

Premier Care Homes Limited

Durham House Residential Care Home

Inspection report

Mains Park Road
Chester-le-Street
County Durham
DH3 6B
Tel: 0191 3871265
Website:

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 23 and 24 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Durham House provides care and accommodation for up to 30 people. On the day of our inspection there were 27 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care

Quality Commission (CQC) 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.

Durham House was last inspected by CQC on 26 March 2013 and was compliant.

Summary of findings

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had a robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations.

We saw comprehensive medication audits were carried out regularly by the manager.

We saw staff supporting people in the dining room at tea time and a good selection of food being offered.

Training records were up to date and staff received regular supervisions and appraisals. This meant staff were effectively supported to provide care, treatment and support to people who used the service.

All of the care records, including risk assessments and mental capacity assessments we looked at had been signed by the person who used the service or a close family member.

The home was very clean and fresh, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that

people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager and looked at records. We found the provider was following the requirements in the DoLS.

People who used the service, family members and healthcare professionals were extremely complimentary about the standard of care at Durham House. They told us, "The staff are really lovely"; "they are so supportive and so nice." A relative said, "Absolutely first class care here." A healthcare professional said, "Durham House is probably the best care home that I visit."

We saw staff treated people with dignity and respect and people were encouraged to maintain their independence.

We saw the home had a full programme of activities in place for people who used the service.

All the care records we looked at showed people's needs were assessed before they moved into the home and we saw care plans were written in a person centred way.

We saw a copy of the provider's complaints policy and procedure and saw that complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

The provider had a robust recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Regular and effective medication audits were carried out by the registered manager.

Good



Is the service effective?

The service was effective.

Staff training records were up to date and staff received regular supervisions and appraisals.

Staff supported people in the dining room at tea time and a good selection of food was being offered.

All of the care records we looked at contained consent forms, which had been signed by the person who used the service or a close family member.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be as independent as possible.

We saw people were well groomed and we saw staff interacting with people in a polite and respectful manner.

We saw people and those close to them, had been involved in writing their care plans and their wishes and preferences were taken into consideration.

Outstanding



Is the service responsive?

The service was responsive.

Risk assessments were in place where required and these had been signed by people using the service or those close to them.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and procedure in place and we saw that complaints were fully investigated. People we spoke with knew how to make a complaint.

Good



Summary of findings

Is the service well-led?

The service was well led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

People, who used the service, and their family members, told us the home was well led.

Staff we spoke with told us the manager was approachable and they felt supported in their role.

Good



Durham House Residential Care Home

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.

This inspection took place on 23 and 24 February and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was led by a single Adult Social Care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised and the service met the regulations we inspected against at their last inspection, which took place on 26 March 2013 and was compliant. We also contacted professionals involved in

caring for people who used the service, including Healthwatch Durham, commissioners of the service, and safeguarding staff. No concerns were raised by any of these organisations.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asked the provider to give us some key information about the service, what the service does well and improvements they planned to make. During this inspection, we asked the provider to tell us what they were doing well.

During our inspection we spoke with nine people who used the service and eight family members. We also spoke with the registered manager, one of the proprietors, two senior care staff and two carers, a member of the laundry staff and one domestic staff member.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff. We also spoke with a district nurse and a community matron.

Is the service safe?

Our findings

People at Durham House were safe. Family members we spoke with told us they thought their relatives were safe. They said, “Yes, very safe indeed”, and “We have no worries at all knowing they are safe here.” People who used the service all said they felt safe. One person said, “Since coming here just over a year ago, I feel very safe.”

Staffing levels were reviewed routinely and in response to the changing needs of people using the service. The registered manager told us that the staffing numbers exceeded what was expected.

For example, in addition to the registered manager, the proprietor supported the manager two days a week. For 27 people there was one senior carer and four care staff on duty from 8am until 9pm, and two waking night staff.

