Pilgrims' Friend Society

Evington Home - Pilgrims' Friend Society

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

Summary of findings

Overall summary

This inspection took place over two days, on 25 September and 1 October 2018. The visit on the 25 September was unannounced and the visit on the 1 October 2018 was announced. This was the first inspection of the service since the provider changed registration with the Commission in September 2017.

Evington Home - Pilgrims' Friend Society 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.

The service can accommodate up to 30 people in one adapted building. At the time of the inspection the service was providing care for 26 people. The Christian faith was at the heart of the service, and fundamental to meeting people's spiritual needs, as this was one of the reasons why people chose to live at the home.

Two registered managers were employed by the provider to manage the service. 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 felt safe and protected from harm and able to raise any concerns regarding their safety. Staff understood how to keep people safe and how to report any concerns regarding their safety or welfare. The service safely supported people with the administration of medicines. Safe recruitment procedures were carried out and there was sufficient staff available to meet the current needs of the people using the service.

Risk assessments addressed the potential risks present for each person and monitoring records were used to manage the risks. These were also used to recognise when specialist advice from other healthcare professionals needed to be sought in response to changing needs.

Systems were in place to question accidents and incidents to learn from them and mitigate the risk of any repeat incidents. The registered managers and the provider analysed these to address areas identified for further improvement.

The premises were kept clean and hygienic so that people were protected from infections that could affect both staff and people using services. Regular checks to the safety of the environmental took place and people had personal emergency evacuation plans (PEEP's) in place, in the event of a major emergency requiring evacuation of the premises.

People were provided with nutritious meals and people identified at risk of losing weight, or those with swallowing difficulties were referred to health professionals for specialist care and advice.

People's needs were fully assessed before moving into the service, and people and relatives confirmed they were involved in the assessments. The service worked and communicated with other healthcare professionals, so that people received effective care and support when moving between different care services.

The principles of the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) safeguards were met. The provider had a system to track DoLS applications and authorisations to identify when renewals were required and to follow up on any outstanding applications.

People and relatives confirmed the staff were kind, compassionate, and friendly. People were encouraged to express their views and make choices. The staff knew the people who used the service well and had built trusting relationships. There was a policy on confidentiality and information about people was shared only on a need to know basis. People's confidential information was stored appropriately.

People spoke positively about the activities provided at the service. People's physical, emotional and spiritual, needs were met. People were supported at the end of their life to have a comfortable, dignified and pain-free death and where possible people were able to remain at the home and not be admitted to hospital.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it; to comply with the Accessible Information Standards. The Accessible Information Standards is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information on how to complain or raise any concerns about their experience of using the service. Complaints that had been received at the service were responded to appropriately.

Effective quality monitoring systems looked at all aspects of the service. A variety of internal audits were used to continuously drive up improvement. The registered managers notified CQC of events as required by law under the registration regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm and staff knew how to provide them with safe care and support. Trained staff ensured people had their medicines when they needed them.

The home was clean and hygienic, and staff understood the importance of following health and safety policies and procedures.

If accidents or incidents occurred staff learnt from these and acted to improve people's safety.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they came to the home. Staff had the training needed to provide effective care and were supported to improve their practice.

Staff supported people to maintain their health and well-being and ensured people's nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005 and people's right to make decisions about their care and support.

Is the service caring?

Good

The service was caring.

The staff treated people with kindness, respect and compassion, and gave people physical and emotional support when they needed it.

People's privacy, dignity and independence was promoted and protected. People were involved in making decisions about their care, and information was available in accessible formats.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

A complaints policy was in place and people knew how to complain if they needed to.

Staff supported people at the end of their lives to ensure they were comfortable and pain-free.

Is the service well-led?

Good

The service was well led.

Feedback from people, relatives, health and social services visitors was used to drive improvements.

The providers and managers carried our regular quality audits on all aspects of the service. They worked with other agencies to ensure people's needs were continuously met.

Evington Home - Pilgrims' Friend Society

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 started on the 25 September and ended on 1 October 2018. The first day of inspection was unannounced, and the second day was announced.

The membership of the inspection team included one inspector and an 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 specific area of expertise was in dementia care. We also used a specialist nurse advisor, and their area of expertise was in clinical governance.

Before the inspection, we reviewed information the provider sent us in the provider information return (PIR). 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 also reviewed other information that we held about the service such as statutory notifications that had been sent to us by the provider. These detail events which happened at the service, which providers are required to tell us about. We also contacted commissioners for any information they held on the service.

