

Goldenage Healthcare Limited

Pilgrim Wood Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pilgrim Wood Residential Home is a care home without nursing for up to 35 older people, including people living with dementia. There were 24 people living at the home at the time of our inspection.

People's experience of using this service and what we found

People felt safe at the home and when staff provided their care. People said staff were always available when they needed them and knew how they preferred their care to be provided.

People received consistent care from a stable staff team who knew their needs well. Staff retention at the home was good and staff supported one another well to ensure people received the care they needed. The staff team had demonstrated admirable commitment during the coronavirus pandemic. Many of the team had moved into the home to minimise the risk of the virus entering the service.

Staff received safeguarding training and knew how to report any concerns they had about people's safety or wellbeing. The provider's recruitment procedures helped ensure only suitable staff were employed.

Standards of fire safety had been improved since our last inspection. When accidents or incidents happened, these were reviewed to identify any actions that could be taken to reduce the risk of harm to people. Medicines were managed safely. Staff maintained appropriate standards of infection prevention and control.

The quality of documentation had improved since our last inspection. This included people's care plans, which were person-centred and contained detailed information for staff about how people's care should be provided.

People were involved in decisions that affected them and staff encouraged people to make choices about their day-to-day lives. People who lived at the home and their relatives had opportunities to give their views at regular meetings.

The registered manager and provider had improved the governance and management oversight of the service. Two deputy managers had recently been recruited to strengthen the home's management team.

Staff received good support to do their jobs and felt valued for the work they did. Staff said the registered manager and the provider were supportive and cared about their welfare. Team meetings took place regularly and staff were encouraged to speak up if they had ideas or concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 December 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pilgrim Wood Residential Home on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pilgrim Wood Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Pilgrim Wood Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We received feedback from five people who lived at the home and three relatives as part of our monitoring activity of the service. We reviewed information we had received about the service since the last inspection,

including notifications and safeguarding records. The provider sent us documentation including audits, training records, reports of quality monitoring visits and the minutes of meetings. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven staff, including the registered provider, the registered manager, a deputy manager, three care staff and the chef. We observed the support people received and the engagement they had with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed records including risk assessments and support plans for three people. We checked accident and incident records and the arrangements for managing medicines.

After the inspection

The provider sent us further information which demonstrated safe recruitment procedures had been followed when employing staff. We spoke with a healthcare professional who had regular contact with the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we identified concerns regarding fire safety. Actions identified as necessary in a fire risk assessment had not been carried out. Accidents and incidents were recorded but were not reviewed to identify any actions that could be taken to reduce the risk of a similar incident happening again. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Action had been taken to improve standards of fire safety. The fire alarm system had been replaced and the work needed to conform to fire safety regulations had been carried out. Staff attended fire safety training in their induction and a fire safety training session, including fire marshal training, was scheduled for the day after our inspection. The home's annual fire risk assessment review took place on the day of our inspection.
- The response to adverse events had improved since our last inspection. Where accidents and incidents had occurred, we saw that these had been recorded and reviewed to identify any actions that could be taken to reduce the risk of a similar incident happening again. Reviews of accidents and incidents considered factors which may have contributed to the event, such as sensory impairment, infections, a lack of awareness of risks and any medication the person took.
- Reviews also recorded what action had been taken following the event, such as any monitoring put in place, who should be informed about the incident, any treatment obtained and whether the person's care plan needed to be amended.
- People told us they felt safe at the home and when staff provided their care. Relatives said staff helped keep their family members safe and responded well if they had an accident or became unwell. One relative told us, "[Family member] had a fall last year and their response was instant. The care and attention she got afterwards was great too. She almost had one-to-one care. All credit to them for the way they managed that." Another relative said, "[Family member] feels safe and comfortable there. It is 'home' for him. That is very important to me."

Staffing and recruitment

- There were enough staff on each shift to provide people's care. People told us staff were available when they needed them and our observations during the inspection confirmed this. Staff said they had enough time to provide the care people needed without rushing them.
- There was a stable staff team and the provider did not use agency staff, which meant people received

consistent care from staff who knew them well. One relative told us, "There is a core of regular staff. They know [family member] very well." Another relative said, "All the staff I have met have been lovely. They seem very caring. They all seem to know what [family member] likes and doesn't like."

- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff were confident in their knowledge of safeguarding and how to report any concerns they had. They were able to describe the signs of potential abuse and the action they would take if they observed these.
- All staff attended safeguarding training in their induction and regular refresher courses. Staff told us they would feel confident to speak up if they had concerns about people's safety or wellbeing. They said they had been given information about whistleblowing, including how to escalate concerns outside the home if necessary. One member of staff told us, "We have done courses about safeguarding and we got told about whistle-blowing."
- Potential safeguarding events had been reported to the local authority where necessary. When requested to do so by the local authority, the registered manager had contributed information to safeguarding investigations.

