

# Pilgrim Homes Finborough Court

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 14 October 2014 and was unannounced. The last inspection of this service took place on 08 August 2013 when no breaches of regulations were found.

Finborough Court provides care and accommodation for up to 22 people. Finborough Court specialises in the care of older people including people living with dementia.

There was a registered manager in place. 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.

Staff interacted with people who lived at their home in a caring and professional way. People were supported to attend religious services if they wished to do so. Staff talked with people individually and in groups using photographs to stimulate memories.

# Summary of findings

People living at the service, staff and visitors described the management of the service as open and approachable.

People who used the service felt safe and secure. Most people who used the service felt that it could do with a few more staff. Whilst staff addressed their needs, they did not always have time to chat.

Call bells were answered very quickly. Where people had limited mobility, their call bell had been placed very close to them and within easy reach.

People had their mental health and physical needs monitored. However, it was not clear from the care plans how often people with diabetes were having their blood glucose levels monitored.

Staff had received training in how to recognise and report abuse. Staff spoken with, were all confident that any allegations made would be fully investigated to ensure people were protected.

The service provided training in the form of an induction to new staff and comprehensive on-going training to existing staff. The senior staff of the service were knowledgeable with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had made referrals and worked with the Local authority to support people who used the service with regard to (MCA) and (DoLS).

People who used the service were content with the meals and staff supported people with their food and fluid intake. We saw that risk assessments and resulting plans of care had been recorded in the individuals care record.

People who used the service were consulted about the way in which the service should provide activities for people.

# Summary of findings

## 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 safe.

There were enough skilled and experienced staff to support people. The manager had calculated from the combined assessed needs of the people who lived at the service the number of staff required.

Staff had a good understanding of how to recognise and report any concerns. The service responded appropriately to allegations of abuse.

The service operated a safe and effective recruitment system to ensure that the staff fulfilled the requirements of the respective job descriptions.

Good



### Is the service effective?

The service was effective.

People received care and support to meet their needs, including psychological and spiritual needs.

The registered manager and senior staff were knowledgeable about the requirements of the Deprivations of Liberty Safeguards (DoLS). The service was arranging for all staff to have training in the Mental Capacity Act 2005 and DoLS in the next year.

Staff had received training appropriate to their responsibilities.

The service worked with other professionals such as the GP and dentist to ensure people received the care they required.

Good



### Is the service caring?

The service was caring.

People were supported by knowledgeable and caring staff who respected their privacy, dignity and who knew people individually.

Staff spoke with people in a pleasant, professional and friendly manner and people were not rushed.

People who lived at the home and their relatives were involved in decision about their care from reviews and the running of the home from surveys and meetings.

Good



### Is the service responsive?

The service was responsive.

People received care and support which was personalised to their wishes.

There was no structured activity programme however there was a daily service of worship and individual or group activities were arranged in the afternoon in response to people's wishes.

There was a complaints policy and procedure. People we spoke with told us they would be comfortable to make a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The management team were open and approachable.

The service had effective monitoring systems in place regarding health and safety to ensure on-going improvements.

Peoples care records were reviewed monthly as part of an audit and changes were made as required.

Good



# Finborough Court

## 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 14 October 2014 and was unannounced.

This inspection was carried out by one inspector and one Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise is older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with seven people who used the service, two visiting relatives and six members of staff. They were the registered manager, deputy manager, administrator, handyperson and two care staff. We also received comments from two health and social care professionals. We looked at six records which related to people's care, we also viewed health and safety records including fire and water temperature records regarding the safe running of the service. We used the Short Observational Framework for this Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us they were safe and there were arrangements in place to protect people from abuse. One person told us, "The call bells are answered very quickly, they come straight away." We observed that where people had limited mobility, their call bell had been placed very close to them and within easy reach. One person said: "See for yourself" and pressed their call bell. A member of staff was there within a minute.

People were supported to take everyday risks. We saw that people moved freely around the service including the garden and were able to make choices about how and where they spent their time. One person had decided to get up and come to the lounge, but upon feeling unwell was supported to return to their room by the staff which was their choice.

