

Anchor Hanover Group

Palmersdene

Inspection report

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Date of inspection visit:
15 November 2021
17 November 2021

Date of publication:
03 December 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Palmersdene is a care home providing accommodation and personal care for up to 40 people including people living with a dementia. At the time of inspection, 39 people were living at the home.

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

Risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. The provider had safeguarding systems and processes in place to keep people safe.

People felt safe and spoke positively of the staff and of living at the home. Staff understood what they needed to do to keep people safe.

The environment was clean and staff observed and followed infection control procedures in line with national guidance for reducing the spread of COVID-19.

People received support from staff who were recruited safely and received regular supervision to monitor their performance. Staff attended an induction programme and received ongoing training to support them to carry out their roles effectively.

People received their medicines when they needed them, and medicines were managed safely by suitably trained staff.

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

Managers and staff had positive working relationships with external agencies and healthcare professionals ensuring that people's needs were met in a timely manner.

Staff spoke positively about working for the provider. They felt well supported and they could talk to the management team at any time, feeling confident any concerns would be acted on promptly.

Effective monitoring systems were in place and these helped develop the service and drive change and improvements.

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

Rating at last inspection

The last rating for this service was Good (published 21 January 2020)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Palmersdene

Detailed findings

Background to this inspection

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors and a medicine inspector. An Expert by Experience made calls to people who used the service and relatives on 17 November 2021. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a registered manager. This means the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, team leaders, care workers and the chef. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and well managed. Some risk assessments needed further work, such as for one person who lacked a diabetes risk assessment. The registered manager agreed to ensure all risks to people were assessed.
- Staff knew people well and how to deliver care safely. Staff we spoke with confirmed identified risks and knew how to safely manage risks to keep people safe.
- The provider had systems to monitor the safety of the environment and equipment in the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe with the staff who provided care and support to them. Comments included, "I am happy here and I feel safe. There is always someone on hand if I am in need of help" and "Yes, definitely safe, I think they [staff] are very good at their jobs, I don't want for anything."
- Staff were trained to identify and report abuse and knew how to escalate any concerns.
- We found all identified safeguarding incidents had been reported and investigated appropriately with lessons learnt.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs and people received care from a consistent team of staff. People commented that when needed staff attend immediately.
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated monthly or as people's individual needs changed.
- Staff had been recruited safely and robust pre-employment checks had been carried out.

Using medicines safely

- People told us they received their medicines when they needed them. One person told us, "The staff have my tablets and they wait until I have taken them, I always get them on time."
- People's care plans detailed how they preferred to take their medicines. Protocols for medicines to be taken as required needed to be more person centred. The registered manager agreed with this and said they would ensure they were all reviewed and updated.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

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

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Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence.
- Lessons were learnt and shared following all incidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed before they used the service to ensure their needs and preferences could be met. This information was used to formulate plans of care.
- Assessments of people's diverse needs were discussed prior to using the service. These included support required in relation to people's culture, religion and dietary preferences.
- The provider used best practice tools to assess and monitor people's needs. For example, the provider followed specific NICE guidance for oral health .

Staff support: induction, training, skills and experience

- People continued to be supported by a staff team who had the appropriate skills, knowledge and training to carry out their roles. One person said, "Yes, they [staff] are very well trained, they are very understanding."
- Staff were positive about the training they received, and they were confident they had the right skills to meet people's needs. A staff member told us, " We get loads of training, and, if there is anything we have an interest in we can ask in supervision for more." Relatives were confident staff had the skills and knowledge to meet people's needs.
- Staff received regular supervisions which they found useful.

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

- People were supported by staff to maintain nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented, and people told us they enjoyed it. One person said, "The food is fantastic, there is always a choice and something else I might like."
- People's care records detailed any specialist advice which had to be followed. Kitchen staff also had this information and were aware of when people's diets required modification to help prevent choking, or where they required diabetic or fortified diets. The chef and kitchen staff took pride in their work and how food was presented to people. One kitchen assistant said, "If anyone is on a pureed diet we try to make it look as close to 'real' food as possible, so the plate looks appealing. "They went on to show how they had improved their piping skills to enhance the presentation of pureed food further by practising piping peas.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs.
- People told us they get to see a GP when they needed. One person said, "I get to see who I need and I see

them straight away."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People were asked for their consent before they received any care and treatment. One person said, "They [staff] ask my consent when they are helping me, because I know that all they do is for my benefit."
- Staff involved people in decisions about their care and acted in accordance with their wishes. One relative said, "The decisions that we make is jointly made for her care, they [staff] let us know everything. They let us know anything to do with her care as soon as possible, they ring and tell me."

