

Pilgrims' Friend Society

Shottermill House

Inspection report

Liphook Road
Haslemere
Surrey
GU27 1NX

Tel: 03003031475

Website: www.pilgrimsfriend.org.uk

Date of inspection visit:
07 October 2019

Date of publication:
31 October 2019

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

About the service

Shottermill House is a residential care home providing personal and nursing care to 29 people aged 65 and over at the time of the inspection. The service can support up to 31 people.

Shottermill House accommodates people in one adapted building, spread across two floors. At the time of our inspection a refurbishment programme was in progress to improve the homes décor.

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

We have made a recommendation in relation to the recording of medicines. We have also made a recommendation in relation to the provision of a dementia friendly environment and to ensure mealtimes are person centred.

People received care in a safe and supportive environment. Potential risks were appropriately assessed to mitigate their reoccurrence. The premises were well maintained and monitored. The home was well kept and staff understood their responsibilities in relation to infection control. Staffing levels were reviewed to ensure they met people's needs and staff were safely recruited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received regular training, supervision and appraisal. When people needed to see healthcare professionals they were supported to do so. Although the meal time experience was task based, people enjoyed the food prepared for them.

People and relatives felt that staff were caring and supported them well. Staff knew how to respect people's privacy and supported them to be as independent as they could be.

The care people received was personalised and reflected their preferences. Activities were in place to meet people's needs. Complaints were appropriately responded to, and opportunities were in place to support people with end of life care.

Suitable interim management arrangements were in place to support people, relatives and staff. Quality assurance systems helped to identify areas of improvement. The provider worked alongside other agencies to enhance people's wellbeing

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

Rating at last inspection

The last rating for this service was Good (published 30 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Shottermill House

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.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Shottermill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service since our last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people living at the home and four visiting relatives. We spoke with five members of staff including the business manager, the acting care manager, support workers, an activities co-ordinator and a cook [employed through another company]. We also spoke to a visiting district nurse.

We reviewed a range of records. This included three people's care records and three people's medication records. We looked at four staff files as well as records in relation to the management of the home. This included policies, procedures and quality assurance documents.

After the inspection

The provider submitted further information to validate evidence found. We looked at training data, policies and action plans.

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 Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- We reviewed three people's medicines administration records (MAR) and found that stock balance checks were not regularly taken. Where a new supply of medicines had been received from the pharmacy the balance of any remaining medicines had not always been carried over. Records of people's remaining medicines balance were not always accurately recorded.

We recommend that the provider consider current guidance on stock balance checks and take action to update their practice accordingly.

- Medicines were stored safely in a locked trolley, and an appropriate room when not being administered. People's MAR were suitably signed to show that they had received their medicines.

Staffing and recruitment

- Upon talking to staff they informed us that they felt it would be beneficial to have an additional staff member to support with delivering personal care in the mornings. We raised this with the business manager who told us they had taken action to address this and would introduce an additional staff member for the mornings in the new year.
- Staff were appropriately recruited to ensure that they were safe to work with people. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities in keeping people safe and reporting any allegations of abuse. They told us, "Its protecting everybody within the home from any harm, abuse or neglect" and "We can tell CQC and the local authorities, I would go straight there."
- One person told us, "Yes we are all very safe, the staff look after us with such care. We couldn't have better help." A relative said, "Yes she is safe here, mum was previously in another home but this one is working out much better."
- At the time of our inspection, records showed that there were no current safeguarding concerns.

Assessing risk, safety monitoring and management

- Potential risks to people were assessed to ensure that guidance was in place to mitigate the chance of the risk occurring.

- Care files contained various risk assessments to cover a range of needs. These included mobility and falls, any mental health conditions or behavioural risks.
- Each person had a suitable personal emergency evacuation plan on file to ensure that staff could promptly move them to a place of safety in the event of a fire.
- Premises safety was regularly checked and monitored to ensure that safety was maintained for people living at the home.

Preventing and controlling infection

- Measures were in place to control the spread of infection, including procedures for hand washing and guidance for staff in disposing of used infection control equipment.
- Staff knew of the personal protective equipment they should use telling us "I need to wear my apron and any personal protective equipment (PPE) provided, we have aprons, masks and goggles if we did need them. Anything I use gets taken to the sluice. Wash hands before and after anything I do."

