Pilton House Trust

Pilton House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

An unannounced inspection was completed at this service on 11 and 14 September 2015. Pilton House Trust is registered to provider accommodation and support for up to 27 people. The service provides this support to older people and people living with dementia. It does not provide nursing care. At the time of this inspection there were 25 people living at the service.

A registered manager was in post but was about to de-register as she has taken over the role as fund raiser for the trust. The deputy manager had taken over the role as the manager, having day to day responsibility for the running of the service and it is her intention to apply to register with CQC shortly. 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 2014 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and

Summary of findings

to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection, applications had been made to the local authority in relation to people who lived at the service. The manager told us these were waiting to be approved.

People said they felt safe and well cared for. Staff knew people's needs and preferences and had the right training and support to enable them to deliver care safely and effectively. Care and support was being well planned and any risks were identified and actions put in place to minimise these.

People were supported to eat and drink in a relaxed and unhurried way. Respect and dignity were upheld in the way staff worked with people. Staff were kind and compassionate towards people and their relatives.

Healthcare professionals said people's healthcare needs were being well met and the staff team were proactive in seeking advice in a timely way to ensure this. One healthcare professional said ''I have been very impressed with the way this service is working with the person to reduce their medication and ensure their emotional needs are met.''

There were enough staff available to ensure people's needs were being met in a timely way. People spoke highly about the staff group who supported them and we observed care and support being delivered in a kind and compassionate way. Relatives confirmed their views were considered and they were kept informed of any changes in people's needs and wishes.

Recruitment processes were robust ensuring new staff were suitable to work with vulnerable people. New staff received a comprehensive induction to enable them to gain skills and confidence in working in the service and to understand individual's needs.

Staff knew how to protect people from potential risk of harm and who they should report any concerns to. They also understood how to ensure people's human rights were being considered and how to work in a way which respected people's diversity. People were offered a range of activities and consideration was being given to how they could support people to access the local community more. This included having their own minibus to get people out to places of local interest.

The provider ensured the home was safe and audits were used to review the quality of care and support being provided, taking into consideration the views of people using the service and the staff working there. Any complaints or concerns were dealt with swiftly and comprehensively.

The ethos and culture of the service was to promote independence for as long as possible and ensure people were given choices in all aspects of their daily lives. Staff understood and promoted this ethos in the way they delivered care and supported people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Recruitment practices were robust and demonstrated staff were suitable to work with vulnerable people.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report suspected abuse.

Good

Is the service effective?
The service was effective.

People were supported by staff who were trained and supported to meet their emotional and health care needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People were supported to access healthcare services to meet their needs.

People were supported to eat and drink in an unrushed and supported way

Good

Is the service caring?
The service was caring.

People were treated with dignity, kindness and respect.

People were involved in planning their care and support and their wishes respected.

Good

Is the service responsive?
The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Good

Is the service well-led?
The service was well-led.

The home was well-run by the manager who supported the staff team and promoted an open and inclusive culture.

Good

Summary of findings

Systems ensured the records; training, environment and equipment were all monitored on a regular basis. This helped to ensure the service was safe and quality monitoring was an on-going process. The views of people and their relatives were part of this process.

Pilton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 14 September 2015 and was unannounced. On the first day of the inspection the inspector was joined by 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. This expert has direct experience of someone in their family using this type of service.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met with 12 people using the service to gain their views about the care and support they received. We also met with six care staff, the manager and deputy manager. We spoke with four relatives and two health care professionals.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe at this service. One person said "I have never seen anything that worries me....I hear a lot...there is a new lady opposite and she tends to wander ....they come quickly if I call and I have never heard her receiving any harsh words" One visiting relative said ''It is a relief (my relative) is here being cared for and is safe.''

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They were aware of the whistle blowing policy and were confident any concerns would be dealt with swiftly. The manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There have been no safeguarding concerns raised in the last 12 months. One minor concern had been raised by an external agency, which the manager had put actions in place to ensure the mistake which occurred in relation to one person's medicines would be unlikely to occur again.