There were risk assessments in place to enable people to take part in trips out for the day with minimum risk to themselves and others. Staff had worked with people to consider the risks and hazards of their intended activity. One person had been supported by staff to visit a relative and we saw how the visit had been planned together and risks identified and an appropriate plan put into place. A relative said, "They are brilliant with [my relative], I always feel [they are] in excellent hands when I walk out the door, they are ever so kind."

We became aware from talking with people that sometimes people were confused about the environment at night with regard to their own room. Three people told us they had often been disturbed by other people, living with a dementia who used the service, mistakenly coming into their rooms in the middle of the night. They thought they were unable to have their doors locked because of their lack of mobility and only had their doors closed but not locked. They told us that they rang their call bells when this happened and the staff came fairly quickly. The people concerned considered that staff dealt with the situation promptly and in a caring manner for all involved. The people concerned did feel safe due to the prompt actions of the staff.

A person who used the service informed us that. A member of staff had said to one person experiencing these disturbances "We cannot do anything more about this and we cannot be everywhere at once." We raised this with the

registered manager and were informed that this situation was being monitored. It would be possible for people to lock their door and staff would be able to enter, if so required with a master key. With the agreement of the people concerned this option would be put into operation and risk assessments put into place and the agreement recorded in the care plan.

There were risk assessments within each individuals care record. We saw a risk assessment relating to how the service was supporting a person with their mobility. The appropriate equipment had been made available to support and aid the person to maintain as much independence as possible.

The deputy manager informed us that all staff undertook training in how to safeguard adults during their induction period and we saw there was planned and on-going training arranged for the year. The risk of abuse to people were minimised as there was a clear policy and procedure in place to guide staff to protect people.

We spoke with the manager and three other members of staff. They informed us they had received training in how to recognise and report abuse. All were clear about how to report any concerns. In the first instance staff would report to the registered manager or senior staff on duty. However they were aware that they could report directly themselves to the local safeguarding authority, who have responsibility to lead on this. The service had made safeguarding referrals appropriately within the past year. Staff were aware that abuse could occur in different forms, including theft, physical and psychological.

All accidents and incidents which occurred in the home were recorded and analysed. We saw at our inspection that the fire doors were checked to be in working order every week and all fire safety certificates were up to date. We also inspected the records kept for routine maintenance, testing of electrical equipment, manual handling equipment and water temperatures and they were all up to date or within acceptable limits. This meant that the service had steps to provide a safe environment in which people lived.

We looked at the staff rota for day and night duty and saw that the service had a consistent workforce with low turn-over. The registered manager explained to us how the individual dependency levels of people at the service were considered and calculated to determine the number of staff required to be on duty. The impact of not having

## Is the service safe?

enough staff on duty would be that the people who used the service would not be cared for safely. Therefore the registered manager dedicated time to ensuring there were enough staff on duty. Four people who we spoke with felt that the service could do with a few more staff. One person said that whilst staff addressed their needs, they did not have time to chat. Another person said: "They do what needs to be done but are always running off to see to someone else. It would be nice sometimes if the only reason for their visit was just to pop in and say how are you?" Another person said: "Someone helped me to get up and wash this morning, but they didn't have time to stay. They do their job and go." However another person told us: "My key worker always has a chat with me." We discussed this with the registered manager. They told us that the provider was supportive of them when they had increased the staffing as required in response to specific needs.

We saw a member of staff informing people about their medication and asking if they required any pain killing medication. The service had a policy and procedure for the administration of medicines. The medication was stored in a locked room and within this room there was a separate lockable cupboard. This is where the controlled medication

was stored and at this inspection all controlled medication was accounted for, as recorded in the controlled drug book. There was also a lockable refrigerator for the storing of medication that needed to be stored within a refrigerator as per the manufactures instructions. We saw that a record of both the refrigerator and room temperatures were recorded each day to ensure they were within acceptable limits for the safe storage of medication. Records were maintained of medication received into the service and of any disposed. There were regular audit checks of medication by senior staff and we saw training records which informed us that staff had been and were up to date with their administration of medication training. We spoke with the deputy manager about the administration of medication and they emphasised the importance of medication being administered at the correct time. We observed medication being administered at lunch time and tea time. One person told us they were grateful for staff giving them their medication, it was reassuring as they now did not have this responsibility. Another person informed us that the staff had told them about their new medication and it had confirmed, what their GP had told them.