We made general observations of people using the service being supported by staff. We spoke with eight people using the service, three visiting relatives, the activity person, three care staff, two qualified nurses, the business manager and the two registered managers. We reviewed the care plans and associated care records for four people using the service. We looked at the recruitment files of three staff, and other documents relating to staff training, supervision and support and the management oversight of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "We are all very safe here, I have no doubts, the staff are extremely helpful and very caring, they're always checking that we are okay." Staff were knowledgeable about how to keep people safe and knew the signs of possible abuse and who to report them to. Records showed they were provided with safeguarding training, which was regularly updated. Records also showed the registered managers took appropriate action in response to safeguarding incidents. For example, they had informed appropriate authorities and other healthcare professionals to ensure communications were open and transparent and people's care was reviewed to minimise any further potential risks.

Risk assessments identified specific risks to individuals, and the actions needed to mitigate the risks to promote people's safety, and independence as far as possible. For example, falls risk assessments identified the moving and handling equipment people needed to mitigate the risks of falling. We saw that people at high risk of falls were referred to the falls prevention team, for specialist advice on mitigating the risks of further falls. We also saw that bedrails were used only when they were assessed safe to use for the person. Records showed risk assessments and associated care plans were reviewed regularly and when people's needs had changed.

During our inspection we saw staff providing people with safe and appropriate assistance to make their way around the home either by supporting them to walk or supporting them in their wheelchairs. Staff had received training to use the moving and handling equipment and we saw the equipment was serviced in accordance with the manufacturer's instructions.

Systems were in place and followed, to question accidents and incidents, to learn from them and mitigate the risk of any repeat incidents. This also included feedback from people using the service, relatives and other healthcare professionals. Records showed the accident and incident procedures were followed by staff and closely monitored by the registered managers.

Staff were recruited following a robust procedure. Records showed the procedures had been followed for all new staff before they started working at the service. The staff rotas showed there was enough staff with varying skills available to provide care and support for people as required. The service employed qualified nursing staff who maintained their professional registration with the Nursing and Midwifery Council.

People's medicines were appropriately managed to ensure they were administered to people safely. The medicines administration records (MAR) showed that people had their medicines at the right time and staff kept appropriate records. People who requested medicines for pain relief on an as required basis were given them when needed. Medicines stored according to the manufacturer's recommendations and when no longer required were disposed of safely under contractual arrangements. The staff confirmed they kept their knowledge and skills on the safe handling and administration of medicines updated and their medicines administration competencies were regularly assessed. We observed people receiving their medicines and found that they were administered in line with best practice guidelines.

The premises were kept clean and hygienic and people were protected from the risk of infection. We observed staff took the necessary precautions to reduce the risks of cross infection when providing personal care and used protective clothing such as disposable gloves and aprons.
Staff received training on infection control procedures and we observed they had sufficient access to the personal protective equipment they required such as gloves and aprons. We also saw that infection control checks and audits were routinely completed.

Regular checks to the safety of the environmental took place, to include the fire system, firefighting equipment, water, gas and electrical system checks. People had up to date personal emergency evacuation plans (PEEP's) in place in the event of a major emergency requiring evacuation of the premises.

Good

Is the service effective?

Our findings

People had their needs assessed before moving into the home to ensure they could be met. The assessment covered people's nursing and personal care needs and preferences, their ethnic origin, first language, and religion, and any cultural needs they might have relating to these or any other areas in their lives. Staff had a good understanding of equality and diversity and supported people with their beliefs.

Staff had the training they needed to provide effective care. This included induction training, followed by a period of shadowing more experienced staff. People told us they felt staff were well trained and felt confident they were supported by staff who understood their needs. The staff said they felt the training they received was good. Records showed all staff completed a range of training courses including health and safety, moving and handling, and safeguarding. The registered managers made sure staff understood their training by carrying out informal competence checks to ensure staff understood their responsibilities and the policies and procedures that were in place.

Staff received regular supervision from the registered managers to review their performance and training needs. Staff meetings also took place, and records of the meetings evidenced that managers and staff discussed the needs of the service and they were used as a forum to cascade information from the provider to all staff.

People had a choice of meals provided by the service. People said they enjoyed the meals and could choose what meals they wanted. One person said, "I like the food, there is always a choice." Another person said, "I enjoy all the meals, I have never seen a bad meal, the ice cream is superb." People with communication difficulties were supported to make choices regarding their food and drink. For example, staff showed them a range of plated meals which made it easier for them to indicate which meal they wanted. Staff ensured that people with specific dietary requirements or preferences had their needs met.

The social aspects of mealtimes played a significant part of the Christian philosophy of the home, as it was the customary practice, to say a grace before meals. One person said, "[Name of person], used to sit on our table, they always said a lovely grace before the meal, but sadly they have passed away, I sometimes say the grace now, I hope I say it as good as [Name of person] did, people seem to like it." We observed lunchtime in the main dining room, there was a relaxed ambience with people quietly chatting over their meal, as soft music classical music played in the background.

