

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Pilgrim Wood Residential Home

Sandy Lane, Guildford, GU3 1HF

Tel: 01483573111

Date of Inspection: 09 May 2013

Date of Publication: July 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Staffing ✓ Met this standard

Supporting workers ✓ Met this standard

Statement of purpose ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Goldenage Healthcare Limited
Registered Manager	Mrs. Daniella Birleanu
Overview of the service	Pilgrim Wood is owned by Goldenage Healthcare Limited and provides accommodation and care for up to 35 older people, some of whom may have a diagnosis of dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Requirements relating to workers	10
Staffing	11
Supporting workers	12
Statement of purpose	13
Assessing and monitoring the quality of service provision	14
Records	16
<hr/>	
About CQC Inspections	17
<hr/>	
How we define our judgements	18
<hr/>	
Glossary of terms we use in this report	20
<hr/>	
Contact us	22

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Pilgrim Wood Residential Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Requirements relating to workers
- Staffing
- Supporting workers
- Statement of purpose
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

When we inspected this service on 28 September 2012 we found the provider was not meeting the standards of quality and safety for respecting and involving people, care and welfare, recruitment of staff, staffing, supporting workers, statement of purpose, assessing and monitoring the quality of the service and records. We set compliance actions and the provider sent us an action plan which detailed how and by when they would meet those actions and achieve compliance.

This latest inspection on 9 May 2013 was carried out in order to check whether the provider had taken action to achieve compliance. We found the provider had taken the actions required to achieve compliance.

The home provides care for up to 35 people and we spoke with eight people using the service and two relatives who were visiting.

People who used the service told us the staff were kind and caring, they generally liked the food and were offered choices. The three people we asked with regards to the care plans said the staff had consulted them about their care and they had been asked their opinions. One person said "The staff are very kind; they keep me and my relative informed about my care and health; I can't speak more highly of it here."

People told us there had been a range of activities they had been able to choose to participate in.

The staff we spoke with told us they had been trained and supported to carry out their roles and the staff records we saw confirmed this.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences had been taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During this inspection we found the provider had taken action, since the previous inspection, to achieve compliance with this outcome.

People who use the service understood the care and treatment choices available to them.

We saw three care plans which included assessments of people's needs prior to them having been offered a place at the service. The assessment included information from other health care professionals. People we spoke with told us they had been invited to spend time at the home prior to deciding to move there and the staff had answered all of their questions. We saw letters that had been sent to people confirming that, after their assessment, the provider was confident their needs would be met at this service. This meant that people's needs had been assessed and they had been given the information they needed to make an informed choice.

People expressed their views and were involved in making decisions about their care and treatment.

The care plans we saw all contained personal information with regards to how people liked to be cared for. This included the times people preferred to get up and how people liked to spend their time. Staff told us that people had been involved in developing their own care plans. One member of staff said "We read the care plans to people and they tell us if they are not accurate or they want to change anything." We saw that one personal profile within a care plan had been completed by the person who used the service. People confirmed they were aware of their care plans and that they had contributed to these. We saw care plans where people had not been able to express their opinions, where this had occurred their families or representatives had been consulted. The chef told us that they were very aware of people's individual food preferences. They went on to give examples, including " I know one person who prefers cheese omelettes so I make those" and " One person likes a choice of different vegetables." Staff told us they communicated with the chef if people commented on their food preferences and the chef then amended this person's choices to

suit them. The care plans we saw confirmed that people's food likes and dislikes were recorded in detail. This meant that people who used the service had been involved in telling the staff how they preferred to be cared for.

People had been supported in promoting their independence and community involvement.

We saw that the care plans included information regarding people's interests, hobbies, beliefs and how staff should help people to maintain these. For example one person's records stated that they preferred to stay in their room but their family visited frequently and they went out with them. One person said "I like to go in the garden and I join in activities; someone played the piano and that was nice." Another person said " I saw the dog that comes in today; there are activities, they are on the board for us to see what's going on." During our inspection a 'Pets As Therapy' dog and owner were visiting. We observed that people enjoyed interacting with the dog. We saw a notice board which displayed a range of activities that had been organised and there were photos of previous events and trips. People had been enabled to follow their chosen religion by visiting their local church or the taking part in a service at the home. This meant people had been offered a range of opportunities to take part in group or one to one activities both in the home or outside the home.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, and support that met their needs and protected their safety.