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

- The design and decoration of the premises was suitably adapted for the people who lived there. We saw appropriate dementia friendly signs to promote orientation and independence for those living with dementia were used throughout the home.
- The premises provided people with choices about where they spent their time.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partner in their care.

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

- People were supported by a team of staff who were kind, caring and considerate. We observed gentle, kind and thoughtful interactions between staff and people.
- Staff took time to get to know people and what was important to them. We saw staff actively engage in conversations with people.
- Relative told us, "Staff are very caring, it is the little things they do and it means a lot" and "Very caring staff, there are times [named person] has been upset and the carers have given her a hug to comfort her."

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

- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One person said "Yes I get to make choices."
- The provider and staff understood the importance of people being treated with fairness and equality.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld. We saw staff supported people discreetly and people told us staff respected their privacy and dignity. One relative said, "Everyone is treated with the highest of standards, everyone."
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; and respecting when a person needed space.
- Staff understood the importance of supporting people to maintain their independence. Staff supported people to do what they could themselves without taking over. Relatives comments included, "Yes, they [staff] encourage her with her personal care and mobility, saying 'stand tall' and 'walk a little bit more'" and "[Named person] is actively encouraged to choose her own clothes and to have a shower. They also wipe the tables and dust."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. People and relatives were involved with the care plan.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being. This ensured all staff members were aware of any changes to people's health conditions. Some daily notes required further detail. The registered manager was already aware and acting on this.

Meeting people's communication needs

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

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as pictorial and large print for people who required this. The provider had made reasonable adjustments to meet the information needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

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

- People had opportunities to engage in meaningful activities. Care staff worked hard to provide a varied programme of activities each day. Peoples comments included, "There are good chats, we talk about where people lived, there are dominoes, cards and old shows like On the Buses as well as sing songs."
- People were encouraged to maintain relationships that were important to them. Relatives we spoke to all said they were made very welcome.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open way.
- All complaints received were fully investigated.

End of life care and support

- At the time of our inspection, no one living at the home was receiving end-of-life care. The provider had procedures in place to discuss people's wishes for what they wanted to happen at the end of their lives, and

this was recorded in their care plans. This included people's wishes for their funeral, where they wanted to die, who they wanted staff to notify, what family involvement they wanted and any religious or cultural wishes.

Is the service well-led?

Our findings

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

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

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

- The management team promoted a positive culture within the home where people felt included. The management team and staff were dedicated in ensuring people achieved good outcomes.
- We viewed a selection of care plans and supporting documentation and found people's needs and preferences were included.
- Relatives told us communication was good. They said staff were knowledgeable and they were always kept up to date and involved in decisions.
- People had developed good relationships with staff and they looked relaxed with staff chatting and laughing with them. One person said, "The atmosphere is quite jolly."

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

- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements.
- The management of records relating to people's care and management of the home were on the whole comprehensive. We discussed ensuring more detail was included on dietary and fluid intake monitoring records.
- The registered manager and staff team understood their role and responsibilities and were keen to ensure a good quality service was provided. People and relatives made positive comments about the staff team, which included "The manager is very obliging and very nice and she listens to me, the home is well managed" and "They [management and staff] have always been there for us and available to speak to us, they are great, it seems like everything is running okay."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established forums in place to communicate with people. This included meetings for people, and staff, surveys and a monthly newsletter.
- The service worked in partnership with health and social care professionals who were involved in people's care.
- Staff felt supported by the management team. One staff member we spoke with said, "We love working here, the support we get from managers is great, nothing is too much to ask for."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.
- The registered manager was open and honest with us about the service and areas they were further developing.

Continuous learning and improving care

- The management team were committed to continuously improve the service. For example, supporting people to receive visitors safely during COVID-19.
- The management team were open and responsive to our inspection feedback.