Learning lessons when things go wrong

- The provider took steps to ensure that any incidents were promptly reported and investigated.
- Incident records showed that where people suffered a fall for example, staff reported this as well as seeking medical advice. All incidents were checked by management to ensure they were accountable for reviewing whether appropriate action had been taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- During mealtimes we observed that staff were often task based and not always engaging in meaningful conversation with people. We recommend that the provider review how support is offered during mealtimes to ensure this is person centred.
- The above point notwithstanding, staff were able to convey to us any support people needed to eat or drink. Comments included, "There is a puree diet for a couple of residents, one chooses to have his meat soft and for [person] we have referred to Speech and Language Therapy (SALT) for guidance, they need a lot of encouragement to eat."

Adapting service, design, decoration to meet people's needs

- At the time of inspection planned works were in progress to update the decoration and furnishing of the home.
- We recommended to the business manager that as part of this development the home would benefit from further work to enhance a dementia friendly environment. This included contrasting wall colours, dementia friendly signage and décor to support people to orientate across the home.
- We will review the provider's progress with the environment at our next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home to ensure it was a suitable placement for them.
- Records showed that people's needs were assessed in line with best practice guidance, including the use of the Malnutrition Universal Screening Tool to monitor people's weight monthly.

Staff support: induction, training, skills and experience

- Staff received training in a range of topics to ensure they could meet people's needs. Where a few staff were out of date on their moving and handling refresher, they were removed from this duty until the training was complete.
- Staff spoke positively of the induction process telling us, "With the care role there was two weeks of shadowing and an induction sign off sheet for tasks and competencies." Records showed that staff received regular supervision and appraisal to support them in carrying out their duties effectively.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- A visiting district nurse was positive about the working relationship they had with the home. They told us, "They [staff] would call straight away if there was a new wound or a bandage was wet. They're on the ball with it all" and "If I had to I would put my family member here. I think it's one of the best one's [care home] we've got in our area."
- Records showed that staff were prompt to respond to any changes in people's health conditions. Where one person had recently had a review of their medicines, records showed that staff promptly reported any side effects and liaised with their GP or mental health professional at the soonest opportunity.
- Where people required the support of a chiropodist they visited the home, and people were also supported to register with a domiciliary dentist to support with oral care.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that the provider made suitable applications for DoLS where people were deprived of their liberty. This was done so in a timely manner and records reflected any best interest decisions.
- A relative said, "The staff have a very good attitude in the way they deal with mum. They are polite and courteous but they use gentle persuasion to get her to do things and explain fully what they are doing and what they want her to do."
- Staff told us, "I see it as a safeguard, to ensure that those who lack capacity aren't forced into things and that we act in their best interest" and "Always assume someone does have capacity, listen to what they're saying and any decision they make is up to them; as long as they're safe."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care they received. Comments included, "I think the girls [staff] are really kind. I am so slow with things but they never seem to mind. They chat to me when they are helping me and sometimes we share a little laugh over something" and "The staff are very good, I was struggling at home." A relative told us, "They are very kind to her. They are pleasant, easy to talk to it's the best decision we ever made to bring her here."
- The home followed a Christian ethos, with people needing to be of this faith on admission. Devotions were held every morning, with speakers linked in to people's rooms if they chose to listen there. Religious services were held twice a week in the home.
- We observed thoughtful and tactile interactions between staff and people. Staff ensured they were on a person's level and maintained eye contact when engaging with them.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to share their views in relation to their care.
- Records showed that people were encouraged to share their thoughts on their care as part of regular reviews. Where relevant people's family members or identified important people were also involved in this process.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and maintaining their dignity. Comments included, "Dignity to me is knocking on doors before I go in. Ask if I can come in, you know your residents and what their capabilities are. Always ask if they'd like to be assisted with personal care, allow them to make that choice. Make sure I talk to them, tell them what I'm doing and why" and "If there's an accident in the lounge or corridor, I'll ask discreetly if they want to come with me."
- People were supported to be as independent as they could be. Care plans detailed the tasks that people could carry out for themselves.
- Staff told us, "A lot of people are able to wash their faces, brush their own teeth so that's encouraged. I may pop the toothpaste on and hand it over, or guide their hand. I hold the cup at the bottom when they're drinking, just to support them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that reflected their needs and preferences. Care plans fully detailed the ways in which people wished to receive their care. For example, their daily routine such as waking up time and activities they wished to be involved in.
- A relative said, "A pre-admission assessment was completed before a she moved to the home to ensure her needs and preferences could be met. They do regular reviews of care plans and they invite me to come along. I think it is a good home."
- Where possible, people's life histories were sought. This supported staff to understand people's backgrounds, staff conveyed to us how this supported them to engage with people especially during reminiscence discussions. A staff member said, "We communicate with the families, care plans are reviewed with residents and their families so they're involved in their care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs. Where one person was partially sighted we saw that there was guidance in their care plans in order for staff to communicate through understanding their body language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives were encouraged to visit often, and we saw loved ones visiting people at the home throughout our inspection.
- The provider had made efforts to improve the range of activities they had on offer, employing an additional activities co-ordinator. One person said, "I join in all the activities. Some of them are very good. Our activity co-ordinator works very hard to entertain us. When the Wimbledon finals were on she bought us strawberries for the match with Venus Williams. And we had a party after we'd had the farm day and she had taken lots of pictures which she put on the big screen for us to see. It was lovely."
- One of the co-ordinators told us, "We try things out when planning group activities, talk to people and see what went well. We make sure the whole person is catered for across the week - emotional, spiritual,