Call bells were heard during the visit and we saw these were attended to promptly by staff. For example, one person who likes to spend a lot of time in their bedroom told us, “When I ring the bell, I never have to wait very long at all.” This meant there were sufficient numbers of staff on duty in order to meet the needs of people using the service and this was confirmed by other people who used the service and their relatives.

We observed plenty of staff on duty throughout the day, regularly going into people’s bedrooms asking if they needed anything. We asked staff, whether there were plenty of staff on duty. They told us, “There’s always enough staff on duty, we are never short.”

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks had been carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each person employed, including, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been checked. This meant that the provider had a robust recruitment and selection procedure in place. When interviewing new staff, the registered manager told us that a service user representative was always part of the interview panel, and involved in the selection process.

The home is a three storey, detached converted house set in its own landscaped grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was exceptionally clean, spacious and suitable for the people who used the service. People we spoke with were very complimentary about the home. They told us, “It is such a lovely place”, “I can’t fault it”, “It’s so nice sitting in the conservatory when my family visit.” One person said, “I like the little snug, it’s nice and quiet in there.” Two relative’s told us, “We went to have a look at a lot of places before my aunt came here. We and our aunt thought Durham House was the best and she has been very safe living here for the last five years, we have never had any concerns at all, because we know she is safe here.”

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw all radiators had guards, wardrobes were secured to walls in people’s bedrooms and window had restrictors fitted to help prevent accidents.

We saw portable appliance testing (PAT), gas servicing and lift and equipment servicing records were all up to date. Risks to people’s safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and fire extinguisher checks were up to date. This meant that appropriate checks were carried out to ensure that people who used the service were in a safe environment.

When we spoke with staff they knew what action they needed to take if they suspected a person was at risk of abuse. We spoke with three staff on duty about safeguarding people. They were aware of the different types of abuse and said they were confident they would be able to identify the signs of abuse. Staff were able to tell us what would constitute an incident of abuse and said they would have no hesitation in 'whistleblowing' (telling someone) if they saw or heard anything inappropriate. We saw a copy of the provider’s safeguarding policy, which defined what abuse was and provided a guide for staff on how to record and report incidents of suspected abuse. We looked at the safeguarding file and saw records of safeguarding incidents, including, those that CQC had been notified of. We saw copies of investigation reports. We saw that all the incidents had been dealt with appropriately.

Is the service safe?

We observed the senior carer who was assisted by another carer on the medicines round and saw they spoke to people clearly, explaining what they were doing, and asked people if they were in any pain. We looked in the treatment/medicines room and saw that the medicines cabinet was locked and securely fastened. We saw the medicines fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw a copy of the latest medication audit, carried out by the registered manager in January 2014. We saw the medication records, which identified the medicine type, dose, route e.g. oral, frequency and they contained a photograph of people. All were properly completed, reviewed monthly and were up to date.

The registered manager told us the home's philosophy of care was based on keeping people safe, treating people with respect, respecting people's diversity and beliefs,

ensuring their human rights were promoted and making sure people were not discriminated against for example, because of their beliefs, age, gender or disability. We saw policies and procedures were in place to support this. This meant people's care was delivered in a way that protected them from unlawful discrimination. Training data showed that all staff had attended training on disability awareness and equality and diversity. Staff we spoke with confirmed this.

We saw very robust and effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, sluice, lounges and bedrooms were exceptionally clean, pleasant and odour-free. Staff told us they had received training in infection control. The staff training records that we looked at confirmed this.

Is the service effective?

Our findings

Staff told us they received regular supervisions, Staff records that we looked at confirmed this. We saw staff received a minimum of six sessions per year.

We saw records that demonstrated that all new staff received an appropriate induction. All of the staff we spoke with had received an induction which they felt prepared them for their role, including appropriate training, opportunities to shadow more experienced staff, time going through the provider's policies and procedures and learning about individual's care and support needs.