# Is the service effective?

## Our findings

A relative told us. "They know [my relative] very well and it is through their knowledge and competence they knew when they were unwell and to contact the GP." A person who used the service told us. "I would say they [Staff] were effective, in the sense that things run on time, meals, medication and outings." People we spoke with said staff were kindly, understanding and helpful. A visitor told us they had nothing but admiration for the way that the staff treated their relative.

People who did not have the mental capacity to make decisions for themselves had their legal rights protected because the registered manager had received appropriate training. The registered manager informed us that training for the staff in Mental Capacity Act and Deprivation of Liberty Safeguards was being arranged for the coming year. In the meantime the registered manager had informed staff about Mental Capacity and Deprivation of Liberty Safeguards at team meetings. Two members of staff informed us that they were aware that they started from the point that people had capacity to make decisions. When they were unsure they had discussed this with the registered manager or deputy. The registered manager stated that most people were able to make day to day choices, which was supported by our observations and talking with people who used the service and staff. We saw that where this did not apply the appropriate documents regarding the Mental Capacity Act 2005 had been completed. Information had been clearly recorded in the person's care records to ensure all staff were aware of the person's legal status. The service had worked with the local authority to make sure people's legal rights were protected.

There was an induction training programme for new staff and we saw on-going training records and the content of the training for staff to have the skills and knowledge to meet people's needs. The impact of the induction programme was that new staff were supported into their role and given necessary knowledge to provide care and support to people who used the service. Two members of staff told us how they had been supported in their induction with training supervision and encouraged to seek senior staff members for support as necessary.

We spoke to the dementia champion who told us they were passionate about dementia care. They spoke about how everyone is an individual with individual needs, and they

said that they saw their role as speaking up for those who did not have a voice. From the knowledge they demonstrated to us, they knew the people who used the service well and they described how they used observation to tell, when those who could not communicate verbally needed anything or if anything did not appear to be correct

Specialist staff from the local community such as the district nurses and community psychiatric nurses visited the service. They worked with the staff advising upon best practice to support staff through sharing their knowledge to meet people's needs. We were informed by these staff that the service worked well with other professionals, sought advice and acted upon it to make sure people's needs were met. Care records showed that appropriate professionals had been involved in the review of care plans as had relatives. Professionals told us that people were correctly and appropriately involved in their health care and the service responded effectively and quickly as required.

We observed the main meal of the day, which was at lunch time. There is a large dining area, while one person chose to eat in the lounge area in an easy chair. Other people chose to have lunch in their room. We saw where people required physical support from staff to consume their meal this was provided in a dignified and unhurried manner. There was no music or television to detract people from their meal and a person was invited to say grace before the meal commenced. It was a matter of choice for the individuals to join in with the grace, or not. We heard staff informing people about the choices available and chatting with people they were supporting with their meal. The meals were served from the kitchen and people could help themselves or be supported with regard to vegetables and gravy for the main course. Various choices were available for the second course also.

We asked people about the food and they said there was always enough to eat and drink and there were snacks available throughout the day. The choice of that day's food is also advertised on the noticeboard with photographs of the two choices and these can be shown to people who use the service with dementia to enable them to make a choice where necessary.

One person said: "I would like to have boiled potatoes occasionally." They said: "I raised this at a meeting and did get them for a while but it's now back to mashed potato." We spoke with the new cook in post for six weeks and they



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were addressing the matter of increased choice. They were not aware of the boiled and mashed potato situation but would look into the situation. Another person said: “The food is lovely, always home cooked, nice and hot and there is always a choice.” Three residents mentioned the very nice cakes that are now being served at teatime. They put this down to the discussion they had with the new cook, responding to their requests.

Another person said: “The food is excellent, there is always plenty, and if you want seconds, no problem.” One person told us: “I don’t eat fish they know I don’t like it and make sure there is another choice for me when it is on the menu.”

We saw the minutes of the residents meeting at Finborough Court and saw meals were spoken about, regarding menu choices and options. The new cook told us, about the training they had received and the support from the care staff and registered manager. They also spoke about how they had involved and were continuing to involve people with regard to choices of menu. They were considering the introduction of themed meals for countries of the world for people to try as one of the choices available.