cognitive and physical. 1:1's are invaluable, it really helps those that can't or don't want to leave their rooms. We're here for everybody."

- People were able to partake in regular activities including quizzes, religious tv programmes, skittles, bowls and the use of the home's hairdresser. Recent external trips included a donkey sanctuary and a farm trip. Regular volunteers visited people at the home to offer companionship.

Improving care quality in response to complaints or concerns

- A suitable complaints process was in place so that people were able to raise any concerns about the care they received.
- Complaints records showed that any concerns had been responded to in a timely manner, with prompt action taken to remedy any issues raised.

End of life care and support

- At the time of our inspection there was no one being supported with end of life care.
- People's records showed that preferences in relation to end of life care had been sought. This included any end of life wishes, religious requirements or people important to them.
- Staff understood how to support people through their last days. One told us, "Making sure the person's lips are moist, continence needs met, I've had to give personal care after someone passed. We have advanced care plans in place and people are asked for their wishes. One person requested a certain incense smell, they're asked for any bible verses on admission."

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 Good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback about the atmosphere and management at the home was positive. Comments included, "Yes it is a good home, I don't know the manager very well I've never needed to speak to him about anything but he always smiles and says hello if he sees me. It has helpful, friendly staff and they seem to stay so they must look after them properly" and "The home has been without a permanent manager for a while now and I think that's been a shame but the chap in charge is doing quite a good job and the home is quite well run."
- A district nurse said, "It's a general nicer atmosphere." Recent feedback from relatives included, "Very friendly, warm and welcoming" and "Staff and management are fantastic. Always welcoming."
- Staff were positive about the support they received from the current management team. Comments included, "Our Business Manager, he's here Monday to Friday but will pop in at the weekend too. He's very supportive, you can talk to him about anything, very down to earth" and "I'd say it's pretty good, [Business Manager's] been really hands on. [Acting Care Manager] is going above and beyond, as doing senior duties and helping on the floor, as well as care manager responsibilities. They're always offering support and asking how we are, both very kind, caring and understanding"

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

- The provider understood the duty of candour and the importance of being transparent with others, as well as taking on improvements across the service.
- Complaints and incident records showed that the provider promptly identified where lessons had to be learnt, to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although the home was without a registered manager, a new manager had been recruited and was due to start in December 2019. Suitable support arrangements were in place from the Business Manager and a long-term senior acting as Care Manager.
- The provider ensured that regular quality assurance checks were conducted to review the quality of care provision and drive improvements. They had already identified that improvements were needed in the recording of medicines stock balance checks. People's care records were regularly reviewed, as well as

checks of the premises, equipment and people's care experience.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were regularly consulted through feedback questionnaires. The results received from the two most recent feedback surveys were primarily positive.
- Regular residents and relatives meetings were conducted in order for them to provide their feedback on the home. The most recent discussions covered the dining experience, views on spiritual input, activities and raising complaints.
- Staff meetings took place to share best practice examples and any changes to people's needs. They were encouraged to share feedback on working at the home.

Continuous learning and improving care; Working in partnership with others

- The provider took steps to improve people's care experience, including plans for refurbishment, listening to people's feedback about timeliness of personal care in the mornings.
- We reviewed the provider's comprehensive action plan and were satisfied that steady progress was being made to review and make progress across the home.
- The provider worked alongside placing local authorities to ensure placements were suitable, including those receiving care for respite. A range of other healthcare professionals and community organisations supported the ethos of the home. Children visited from the local schools to interact and engage in activities with people at the home.