

Pilgrims' Friend Society

Pilgrim Care

Inspection report

Royd Court
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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 ●

Summary of findings

Overall summary

The inspection took place on 30 January 2018 and was announced. The provider was given short notice of our inspection in line with our current methodology for inspecting domiciliary care services. The provider registered with the Care Quality Commission (CQC) in December 2016. This was their first inspection under this new registration.

Pilgrim care is a domiciliary care agency providing personal care to people living in Royd Court, an extra care support scheme. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The service is situated in Mirfield, West Yorkshire. At the time of our inspection there were 20 people using the service.

At the time of our inspection there was 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.

People were safeguarded from the risks of abuse. Staff told us they received training in this area and knew what to look for. They also told us they would report any concerns to their line manager. Risks associated with people's care were identified and appropriately managed. People received their medicines as prescribed. Medicines were managed in a safe way. The registered provider had a safe recruitment system in place to ensure staff employed were suitable to carry out their roles and responsibilities in a safe manner.

Staff were appropriately trained and felt they had the skills and knowledge to complete their job well. Where required, people were supported to maintain a healthy balanced diet. People had access to healthcare professionals if they required their support. Consent was sought in line with legislation and guidance.

People received personalised care which was responsive to their needs. Social activities took place and were arranged by people who used the service and staff. Complaints were dealt with in a timely and effective way.

The registered manager had a clear vision for the service and the staff team were dedicated to delivering a high quality service. Audits took place to ensure the registered providers policies and procedures were being adhered to and changes were made to improve the service where needed.

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.

Staff we spoke with were knowledgeable about protecting people from abuse and knew how to report abuse.

Risks associated with people's care were identified and risk assessments were in place to minimise the risk. Staff were aware of the risks and knew how to support people to minimise them occurring.

Medicines were managed in a safe and appropriate way.

The service had a safe recruitment procedure which included pre-employment checks.

Accidents and incidents were monitored to ensure patterns and trends were identified and action taken to reduce them.

Is the service effective?

Good ●

The service was effective

Staff received appropriate training and support to help them carry out their roles and responsibilities.

The service was meeting the requirement of the Mental Capacity Act 2005.

People who required support with food and nutrition were provided with an adequate diet. Some people chose to use the onsite restaurant and where required staff assisted people to do this.

People were referred to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People were complementary about the care they received and

felt staff respected them and maintained their privacy and dignity.

Staff ensured they knocked on people's doors and waited for a response then proceeded by telling the person who they were.

Staff were committed to providing a service which was based on people's individual choices.

Is the service responsive?

Good ●

The service was responsive.

People received care which was in line with their choices and preferences and responsive to their needs.

People used the communal areas to enjoy social activities and events of their choice.

People felt able to raise concerns and felt they would be taken seriously.

Is the service well-led?

Good ●

The service was well led

Audits were in place to monitor the service delivery, action plans were devices to address any issues raised.

People were given opportunities to discuss the service with the management team.

Pilgrim Care

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.

The inspection took place on 30 January 2018 and was announced. We gave the registered provider short notice of our inspection as we need to ensure someone would be available to assist us. The inspection was carried out by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with other professionals supporting people at the service, to gain further information about the service.

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 spoke with five people who used the service and spent time observing staff interacting with people.

We spoke with two care workers, the registered manager, and the care team leader. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and they all told us they felt safe living at the complex and being supported by the care team. One person said, "Yes, I feel very safe." Another said, "If I need someone I just press this (and pointed to an alarm pendant). They [staff] come and see if I am alright."

We spoke with staff and found they were knowledgeable about how to keep people safe from the risks of abuse. Staff told us that appropriate action would be taken if abuse was suspected. Staff were also knowledgeable about the whistle blowing procedure and would use this to protect people. One care worker said, "I have not had any concerns but we have a policy and procedure to follow and I know we have to report concerns straight away."

Risks associated with people's care were identified and managed appropriately. People's care records included risk assessments where details of any hazards were recorded. They also gave information regarding how to reduce the risk and what control measures were in place to prevent the risk from occurring.

Accidents and incidents were reported and appropriate actions taken to understand how the incident occurred. The registered manager analysed what could be changed in the future to prevent the same incident happening. This included contacting healthcare professionals for advice, such as physiotherapist to gain support when people were at risk of falling.

We looked at systems in place to ensure people received their medicines as prescribed. Care records included information regarding medicines people required. A medication record detailed what medicines had been prescribed and when they should be taken. Staff offered people three levels of support depending on their needs. For example, level one was to advise and prompt, level two to assist people to take their medicines and level three was to administer medicines. We saw risk assessments had been completed to determine which level of support people required.

People who received assistance with taking their medicines had a medication administration record in place (MAR). This showed that people received their medicines as prescribed.

The service made sure there were enough staff available to support people to stay safe and meet their needs. We spoke with people who used the service and they felt staff gave them enough time to complete the tasks needed to support them. One person said, "The staff never rush me. They [the staff] are always patient and kind." Care staff we spoke with felt they were allocated enough time for each call. Staff commented that they worked together well as a team to ensure people were supported appropriately.