Each person had their nutritional needs assessed and met. The service monitored people’s weight each month, or more frequently if so required. All six care records we read showed that people were maintaining a stable weight. We saw that any concerns about a person’s weight, food intake or swallowing ability were referred to an appropriate specialist. This demonstrated that the service had acted effectively in this situation to refer to a specialist and use their knowledge and support for the benefit of the person who used the service.

People had their physical and mental health needs monitored. There were planned reviews and spontaneous reviews of the person’s care in response to situations recorded in the care record. We saw that a sudden deterioration in a person’s condition had triggered a spontaneous review of the care and appropriate changes made to the care plan. During our inspection we looked at the care records of six people. All showed people had access to healthcare professionals, including their own doctor, dentist, and chiropodists plus support from opticians and hearing services as required. Staff supported people to attend medical appointments outside of the service by attending the appointment with them, when asked to do so.

# Is the service caring?

## Our findings

People who lived at the service were supported by kind and caring staff. One person who used the service said: “I wouldn’t want to change to any other home, the carers are like one big family, first class, super, I couldn’t find enough stars to give them a star rating, I couldn’t wish for anything better.”

We saw staff engaged people with activities which stimulated conversation and laughter. We saw staff supporting people in a kind and unhurried fashion. Staff encouraged people to be independent with their mobility, using a walking frame to cover short distances and then supported by staff through the use of a wheelchair to return to their room. Some people found it difficult and others impossible to communicate by speech but we observed from their gestures and smiling they were confident in their reactions to staff.

All staff we spoke with had a good knowledge of the people they cared for. They were able to tell us about the individuals and aspects of their life history. One of the domestic cleaning staff had taken time to get to know people who used the service and we saw them interacting with people individually as they cleaned the rooms, in a very friendly, yet courteous way.

Staff had a good understanding of the needs of people with dementia and encouraged people to make choices in a

way that was appropriate to each individual. People told us they were able to make choices about what time they got up and went to bed. One person said: “When I ring my bell I say, sorry to bother you.” The staff always respond, ‘It’s what we’re here for.’ The Deputy Manager told us: “We spend time with people to get to know people at the assessment stage before they come to the home and continue from there.” This showed that staff took account of people’s abilities when providing care and support to them.

The care plans we looked at showed that people had been involved in the creation and reviewing of the plan. One relative said: “You can see how happy they are, the staff are so good here.” The relative said that staff treated their relative with great respect, especially when assisting with personal care. The relative also confirmed they had attended the care plan review and was happy that the staff kept them informed of events between visits.

People’s privacy was respected. All rooms were single occupancy. This meant that people could spend time in private if they so wished. Rooms we were invited to see had been personalised with people’s belongings, including photographs, pictures and ornaments which all assisted people to feel this is their home. We noted that bedroom doors were always kept closed when people were being supported with personal care.

# Is the service responsive?

## Our findings

We asked people who used the service if they thought the service was responsive to them. One person replied, “Nothing is too much trouble, the staff always help me.” A relative informed us that they were most impressed with the way the staff had detected their relative had become unwell and worked called the person’s GP.

One relative said, “I cannot fault the way they look after my relative.” They also told us, “My relative has been quite unwell and nothing and has been too much for them to work with the doctor and care for my relative.”

Throughout the time of our inspection we saw that staff responded appropriately to people’s needs for support. We noted that people inter-reacted with each other and staff always explained what they wanted to do and asked for people’s consent before taking any action. We saw one member of staff explain to a person they were about to move in a wheelchair, before starting the journey, so that the person was prepared and not shocked by the movement. When we asked one person about staff responding to them. They said, “See for yourself” and pressed their bell. A member of staff was there within a minute

All enquiries regarding using the service were individually responded to determine the person’s need. The service would visit the person to carry out an assessment of need. The registered manager told us, that people were encouraged to visit the service and come for a day or meal on more than one occasion before making a decision to move to the service. We saw that plans of care were written from the assessment and then further developed into a care plan and record with the person in the first few days of coming to the service. One person who used the service said: “They are always asking for our opinions, they really care what we think.”

We saw six care plans and noted that although they followed the same format the plans were individual and personal. The care plans contained information about people’s personal likes and dislikes as well as their needs. The care plans included information about how people communicated and their ability to make decisions about their care and support.