Staff recruitment files showed that robust checks were completed in line with regulations to ensure new staff were suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked. Their last employer was asked for a reference and the registered manager said where this information had not been forthcoming she would follow up with a phone call. New staff did not start employment until their checks and references were verified.

Staff understood how to work in a way which ensured people's human rights were protected. For example when one person was wandering into other people's rooms, staff ensured they kept a closer eye on the person and checked people had not been upset or disturbed by the person. We observed another person become anxious and upset because someone else was in 'their seat'. Staff diverted their distress with the offer of a drink and a snack. During our inspection one person said they wanted to be able to open their window further than the window restrictor would allow. The manager was proactive in seeking a solution to this. This showed people's rights were considered and protected.

Risks assessments were in place and were up to date for people's physical and mental health needs. For example, people at risk of falls had been assessed by healthcare professionals and walking aids had been supplied. Where people were assessed as being at risk of developing pressure damage, equipment was in place and staff were vigilant in monitoring people's skin to help prevent any pressure damage. For example people had pressure relieving cushions and mattresses. People were encouraged to change positions where they had been sitting in one spot for a long period.

Where people were at risk of deteriorating mental health, the manager was in close liaison with the community psychiatric nurse and other healthcare professionals to ensure the risks were reduced and people were supported with medication if needed, but also with emotional support.

There were enough staff on duty for each shift to meet people's needs in a timely way. Staff confirmed the staffing levels had recently increased and included one shift leader plus at least five care staff per shift. The manager said they try to aim for six or seven care staff per shift. They were supported by a cook, kitchen assistant, housekeeping staff and two 30 hours per week activity coordinators. In addition there was the manager and the deputy manager who worked mostly supernumerary to the care staff. At night there were three waking night staff to provide care and support to people. The rotas showed the staffing levels were consistent and they did not have to rely on agency staff. Where sickness or holiday cover was needed, existing staff filled these gaps. Staff confirmed they were happy to help out with any gaps in the rota and one staff member described the service as ''A great place to work, we don't mind helping out if we can.''

Medicines were well managed and people received their medicines at the time it was prescribed. Records for medicines were completed appropriately and consistently. Medicine records matched the prescribed medication totals in the home and where appropriate staff had double signed entries to help prevent possible errors. There were no protocols for medicines which were not prescribed for daily administration (PRN). However when we returned on the second day of the inspection, these had been completed. They included what staff should try before considering administering a medicine, which might include directing staff to offer other options such as a hot drink, a chat, and some quiet time in their room. A signature list for staff administering medicines was in place to help with auditing staff practice. Audits were completed monthly and any actions needed were highlighted to staff to action.

Good

Is the service safe?

Each person had a personal evacuation plan in the event of a fire and fire risks had been fully considered, together with regular checks on fire equipment, training and evacuation procedures. Maintenance records were up to date, and safety checks were completed by the manager and maintenance person on a weekly and monthly basis to ensure the environment was safe and well maintained.

Good

Is the service effective?

Our findings

New staff were required to complete an induction programme which followed the new nationally recognised care certificate. This ensured new staff had a comprehensive induction covering all aspects of care. The manager confirmed two members of staff had been given the information to follow to complete the care certificate within a 12 week period. Before starting as part of the staff team, newer members of staff were given two weeks shifts to work alongside more experienced staff so that they had an opportunity to get to know people's needs and the operational ways of working in the service. The manager said if new staff did not appear confident after this initial two weeks of shadowing experienced staff, she would extend their induction.

People were supported to have their needs met by staff who understood them. Staff were given training and support to provide care and support effectively. Training included all aspects of health and safety as well as more specialised areas such as understanding dementia, diabetes and other specific healthcare conditions. Staff confirmed this training was ongoing and they had found it valuable in understanding people's needs. One staff member said ''The training here is better than I have had in other places, I feel they really value the staff and want us to have good training.'' Staff also confirmed they had regular one to one supervision with the manager. This was an opportunity for them to discuss how their role was going and identify any training needs they may have. One staff member said ''The manager is very proactive and is turning this place around. She really cares about the people and about us staff.'' Records of supervisions confirmed this support was being offered and staff signed to say they agreed with what had been discussed.