People with swallowing difficulties, were referred to the speech and language therapist (SALT), they received soft diets and thickened drinks following the advice received from the SALT. People at risk of weight gain or losses detrimental to their health had their weights closely monitored by staff. People were supported to see their GP and other healthcare professionals when they needed to. The service arranged for GPs to visit the home regularly to review people's and in response to sudden illness.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people had restrictions on their liberty authorised by the local DoLS team and their care plans included instructions on how to support them in line with these. For example, if a person was unable to leave the premises unaccompanied due to risk this was authorised by the DoLS team to ensure people were being cared for lawfully.

Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support. During the inspection we saw staff asking for people's permission before they assisted them. This meant staff were working within the principles of the MCA and seeking people's consent to care and treatment in line with legislation and guidance.

People had personalised their rooms. There was a pleasant accessible garden space for people to use in good weather and communal areas available for people and their visitors to use. We observed people moved around the building independently and with the assistance of staff when needed.

Good

Is the service caring?

Our findings

Christian worship, prayer and support were a core part of daily life at the service. Staff treated people with kindness, respect and compassion. One person said, "The staff are very caring, they have the patience of Jehovah." Another person said, "It is a lovely home, I am very settled." A third person said, "It feels like a family." People said they enjoyed the company of staff and of each other, saying they got on well and respected each other. We saw some visitors from the neighbouring sheltered housing scheme visiting some people living at the home. We observed there was a sense of community belonging and friendships amongst the group and there was a homely and relaxed atmosphere.

People's individuality was respected, and staff responded to people by their chosen name. We heard staff speak politely to people and treat them with kindness and respect. The staff's knowledge of people added quality to people's lives. We observed staff were attentive to people's needs, for example, one member of staff sat with a person reading the bible to them, the person responded by smiling and listening intently.

Staff were mindful of not intruding on people's privacy when they were spending time in the quiet areas, and ensured people were comfortable. We saw that when staff went to people's rooms they knocked before entering. When people had visitors, they could spend time with them in the privacy of their rooms. The service placed no restriction on relative's visiting times. Relatives were confident that their family members experienced the care and support they needed.

Staff respected people's independence by respecting their choices to perform aspects of personal care themselves when they wanted. They also understood the importance of treating people respectfully. Promoting dignity was covered in training, one to one supervision meetings and in group staff meetings. The registered managers and the provider carried out observations of how staff supported people and the findings were shared with staff to celebrate good practice and to identify areas for further improvement.

Information was available on the services of independent advocacy services to support people who were unable to make decisions for themselves and had no relatives to support them. (An advocate is a person that acts on behalf of a person to defend and safeguard the person's rights and have their views and wishes considered when decisions are being made about their lives). However, the registered managers confirmed that at the time of the inspection, no people required the use of an advocate.

Information on people's care was only shared with other health and social care professionals involved in their care. The information was held electronically, and password protected. Staff understood about confidentiality and knew not to share information without people's consent.

Good

Is the service responsive?

Our findings

People receive personalised care that was responsive to their needs. The registered managers advised referrals came through word of mouth and through the local authority system. They carried out assessments of people's needs prior to people moving into the service. People and relatives were fully involved in the assessment process and in putting together individualised care plans.

We saw the care plans reflected people's physical, emotional and spiritual needs, and their individual preferences, hobbies and interests. They included important information on preventing and managing the risks of any deterioration in health, for example, people at risk of poor skin integrity and malnutrition had specific care plans in place and staff closely monitored their conditions. If people were coming home from hospital, the service ensured all the necessary equipment was also in place to support a safe transition. The staff were familiar with the care plans and provided people's care in accordance with their assessed needs and preferences.

If people had protected characteristics under the Equality Act, policies were in place to ensure people were treated equally and fairly. The assessment process also helped to identify when staff required further training before they were able to support people. People had information made available in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, when some people were offered a choice of meals they were shown plated meals to assist them in choosing. Information was made available in large print and picture formats.

The Christian faith was at the heart of the service, and fundamental to meeting people's spiritual needs, as this was one of the reasons why people chose to live at the home. Local pastors, speakers and volunteers visited the service to deliver talks and devotions to meet people's spiritual needs. Morning devotions took place throughout weekdays, worship services took place each Sunday afternoon and monthly communion services took place. People were visited by a variety of local clergy and several churches of various denominations were within easy reach of the home. A team of 'Friends' from local churches also supported and befriended people by visiting on a regular basis.

The service engaged with the community and had regular visits from the Learning for the Fourth Age group. This group works with people in care homes, nursing homes and their own homes to improve wellbeing through learning. Research has shown that learning in the later stages of life can boost confidence, give a more positive outlook on life and delay the onset of dementia. We saw that people using the service had worked with local school children. in creating colourful murals, that were hung on the walls in the communal areas.