The registered provider had a safe recruitment system in place which was used to employ new staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with

vulnerable people.

We looked at three staff recruitment files and found they contained all the relevant checks. We also spoke with staff who confirmed that checks were completed when they began working for the registered provider.

Is the service effective?

Our findings

We spoke with people who used the service and they felt that staff were knowledgeable about how to support them. One person said, "They [the staff] understand my needs." Another person said, "I can rely on the carers, they are very good and know what to do."

The staff team was made up of a team of care workers who had a range of expertise. Staff we spoke with were knowledgeable about their role and told us they received appropriate training to assist them. Mandatory training was completed electronically with the exception of courses such as moving and handling which were practical sessions. Staff also confirmed that they completed several distance learning packages in subjects such as end of life care, safe administration of medicines and common health conditions. Staff found these particularly helpful as they were able to keep the workbooks as a reference. One care worker said, "Training gives you the skills to do the job. You always learn something new that you didn't pick up last time you did the training." Another care worker said, "We can request training that we think would support our role."

Care workers were supported to progress and develop within the company if they wanted to. One senior care worker had started working for the service as a care worker and was given appropriate training to support them to progress.

Staff told us they received regular supervision sessions. Supervision sessions were one to one meetings with their line manager. Staff also received an annual appraisal which looked at their performance and identified any training requirements.

People had access to a restaurant which was in the main communal area of the complex. Some people were supported by staff to access the restaurant whilst others were supported with meals in their own flat.

People were supported to live healthier lives and have access to healthcare services as required. Staff were proactive in referring people to healthcare professionals as the need arose. Care records we looked at detailed when people had seen the GP, district nurse, dentist and optician. The care workers told us they had a good relationship with the local district nursing team who were able to provide support and advice to the staff team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We looked at care records and found they included a section regarding capacity and consent. This detailed what people had consented to and if they had the capacity to consent to care and be involved in decisions about their care.

Is the service caring?

Our findings

People we spoke with were complimentary about the care and support they received. People told us staff were kind and caring and were like friends to them. One person said, "The girls [staff] are very caring and respectful. They call me sweetheart and I like that." Another person said, "The carers are nice, kind and helpful." Another person said, "I am happy to be here. I am looked after very well."

Staff we spoke with were able to explain how they maintained people's privacy and dignity. One care worker said, "I treat all people here as though they were my grandparents, with the same respect and like a big family." Another care worker said, "I chat to people as I am offering personal care so they don't feel embarrassed." Another care worker said, "We make sure we knock on the door and explain who we are before walking in, it's only polite."

We looked at care records and found they included a pen picture detailing information such as the person's preferred name, brief life history and likes and dislikes. This helped the care workers to tailor the support they offered to ensure it met people's preferences.

We observed care workers interacting with people in communal areas and found they were kind, friendly and approachable. People responded well to staff and there was a lot of appropriate and friendly banter shared amongst them.

Staff were committed to providing a service which met people's individual needs. Staff cared about the impact they had on people's lives and wanted to make this as meaningful as possible.

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they felt involved in their care. They told us that staff spoke with them about their support to ensure it was meeting their needs. One person said, "Staff call four times a day and write in the file at each visit." Another person said, "The staff know what they are doing and just get on with it, I like that. They are kind and very nice."

Each person had a care file in their flat which contained their support plan and a record of each visit. It also contained a medication administration record if the person was being supported to take their medicines safely. Care records we saw contained a full assessment of the person's needs and detailed the support they required. Support plans were then drawn up which considered people's needs and abilities to perform daily living tasks. This ensured people remained in control over their care and as independent as possible. Support plans captured people's preferences to ensure care was delivered in line with people's individual choices.

Staff organised a daily activity but people who used the service also provided their own social stimulation and used the communal areas of the service to set up activities. For example, the complex provided a daily devotional meeting, bible studies, film nights etc. Some people were also involved in a weekly choir practice. People we spoke with expressed how happy they were with the social activities that had been set up. One person said, "There is always something going off, it's quite lively here."

The service had a complaints procedure which was available to people who used the service and their relatives. The registered manager kept a log of complaints they had received and evidence that appropriate actions had been taken when concerns had been raised. Complaints received had been dealt with in a timely and appropriate manner.

Is the service well-led?

Our findings

At the time of our inspection there was 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 management team consisted of the registered manager and three senior care workers. Staff we spoke with found the management team approachable and supportive. People who used the service felt able to speak with members of the management team at any time.

The management team completed several audits to ensure the service was working to the policies and procedures of the registered provider. This included direct observations of care workers. This was to ensure the care workers were performing within the expected standards of the registered provider. Other audits included checking record sheets, medication records and people's care and support plans. Any actions noted within the audit process were placed on an action plan and addressed.

In addition to the audits completed by the management team, the operations manager visited the service every month and completed an audit. This included areas such as staff files, service user files, staff working practice, moving and handling, medication, hand washing and the use of personal protective clothing.

People who used the service were able to comment about the service. The registered provider's head office also sent quality questionnaires out to people requesting feedback. This was completed on an annual basis. The management team also visited people who used the service on an annual basis. This gave people the opportunity to discuss any issues with the management team and air their views about the service.