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Deprivation of Liberty Safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The manager advised deprivation of liberty safeguards applications (DoLS) were in the process of being looked at by the local authority. Care staff confirmed they had completed training in this area and did understand the principles of ensuring people were given choices and where possible consent gained. However, staff were not always sure which people may need a DoLS or how this safeguard worked in practice. The manager said they were about to hold training sessions on care planning as they had moved to using electronic records, and she would ensure they spent some time looking at MCA and where people's liberty may need to be restricted.

Where people had been assessed as lacking capacity to make their own decisions, it was clear the service had consulted with their families and any other healthcare professionals in order to make a best interest decision.

People were supported to eat and drink to ensure they maintained good health. Meal times were relaxed with staff supporting people in a discrete and thoughtful way. People were complimentary about the meals. One said "The food is quite good...plenty of it. They know your preferences and you get a choice.....there is a menu on the wall but it is a bit high and I can't read it but I can ask someone." Another said "I had a choice of spuds....the food is good they know what you don't like so they never offer it". Staff said if someone was sleepy or didn't wish to eat their meal at lunchtime, they would put it away for later. Staff also told us they could offer a range of snacks at any time. We saw one person having a crumpet at 11 am for example. The cook knew people's likes and dislikes, special diets and how to fortify foods with extra calories if people were at risk of losing weight.

Care records showed that health care needs were closely monitored and where needed healthcare professionals were called for advice and support. Two healthcare professionals confirmed that they were contacted appropriately for advice and support when needed by the care team at this service. One said ''I have been very impressed with the way this service is working with the person to reduce their medication and ensure their emotional needs are met.'' Another said ''They always take

Good

Is the service effective?

up any advice and support; they are proactive in monitoring people's healthcare needs and always have everything ready for when we visit. They have even made a small treatment room for us to use.''

Good

Is the service caring?

Our findings

People and their relatives were confident that all the staff team who worked with them were caring in their approach and upheld people's respect and dignity. One person said "The carers are gentle....they are pretty good". Another commented "Good staff, we get on fine...they do the job properly and my requests have never been refused". Two relatives said they felt staff were very caring toward their relative but also towards visiting family members. One relative said ''I was worried when my relative moved here but the staff have been so kind and caring, I wished I had made the decision earlier.''

Staff understood the importance of offering people choice and respecting people's wishes. Staff ensured that in their everyday practice, they treated people with dignity and respect. For example, ensuring people had support to do the things they were unable to do for themselves whilst maximising independence in activities of daily living. Care plans centred on what people could do for themselves instead of what they could not do. Staff offered support when needed but allowed people time to try tasks for themselves, such as managing aspects of their own personal. Staff confirmed they had time to be able to offer support in an unhurried way, ensuring they gave each person enough time and did not rush personal care. We observed examples of staff providing support in a kind and considerate way.

Staff were respectful when they spoke about how they supported people living at the home. They referred to people by their preferred name. They knew people's preferences and showed affection towards people. For example when discussing one person who had been through a period of ill-health, staff described them in a positive way and showed empathy for their agitation and distress. Staff knew about people's past life and who was important to them. This showed they respected them as people.

At lunchtime we observed staff trying to gently rouse one person several times. This was done in a very gentle way and when the person did not respond, the staff agreed it was best for them to have their lunch later. We observed another staff member talking with someone about what they wanted for lunch. The person was struggling to make a choice and the staff member came back twice to support them with this. One healthcare professional said ''Staff here show a great deal of patience and understanding.''

Good

Is the service responsive?

Our findings

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly by care staff. This meant staff knew how to respond to individual circumstances or situations. The care records were stored electronically and staff were getting used to this new system of care planning. In the interim, paper copies of care plans were also available to staff to refer to. Plans were clearly laid out for easy reference and included what was important to each person and how staff should provide the care and support needed. The service used the document 'This is me' which is used to give people the opportunity to document information about their life history, people and events which were significant to them and what they enjoyed doing before they came to the service. This helped staff gain a greater picture of people's diversity and individuality.