The provider used latest research to promote and enhance person centred care. One approach used by the provider was called the GEM approach, this advocated that like different gemstones, people need individualised care and support for them to have opportunities to shine and have a sense of well-being.

They had also developed a dementia care programme called 'The Way We Care'. This programme focused on the whole person, celebrating people as unique individuals, with a capacity for joy and the need to feel connected and engaged in the world and people around them. A member of staff termed a 'Humming Bird' engaged with people, promoting the benefits of small moments to enhance their quality of life. This member of staff said, "I spend time with people, talking to them, for example, [Name of person] was feeling very insecure today. I spent time reassuring her, holding her hand, we talked about her family photos in her room." It was obvious the member of staff knew people very well, they had a cheerful and sensitive demeanour, and their interactions had a positive impact on enhancing people's sense of well-being.

There was a complaints procedure in place and people knew how to complain if they were not happy with the service they received. Records of complaints that had been received at the service demonstrated they were responded to following the providers complaints procedure.
People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in end of life care and were possible people were able to remain at the home and not be admitted to hospital.

The provider used questionnaires and meetings to gather people's views. We saw the responses from the most recent questionnaires. The provider had analysed the results and they were used to make further improvements to the service. For example, people had said they wanted an approved radio station to be played in the communal areas, that played music they preferred to listen to. They also asked for more colourful and sensory flowers to be planted in the garden and the registered managers had acted on these requests. The service had been successful in bidding for a group of young volunteers from the National Citizenship Service (NCS) to choose the service for one of their social action projects. This resulted in the young volunteers, fundraising to buy an array of plants, and plant them in the garden. The NCS volunteers held a picnic in the local park for people from the service to attend. The project was very successful, the NCS young volunteers had said they felt the connections made between the old and young generations was very special. As such, they were eager to continue working with the service and keep in touch with people living there.

Good

Is the service well-led?

Our findings

Two registered managers shared the responsibility of managing the service. 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.

Both registered managers were committed to protecting and promoting the Christian ethos of the home. We observed they knew the individual needs of each person very well, as they were able to speak in detail about people's health, social, emotional needs and preferences. People knew who the registered managers were, they said they were approachable, and the home was well managed. Staff also felt the registered managers were approachable and supportive.

All staff said they received good training and support to do their jobs. The training for all new care staff followed the modules of the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. All staff were committed to the ethos and values set out at the service and felt a pride in working at the service.

The staff were confident if they raised any concerns that appropriate action would be taken to investigate them. The provider carried out staff surveys to seek their views on what it was like working for the service. Staff retention was good as many staff had worked at the service for several years. They were motivated, and their efforts were recognised and rewarded through 'employee of the month' awards. The staff team came from a diverse range of background and all were committed to respecting and promoting the provider's Christian beliefs and values.

The leadership in the home recognised the importance of keeping up with best practice standards, and the registered managers attended conferences and forums to share good practice. The provider had recently commissioned the 'My home life" programme, for all registered managers and business managers as part of their further development. The 'My Home life' programme is an independent UK - wide initiative aimed at promoting quality of life for people receiving care and care staff.

Information was made readily available about the services provided at the home, the provider's complaints, safeguarding and whistle-blowing policies and independent advocacy services. This meant people and relatives had access to information about where to go for advice and support.

The provider and registered managers carried out regular surveys to find out what people, relatives, and professionals thought of the home and whether any improvements were needed. The surveys included questions that asked if people were safe, treated with dignity and respect and had their care needs met. The questions were designed to ensure that the provider would be able to understand about people's experience of the service and identify where improvements could be made. People's responses in the surveys were positive.

The registered managers told us about improvements that had taken place at the service, such as improvements to the electronic care records management system, improvements to the garden, menus and meal presentation.

Systems were in place to monitor the quality of the service. These included a series of audits carried out by the registered managers. The audits covering all aspects of the service. For example, people care plans, medicines administration, meals, nutrition and hydration, to ensure records were accurate and reliable. Audits were used to identify actions that would improve people's safety. For example, falls and incidents audits ensured that people's risk assessments were reviewed, and measures put in place to mitigate the risk of falls and injuries. The results of the registered manager's audits were checked by the area manager. They also carried out their own audits and observations of care practice to ensure high standards of care were being maintained.

In addition, scheduled checks were carried out by the provider and external contractors on the building upkeep, fire, water and gas systems. This ensured people were provided with a home that was well maintained and safe.

The registered managers were open and transparent in sharing information with commissioners and aware of their regulatory responsibilities to notifying CQC of events at the service.