Using medicines safely

- Medicines were managed safely. There were appropriate procedures in place for the ordering, storage and disposal of medicines. People's medicines profiles contained a photograph, details of any allergies, protocols for the use of medicines prescribed 'as and when required' (PRN) and information about how the person preferred to take their medicines.
- Staff attended medication training, shadowed colleagues and their competency was assessed before they were authorised to administer medicines.
- There were no gaps in recording on the sample of medicines administration records we checked. Medicines were audited internally, and the registered manager had requested an external audit from the home's supplying pharmacy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection, records were disorganised and often out-of-date. Quality monitoring systems were not effective in ensuring action was taken when shortfalls were identified. Staff had not been supported through regular supervision. The provider had not always informed CQC of notifiable events. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The quality and organisation of documentation had improved since our last inspection. The registered manager had taken up their post since the last inspection and, amongst other developments, had improved the quality of care records.
- Care plans were person-centred and set out what people could do for themselves. This meant people were supported to manage aspects of their own care where they were able and wished to do so. For example, if people wished to manage their own oral care.
- Care plans also contained detailed information for staff about people's care needs and how their support should be provided. Staff had access to people's care plans and risk assessments electronically and back-up copies were held in paper form in case of emergency.
- Records demonstrated that any risks involved in people's care, such as the risk of malnutrition, falls or pressure damage, were monitored and reviewed regularly.
- The registered manager and provider had worked well together to improve the management oversight of the service. Effective quality monitoring systems had been implemented and two deputy managers had recently been recruited to strengthen the home's management team. The deputy managers had been allocated lead responsibility for key aspects of the service to improve accountability and oversight of these areas. A staff supervision programme had been developed and one-to-one supervision sessions were scheduled in throughout the year.
- The registered manager understood their responsibilities as a registered person, including the duty of candour, and had notified CQC and the local authority about incidents where necessary. The registered

manager encouraged staff to be honest and open if they made a mistake, which enabled learning to take place when adverse events occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff we spoke with were able to describe people's needs and the support they needed. Staff knew people's preferences about their care and support. A member of staff told us, "I know my residents and what they like. You have to treat them as your family."
- At the beginning of the coronavirus pandemic, many of the staff team had moved into the home to minimise the risk of the virus entering the service. The registered manager and staff team had lived in tents in the home's grounds for seven weeks to ensure people were protected from the virus. This commitment had resulted in recognition for the registered manager and staff by the Great British Care Awards. A relative said of the home's staff, "Their commitment throughout COVID was amazing."
- People who lived at the home and their relatives had opportunities to give their views at regular meetings. Prior to the pandemic these had taken place face-to-face and had continued via video call during the coronavirus pandemic. Relatives told us these were useful opportunities to have their say and to hear from the provider and registered manager about developments at the home. One relative said, "They do residents and relatives meetings every three months. [Registered manager] is always there and the owner is always there. They are very approachable and they are very honest." Another relative told us, "They give us information about what is going on in the home and we get an opportunity to make any comments."
- Relatives told us staff had been keen to understand their family members' family background and what was important to them so they could engage with them effectively. One relative said, "They wanted to know all about [family member's] history and her hobbies so they could talk to her about things she could relate to. That really helped her settle in and she has never looked back." Another relative told us, "[Registered manager] encourages the staff to read about the clients and to get to know them, so they can talk to them about things that matter to them." This was confirmed by staff, one of whom said, "We are encouraged to read the care plans and we get told about any updates [to people's needs]. The care plans are very person-centred."
- Relatives told us staff encouraged their family members to make decisions about their day-to-day lives, which was important to them. One relative said, "[Family member] has always looked well cared for. They give her choices about what to wear. They pay a lot of attention to making sure people have their choices respected." People moving into the home were encouraged to choose the colour scheme and décor of their bedrooms.
- The service had established links with the local community, which had benefited the people living at the home. This included links with local schools and churches, which provided opportunities for people to engage with others and to celebrate their faith.
- Staff said team meetings took place regularly and that they were encouraged to speak up if they had ideas or concerns. They told us team meetings and handovers were important to maintain effective communication. One member of staff said, "We can tell [registered manager] what is on our mind and she will listen. She is very approachable." Another member of staff told us, "We get told about any changes, what is happening. The communication is very important."
- Staff told us they worked well together as a team and supported one another to ensure people received the care and support they needed. They said the registered manager supported them to provide people's care if needed. One member of staff told us, "We are a good team here. We support each other well all the time." Another member of staff said, "[Registered manager] will help us on the floor if we need support with manual handling or even personal care. She is not afraid of hard work."
- Staff felt valued for the work they did. They said the registered manager and the provider were

approachable and cared about their welfare. One member of staff told us, "It's a great environment to work in. [Registered manager] is an amazing manager. If we are off sick, she will call us to make sure we are OK." Another member of staff said, "[Registered manager] and [provider] are very supportive people. They have given me lots of advice and support."

Working in partnership with others

- Care records demonstrated that external healthcare professionals were involved in people's care where necessary, including dietitians, speech and language therapists and mental health professionals.
- The healthcare professional we spoke with told us staff knew the people they cared for well and treated them with respect. The healthcare professional said staff worked cooperatively with them and implemented any guidance they put in place.