One health and care professional told us, that the service placed a high importance upon training and treating

people with dignity and respect. People that we spoke all felt the service was professional and informative with them about the service prior to them moving. One person informed us this helps with such a difficult decision to move into a home and also to ensure you get the right one. They considered this as time well spent with the service getting to know them and they deciding upon that it was the right home for them.

Each person who lived at the service had been involved with recording their life history. We saw that this identified what was important to people and was further demonstrated as people had personal memory boxes outside their room. The care record contained information about people’s preferred daily routines. This meant that staff were able to provide care that was personal to the individual. The service also operated a key worker system. This system identifies a named member of staff to spend time to get to know the person for whom they are a keyworker and to be involved in their care review. The key worker had the designated time to work with the person and pay particular attention to the care plan being up to date. A keyworker informed us, that knowing the person overcame problems of people having to repeat themselves particularly with sensitive and personal information.

The home had a complaints policy and procedure which was available and within easy access to all people that used the service. People who lived at the service informed us they would have no hesitation in complaining if the need arose. One person informed us that the staff were highly responsive to requests and grumbles and through this attentive approach and care, matters did not escalate to a complaint.

Staff at the service had worked with a person who used the service, family members and local medical professions. As a result of their observations and response to the situation. The person who used the service had received a prompt diagnosis and treatment had begun immediately as a result.

The service had a meeting room for use by family members or visiting professionals and the garden had been renovated and developed so that it was within easy access, with a potting shed and raised planting beds for people to enjoy. At a residents meetings, how to achieve the best use

## Is the service responsive?

the garden had been discussed. The garden development landscaping, improved pathways for access and potting shed had come about as a direct result of engagement with the residents of the service to determine what they wanted.

# Is the service well-led?

## Our findings

A relative told us. “The service is definitely well managed, the manager and deputy have kept me informed about [my relatives] illness and the administration of the care is well organised.” A person who used the service told us. “I like living here because they answered all my questions but I moved in here and what they said was right.”

There was a management structure in the home which provided clear lines of responsibility and accountability. There was a registered manager and a deputy manager in post. The registered manager had supervision with their manager and they were available by telephone for support. The registered manager provided a monthly report regarding aspects and issues of the home for discussion with their manager to discuss and manage challenges and issues. The impact of this report was that the provider and registered manager could work together to resolve problems and to support the smooth running of the service.

We observed that staff had a good knowledge of the people who used the service and people were very comfortable in their presence. The registered manager explained that part of their role was to tour the building each time they were on duty and to have time to check people’s well-being. We saw this was supported by the management team chatting and joking with people who lived at the home and were at ease with each other.

People who lived at the home, relatives and staff described the management of the home as approachable. One health and social care professional confirmed that they were always warmly welcomed when visiting the home. A member of staff told us that the manager and senior staff were approachable and supportive to them.

Staff told us that there was always at least a senior person on duty and this was confirmed by the duty rota. We also

noted that the staff on the rota were consistent, so they were able to build up a knowledgeable relationship with people that lived at the home. A member of the catering staff had recently joined the team and spoke to us about how they had been welcomed and supported into their role. The registered manager explained to us the recruitment process and how staff employed were supported through training, supervision and appraisal. Two staff members (one care, one non care) told us the home was a good place to work and one said: “People who use the service are treated the way I would want my mum to be treated.”

The manager and senior staff carried out effective quality assurance and monitoring systems which had been put into place to monitor care and plan on-going improvements. The maintenance team worked closely with management colleagues carrying out audits and checks in place to monitor safety of the service which included lifting equipment and that water temperatures were within acceptable ranges. We noted how the auditing information was recorded and shared between staff so that action plans to resolve problems as they were identified were clear.

Residents meetings were held every three months. These were advertised on the noticeboard in reception and via the resident’s monthly newsletter. Relatives, advocates and friends were also invited to attend the meetings. We saw that issues raised such as time of events and activities were discussed and planned. This meant the service communicated with people in an open and transparent way and people’s views were recorded, considered and acted upon. There were also regular staff meetings. Staff members told us that there was an open door style of management and they could raise matters freely at any time. Meetings were a valued opportunity to do this so that information could be shared and discussed as a team.