People said care was responsive to their needs. For example people agreed the call bells were answered within a reasonable time. One person said "I have a copy of my life history [which was prepared with staff] it's all in a folder". Another said "They will look after you in your room, everything is very comfortable".

Staff described ways in which they were responsive to people's needs in their approach. For example if someone was feeling low in mood, staff offered to take them out for a walk or shared some kind words and offered a hug. One relative described staff as being observant to people's moods and thought they offered people the ''Right level of support.''

We observed people being offered choices throughout the inspection . Staff were responsive to people's need to have time to understand what was being asked of them. The menu was pinned up in the dining area and pictures were used as well as words to help people make choices about the food and snacks they wished to have. Signage around the home was visible and included pictures to assist people who may be living with dementia and needed this type of cue to assist them to find the toilet or lounge. People's bedroom doors had their names and a photo as an aid memoire.

There were a range of activities offered throughout the week and on one day of the weekend. These mostly included group activities, although some one to one time was spent with individuals, for example hand massages and painting nails. On the first day of the inspection there was Bingo, Aromatherapy, jigsaws, painting and walks round garden. We were told there were also pet therapy visits and some singers who came in on a regular basis to provide paid entertainment. For people who remained in their own room most of the time, the activities coordinator said they would offer a DVD or crossword. The manager said they needed to think about how they could engage with people who chose to spent time in their room to help prevent social isolation. She said there was usually time in the afternoons for care staff to spend time with individuals having a chat and that this was not always documented as being part of the care and support provided.

People were offered opportunities to go out and about into the local community with staff, such as a visit to the local park. The service was in the process of raising funds to purchase a minibus which would enable them to provide more trips out to places of local interest. In the interim the service was able to access community transport to get people out and about. The local community had an annual festival and people enjoyed watching the events being held in the local green space.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives. Complaints were dealt with effectively and records were kept of actions to resolve any concerns. Relatives confirmed they could discuss any concerns they had with the manager and were confident any issues raised would be dealt with.

Good

Is the service well-led?

Our findings

The registered manager was about to de-register as she has taken on the role of fund raiser for the provider which is a charity. The deputy manager had taken over the day to day running of the service and planned to register with CQC shortly. There were clear line of accountability and staff and people in the home knew who to go to for management support. People, relatives and staff were confident in the leadership of the service. Staff described the manager as being ''A really good listener, she cares for us as well as people living here and she wants us to provide the best service possible.'' Another staff member said ''This is the best home I have worked in, we all know our role and the manager is very good. We have a great team here.''

There was a clear ethos of promoting people's independence and choice within a homely environment. Staff understood the ethos and worked to support this approach. Staff said their views were listened to and the manager was open and inclusive. Staff confirmed they had handover meetings, staff team meeting and regular one to one meetings with the manager.

People's views were sought in a variety of ways. This included staff spending one to one time with people, meetings and through surveys. Relatives were also offered opportunities to voice their suggestions via surveys, meetings or by talking with the manager or member of staff. The manager said her door was always open and relatives were observed speaking with her about their concerns.

The manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff. One person had recently fallen and fractured a bone. As a result of this the provider looked at the access into the home and made changes to make the step more accessible to prevent further injuries occurring if possible.

The service had a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. Where audits had identified issues, actions were taken to address these. For example where medicine records were not complete, staff were reminded to double check they had completed this.

Healthcare professionals confirmed there was a good partnership working with the service. Both said the manager had a proactive approach to ensuring people had the right healthcare and they were being inclusive in their approach. For example on healthcare professional was meeting with the manager and a relative to look at how best to support someone.

There was a plan to continually improve the service. New developments included creating a 'gentleman's lounge', which would be a quiet area where people could relax. The manager was also consulting with people about redecoration. One person who had a love of vehicles had chosen a bright wall paper with campervans on it. Where people had made suggestions via surveys, these had been actioned. This included changes to menus for example.