The provider had an on-going training programme including mandatory training such as an introduction to dementia, basic food hygiene, people handling, basic life support and safeguarding vulnerable adults (SOVA). We found all of the staff had completed mandatory training courses, including, Mental Capacity Act (2005), deprivation of liberty, equality and diversity, end of life care, medication up-dates, mental health awareness, diabetes and infection control. We saw that almost all staff had completed a diploma in care level 2 or 3.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The manager told us that they had identified those people who required their applications to be submitted. One application had been submitted and approved by the supervisory body.

We saw a copy of the service user guide booklet, which described advocacy, how the provider could assist with choosing an advocate and details of the local advocacy service. It also provided information on decision making for people who lacked the capacity to make their own decisions and provided information about assistance and support from other professionals.

We spent time observing people having their tea time meal. We saw the dining tables were pleasantly presented with

flower arrangements, napkins, table cloths and condiments so people could help themselves. We saw the food served was hot and looked appetising. People were offered a choice of main meal and pudding. The atmosphere was relaxed. Everyone joined in singing happy birthday for one person celebrating their birthday. The catering staff had baked a huge birthday cake for them. We watched as staff supported people with their food at a pace which was comfortable to them. Staff encouraged people to eat independently, offering assistance sensitively and discretely where this was needed. We also saw people were allowed the time they needed to finish their meal comfortably. Throughout the meal there was lots of friendly interactions between staff and people using the service. Everyone we spoke with told us the meals were always very good and that there was always a good selection to choose from.

We asked staff how they made sure everyone was having enough to eat and drink. Staff told us, for those people who were assessed as at risk, they kept a record each day of what they had to eat and drink. Staff also described how they involved the community dietician and speech and language therapists when necessary and monitored people's daily intake closely. We also saw that people's weight was recorded weekly.

We looked at the care records for four people. All four files contained a nutritional assessment called 'malnutrition universal screening tool' (MUST). We saw people's nutritional needs were regularly monitored and reviewed. The assessment included risk factors associated with low weight, obesity, and any other eating and drinking disorders. For those at risk of poor nutrition, the care plans included the person's likes and dislikes. There were also clear plans in place to fortify meals, by encouraging a high protein diet, including high calorie drinks and providing snacks between meals where appropriate.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

We saw some signage needed to be improved to aid orientation around the home. The provider said they would do this immediately.



Is the service caring?

Our findings

People and their relatives told us the service was very caring. One person who used the service told us, "The staff here are just wonderful." Another described staff as "My family." A relative commented, "Staff are excellent. I couldn't wish for a better place for my relative." Another relative told us, "We visit frequently and staff are always very caring and compassionate." Without exception relatives were also very positive about the kind attitude of staff towards others. One relative told us, "As well as caring for my relative, they have also cared for me." Two relatives told us about the fantastic end of life care their relative was receiving. They described the care as "Outstanding." They told us, "Our relative has been on end of life care for three months and is only still with us today because of the excellent care they are receiving."

All the staff on duty that we spoke with were able to describe the individual needs of people who were using the service and how they wanted and needed to be supported. Throughout our visit we found staff chatted to people in a very friendly way and included them in conversations and decisions about their day. A community nurse told us, "I visit the home three times a week. Everyone including the manager, owner, and staff are always professional and so caring. The atmosphere is always relaxed and service users always look happy and well cared for." A community matron described the care at Durham House as "exceptional." "In the three years I have been involved with this service, I have seen the staff flourish, the number of calls to GPs and hospital admissions has significantly declined, and they provide superb end of life care. Durham House is probably the best care home that I visit."

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people with their behaviours and understood people's individual needs. For example, one person was not always able to articulate themselves very well due to their dementia. However, the staff knew what this person was referring to. We saw people were comforted and reassured by care staff

when this was required. We saw several people coming into the registered manager's office, and sit and have a chat and a cup of tea with her. One person asked for a cream sherry instead of tea and this was provided.