Reasons for our judgement

During this inspection we found the provider had taken action, since the previous inspection, to achieve compliance with this outcome.

People's needs had been assessed and care and treatment had been planned and delivered in line with their individual care plan.

Since the previous inspection the provider had changed the care planning system to integrate the two previous methods for recording people's needs. We saw three care plans which included full details of people's health and care needs. These care plans gave the staff the guidance they required to meet each person's needs. The care plans included sections regarding 'Things I need' 'How I am' 'How you can help me' and 'What I find difficult'. The staff told us they had been trained to use the new care plan system and they said, " The care plans are kept in people's rooms now and we read them; we know what care people need and prefer." People told us the staff delivered the care they required in a way that suited their needs. One person said " The staff are really good they help people to eat their meals and make sure people have enough to drink." We saw daily records which confirmed that staff had delivered the care people had required. The care plans included records from other health care professionals that had been involved in people's care. These included G.P's, district nurses and occupational therapists. We saw that one person had been referred to a speech and language therapist with regards to their difficulty swallowing and the advice had been used to update the care plan. The chef was also aware of this advice and supplied appropriate foods. This meant that people's needs had been assessed and planned and appropriate care had been delivered.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The care plans we saw included risk assessments that were relevant to people's care and safety. These included any risks of falling and how staff needed to provide care to minimise these risks. We observed that staff delivered safe care when they assisted people to move around the home. For example one care plan had recorded that a person was at risk of falling because they forgot to use their frame. We observed the staff ensuring this person had their frame close by and they reminded the person to use it when

they started to leave the dining room. We saw that the registered manager had completed an audit of any falls in April and monthly since. As a result of this audit one person had been referred to a physiotherapist and there was recorded advice regarding exercises. We saw these had taken place. We saw a flow chart which the staff followed if someone fell to ensure the care they received was safe and appropriate. This meant that the staff took appropriate action to protect people from risks.

There were arrangements in place to deal with foreseeable emergencies.

We saw that posters and signs had been displayed around the home informing people of fire safety and how to safely exit the building. Each care plan included an individual fire evacuation plan. We saw that the provider had carried out an environmental risk assessment and this included the safe management of foreseeable emergencies.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

During this inspection we found the provider had taken action, since the previous inspection, to achieve compliance with this outcome.

Appropriate checks were undertaken before staff began work.

We reviewed four staff records. These demonstrated that the provider had completed the required recruitment checks including the Disclosure and Barring Service checks and relevant references. Staff told us that they had completed these checks prior to them starting work at this service. The registered manager told us that they were in the process of renewing checks which had been completed a number of years ago. Staff confirmed these checks were being renewed. Staff files included a completed employment history and a full application form including a declaration that staff were fit to carry out their duties. We saw a record that the provider had used interview questions to assess the skills and experiences of staff who had applied for employment. This meant that there were effective recruitment and selection processes in place to protect people who used the service.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During this inspection we found the provider had taken action, since the previous inspection, to achieve compliance with this outcome.

There were enough qualified, skilled and experienced staff to meet people's needs.

Since the previous inspection the provider had completed an assessment of people's dependency levels in order to ensure that adequate staff numbers were on duty at all times. We saw that staff recruitment had taken place and new staff had started to work at the service. The staff duty rota's demonstrated that adequate staff had been deployed in different areas of the home throughout the day and at night. Staff said "There are enough staff to give people the care they need and want and we have time to talk to people." and "We work as a team there are enough staff." Staff did tell us that sometimes they worked particularly hard especially if other staff were unavailable due to sickness. People who used the service said "The staff are lovely, they help me whenever I need them." and "there are enough staff to help people to eat and drink." The registered manager told us they ensured that people who required the most assistance with their food and fluids were served their meals first so that staff could dedicate enough time to assisting them. We spent time observing staff during the lunch time service. We saw that staff directly assisted people to have adequate food and drink of their choice. Staff also chatted to people and gently encouraged people to eat as much as they were able. This meant that there were enough staff to meet people's care needs.

The staff told us that they had opportunities to complete relevant training courses and the records we saw confirmed this. New staff told us they had worked alongside experienced staff until they were competent to work independently. All staff had either achieved a care qualification or were working towards these. We saw records which demonstrated that the registered manager and senior staff observed the care practices of staff to ensure they were working to the expected standards. This meant that staff were skilled and experienced to deliver appropriate care to people who used the service.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People had been cared for by staff who had been supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During this inspection we found the provider had taken action, since the previous inspection, to achieve compliance with this outcome.

