to. Relatives told us that they were always informed about any medical appointments by staff. A visiting health care professional told us that staff always followed their instructions and they looked forward to making visits to Shottermill House. They said, "Staff always make sure people are ready to see me when I visit."

Good

Is the service caring?

Our findings

At our last inspection in May 2016 we found people were not always treated with dignity and respect. At this inspection we found that improvements had been made.

Staff treated people with dignity and respect. A person said, "Staff always knock on my door and wait for me to answer. They close my door when they help me get washed or dressed." A second person said, "Staff always tell me what they are doing when they help me." A staff member said, "I cover exposed parts to preserve their dignity when I help them to wash." Staff told us they promoted people's privacy and dignity through knocking on bedroom doors, attending the personal care needs in the privacy of bedroom with the curtains and doors closed. We observed this to be the case during the inspection.

People told us that staff were caring. One relative said, "The care here is beyond exception." Throughout the inspection we saw Interactions between people and staff were full of kindness and compassion.

Staff knew people well. They were knowledgeable about people's needs and backgrounds. One relative said, "They (the staff) all know [family member] very well." Records contained very detailed life stories. This enabled staff to learn about people's past jobs, places and family histories.

People were encouraged to be independent. Staff told us that people were able to do things for themselves. A staff member said, "We give them a choice of whatever they want to, for example, wash themselves as much as they are able to. We will assist when it is needed." Care records contained information on people's strengths and what they could do for themselves. Observations on the day showed people were able to be independent as they used communal areas and facilities independently.

Staff knew how to communicate with people. Care plans identified how people like to be communicated with. For example one person liked to discuss things in her room over a cup of tea. We saw this happening during our inspection.

People were involved in the running of their home. Regular meetings happened where people could contribute. A residents and relatives meeting held in March 2017 was attended by 18 people and 10 relatives/friends. They discussed the outcomes of the residents survey. This included a discussion about choice of food, quality of food, menu planning and timing of serving. The caterers who commenced on 1 April 2016 attended this meeting. The new activities coordinator was introduced, and changes in the management structure were explained. At the previous meeting in November 2016 items discussed included gardening, changing the caterers, staff changes, newspaper deliveries, seat exercises and prayers.

Relatives and friends were able to visit the home at any time. Visitors were made welcome. This was evident during this inspection. Relatives were greeted, offered drinks and able to have lunch and join in activities with people.

Good

Is the service responsive?

Our findings

At our last inspection in May 2016 we found people's care was not always planned and care was not designed with regard to meaningful activity to meet people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

Care plans were detailed and contained information on people's lifestyles and preferences. They included details on peoples routines, what support people liked to receive when washing and shaving, what brand of toiletries and make-up they liked to use, what clothing and jewellery they liked to wear, where they like to eat their meals, and what they liked to do. Staff told us that care plans were in place for all people and they were reviewed as and when required. Staff were very knowledgeable about people's care and what was in their care plans. For example, they were aware of people's life histories, their likes and dislikes, daily routines and how people preferred their personal care needs to be attended to. They were aware of people's communication needs, eating and drinking and the support they required.

People and their relatives were involved in developing their care plans. People told us they had a care plan and this had been discussed with them. One person said, "Staff discuss my care plan with me, they really do care." A second person said, "I have seen my care plan and staff discuss it with me." Relatives told us they had been involved with developing the care plans and that staff kept them up to date with any changes. A relative said, "We have meetings about the care plan and they involved [name of person] and myself." Another relative said, "Staff talk to me a lot about the care plan. I and [name of person] can make changes to the care plan when we feel it is necessary." Staff told us that annual reviews of people's care took place that included the person and their relatives. Records demonstrated this was the case.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. There was a range of activities available which included quizzes, arts and crafts, poetry, hymn singing, and gardening. There was a greenhouse in the garden with various plants growing that people had been supported to plant. People had knitted scarves and created craft pieces that were sold to the public. The home had links with a local museum who were doing a reminiscence project. They brought in artefacts to stir memories in people. When the project ends, the home will have access to the artefacts for future activities. Staff had also learnt from the museum staff how to structure reminiscence activities. A doctor of music visits monthly and plays to people. They can request songs and they have asked him to play 'The Messiah' at the next visit. Summer outings are planned such as trips to the seaside.

In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. One person records stated 'I enjoy a quiet environment. I sit at the back of the lounge where I can quietly observe day to day activities. I enjoy going for a coffee with family.' We saw evidence that this person regularly went for a coffee. Another person's records said they liked to go out in the garden and read a book. Staff told us she did this most days.

People's spiritual needs were met. The home is a Christian home where, 'Collective Christian worship, prayer and support are core parts of daily life.' Daily devotions take place. These are led by staff, residents and volunteers from the local churches. People being cared for in bed have the morning devotions played to them and are visited by volunteers. A regular fellowship group also meets which people can attend, and people are supported to go to places of worship.

People knew how to complain. Staff told us that they would listen to people's concerns and complaints and they pass them to the registered manager to deal with them. A staff member said, "I would record any complaint and report it to the manager." The complaints procedure was available to people and visitors. There had only been one complaint this year which had been responded to.

Good

Is the service well-led?

Our findings

At our last inspection in May 2016 we found there were not appropriate systems in place to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

Audits were completed frequently and were thorough. These were carried out by the registered manager and the operations manager. They included cleanliness, records, health and safety, food, activities, consent to care, infection control and medicines. The operations manager also carried out a detailed monthly audit. Some examples of improvements made from these include a new vacuum cleaner being bought, pureed food being presented separately, staff being reminded people could choose meals, and medicinal creams being labelled with opening dates.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Surveys are sent out bi-annually by the home and results are analysed by head office. There were no major concerns raised apart from choice of food. We saw evidence that the provider had dealt with these concerns by discussing them with the catering contractor.

An action plan was in place for 2017, this was created through actions identified in audits as well as feedback from people and relatives. It was detailed and covered many areas of the home. Actions had dates for completion. Some examples of improvements made were increasing the activity workers hours so they could increase the activities on offer, and changing the staff meeting agenda so staff had more opportunity to be listened to. The action plan from 2016 was detailed and showed a number of actions completed which included ovens being serviced, repair to a person's bedroom door and the fridges being serviced.

Falls were analysed so that staff could see where falls were occurring and what injuries were occurring. To reduce the risks of falls to people, staff now placed drinks closer to people, used sensor mats to alert staff when people were moving and checked people more often at night time.

Staff were involved in the running of the home. Regular meetings took place where staff received important messages and shared good practice. Staff told us they had quarterly staff meetings where they discussed the quality of care they provided to people, and they could make suggestions about how the home was run. Records demonstrated they discussed care planning, accidents, training, security, the CQC action plan, call bell response and handovers. One staff member told us they had raised a concern about staff punctuality, and since then all staff had arrived on time for their duties. Night time meetings were also held for those staff unable to attend during the day.

Staff told us they felt supported by the management. One staff member said, "I feel supported by the care team leader. She's very responsive. I'm very happy here. We have a good team and we all work hard."

The service had a positive culture based on a Christian ethos. This ethos impacts on everything people and

staff do. Staff are expected to have certain attitudes and practice in a certain way.
This includes treating people in a way that is consistent with the recognition that every person is made in the image of God and has value and dignity, integrity, honesty, compassion and patience. We observed this ethos to be present throughout the inspection and the findings from the inspection reflect this. People choose to live within this ethos and culture and to take part in religious observance and practice.