People were encouraged to make their own daily decisions wherever possible. The care records showed that people were prompted to make choices about what to wear, when to get up and go to bed, what to have for meals. People were supported with their personal appearance. Some people told us they particularly enjoyed pamper sessions by having their hair and nails done.

We saw staff gave people all the time they needed to express their choices and wishes. We saw support was carried out at a person's own pace so people were not rushed.

Staff commented positively on the friendly, warm atmosphere in the home. One staff told us, "I would be happy to have my grandparents live here, so that shows how I feel about the care here. It's a really friendly home." Another staff member commented, "We're like a big family, residents, staff and relatives."

We saw people were treated with respect and dignity. People told us their requests for privacy were acted upon. For example, one person commented, "I prefer to stay in my room a lot and staff respect my privacy. I am never lonely because the staff are always popping in and out to make sure I am alright and we have nice chats."

Relatives said they were always consulted and involved in care reviews and kept informed about care plans updates. The registered manager encouraged as much input from families as possible. There was regular telephone contact between the home and relatives in the event of any changed conditions and family were made welcome to call at the home at any time. Two relatives told us they were always consulted about their relatives care, treatment and support needs. They told us, "We have signed the care plans, risk assessments and the capacity assessment that was completed. In our opinion the care people receive here is first class."

Is the service responsive?

Our findings

Relatives told us they were always kept informed about the health and well-being of their relatives. They told us, “They always ring us if they think we need to know anything at all.” “We are always involved and consulted about my relatives care.”

We saw there was a programme of activities, including shopping trips, a range of board games, pamper sessions, memory boxes and music therapy. The home had just appointed a new activity coordinator.

We saw that care plans were written in a person centred way and we saw evidence that the plans had been developed with people using the service and their representatives. Care plans were holistic and included nutrition, safe moving and handling, medication, emotional, continence, social activities and skin care. We saw a care plan for communication, which described a person’s ability to communicate. This meant that staff knew how to communicate with the person effectively. We also saw that risk assessments were up to date. We saw that these and care plans were regularly reviewed. We saw all had been signed by people or their representatives.

All the care records we looked at showed that people’s needs were assessed before they moved into the home. We

also saw “My life” records had been completed which provided a personal history of the person using the service and information about what was important to them. This helped staff in getting to know the person background and to plan their care and social activities.

There was also a one page profile that described people current needs, preferences, and interests.

We saw that the care records also contained a personal detailed information section about the care, treatment and support needs that people required. This meant that following any transition between services, people would continue to receive care and support in the way that they preferred.

We saw a copy of the provider’s concerns and complaints procedure, which provided details of how to make a complaint, the complaints process and who to contact if your complaint is not dealt with appropriately. The complaints file included completed complaints, a summary of investigations and copies of letters sent to complainants. We saw that a complaint was made in March 2014 had been fully investigated and resolved. None of the people, or their relatives, we spoke with had made a complaint but they knew how to and were aware of the complaints procedure which were displayed in the entrance hall of the home.

Is the service well-led?

Our findings

The registered manager was qualified, competent and experienced to manage the service.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered.

For example, the service had a quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the service. We saw eight had recently been returned from relatives. All were very complimentary about the service. There was an annual development plan, based on a systematic cycle of planning, action and review that reflected the outcomes for people who used the service.

For example the service had an action plan displayed that reflected the views of people who used the service. We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses. We saw there was emphasis on consulting people about their health, personal care, interests and preferences.

People who used the service told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement.

The service had policies and procedures in place that had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. The registered manager said these were regularly discussed during staff supervisions and staff meetings and observations to ensure staff understood and consistently put these into practice.

When we spoke with staff they had a well-developed understanding of equality, diversity and people's human rights. We saw there were policies and procedures available that staff had easy access to.

Staff told us they were motivated and supported by the way the service was managed and that they were very happy in their job. They said the manager and the owner were always available if they needed support. We saw staff had a good rapport with the management team.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, local health authorities, specialist professional organisations and other professionals. This showed us how the service sustained improvements over time.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.