We saw the provider had a system for ensuring that the staff were supported, supervised and appraised. The senior staff had completed an annual appraisal of their work and their training needs and new appraisals had been arranged. We saw a record that staff who had been in post for less than one year had been supervised including observations of their work and spot checks. The staff told us they were supported by the registered manager and they could seek advice or support at any time. Staff told us that they have regular staff meetings. We saw the minutes of the two most recent meetings and these included discussions with regards to the standard of work expected, the new care planning system and training opportunities.

Staff told us they had completed training in dementia awareness and one member of staff told us about their understanding of caring for people with dementia. This was consistent with the care we saw staff delivering to people which included offering people a limited range of choices and using appropriate touch to reassure people. This meant that people had been supported by staff who had been trained and supported to carry out their roles.

Statement of purpose

✓ Met this standard

The service must tell us about what kinds of services it provides

Our judgement

The provider was meeting this standard.

People who used the service benefited from the knowledge that the Care Quality Commission had been informed of the services being provided.

Reasons for our judgement

During this inspection we found the provider had taken action, since the previous inspection, to achieve compliance with this outcome.

We saw a revised statement of purpose which included information with regards to the aims and objectives of the service and the range of people's needs that the service intended to meet. The registered manager details had been updated. The information regarding how people were able to make a complaint about the service had been reviewed and updated. This meant that people who used the service, or intended to use the service and their representatives benefited from the most up to date information about this service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

During this inspection we found the provider had taken action, since the previous inspection, to achieve compliance with this outcome.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw that the results of the previous survey and these were generally very positive. We saw that the registered manager had developed a new pictorial survey that was due to be sent to people who used the service during May 2013, we were unable at the time of this inspection to assess the effectiveness of this survey. People who used the service had been invited to the most recent staff and relatives meetings and one person had chosen to attend. There had not been any meetings specifically for people who used the service since the previous inspection. The registered manager told us this was because they had consulted people and they had not wished to be involved in these formal meetings. However, we saw records that people had been asked their opinions regarding the service. A relative told us that the staff kept them in touch with their family member's welfare and had asked their opinion regarding this person's needs, care and welfare. We saw a record that one relative had asked to be informed with regards to their family member's welfare following each doctors appointment. We saw that the staff had communicated with them and updated this person's records. This meant that people's views had been listened to and acted upon.

The provider took account of complaints and comments to improve the service.

One person had complained to the registered manager with regards to the heating in the home. We saw the written response the provider had sent to this person and a record that they had met them to discuss their concerns. The registered manager told us that arrangements had been made to change the heating controls as a result and we saw evidence to confirm this. We saw that the staff had received thank you cards and compliments from family member's with regards to the care that had been provided at the

service. This meant people's complaints and comments had been listened to and acted upon to improve the service.

There was evidence that learning from incidents had taken place and appropriate changes had been implemented.

We saw that there a record of any incidents and the actions that had been taken had been maintained. We saw that on one occasion, staff had noted scratches on one person. These had been documented and reported to senior staff and appropriate action had been taken to ensure this person received the care they required. The registered manager told us that they reviewed any incidents to ensure people had been protected and appropriate actions had been taken. We saw that senior staff complete a management report daily to report any incidents or raise any concerns. The manager had then reviewed these reports and had taken actions as required. This meant that people had been protected against unnecessary risks because the registered manager had assessed any incidents and taken action to reduce risks and improve the service.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People had been protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had been maintained.

Reasons for our judgement

During this inspection we found the provider had taken action, since the previous inspection, to achieve compliance with this outcome.

People's personal records including medical records were accurate and fit for purpose. Staff records and other records relevant to the management of the services were accurate and fit for purpose.

Since the previous inspection the provider had changed and improved the system for assessing and planning people's care and health needs. During this latest inspection we reviewed three care plans, four staff files and a range of other records, audits, policies and procedures. The staff had been trained to use the new care plans and we saw they had effectively maintained accurate records related to people's health, care and welfare. We found all the records we saw to be complete and fit for purpose. The registered manager had audited the records and ensured that action had been taken when shortfalls had been identified. This meant that people could be assured that any records related to their care were accurate, up to date and fit for purpose.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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