

Premier Care Homes Limited

Durham House Residential Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Durham House Residential Care Home was providing personal care to 28 people aged 65 and over at the time of the inspection. The service can support up to 31 people.

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

People told us they were kept safe by staff who knew them well. Staff understood how to safeguard people and manage risks. The provider had carried out pre-employment checks on staff and ensured they were suitable to work in the service. One person told us, "I felt safe in this home in the time I've been here, and I can't imagine other homes being any better. I'm quite content in here. The building is kept very clean and tidy and this can help with safety issues too".

Although no one had come to any harm in relation to their medicines, staff were not following best practice guidance. We made a recommendation about this.

Regular checks were carried out on the building to make sure people lived in a safe environment. Following observations and discussions with the management team we contacted the local fire service to give advice to the provider about fire safety.

Professionals told us they had good working relationships with the manager and the staff. Staff referred people to healthcare professionals in a timely manner.

The provider had carried out a programme of refurbishment including redecoration and replacing the hot water system, and they planned to redecorate the upstairs corridors. People were living with dementia and adaptations to meet their dementia needs were limited. We made a recommendation about this.

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.

People and their relatives told us they had no reasons to raise a complaint. People received person-centred care which met their needs. Activities were provided in the home.

Staff treated people with kindness and respect. They promoted their dignity and independence. Interactions we saw between people and the staff team were very positive and relatives said they were made to feel welcome in the home.

Relatives were complimentary about the manager. They felt the manager was approachable.

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 (Report published 24 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 ●

Durham House Residential Care Home

Detailed findings

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.

Inspection team

The inspection was carried out by two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Durham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Durham House does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the manager for another home owned by the provider. A manager had been appointed for Durham House and was running the home on daily basis. They planned to register with CQC. The registered manager had oversight of the home.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 sought feedback from the local authority and professionals who work with the service.

We spoke with twelve people who used the service and four of their relatives and friends about their experience of the care provided. We spoke with eleven members of staff including the director, the operations director, the registered manager, the manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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

After our visits to the home we contacted a further five relatives by telephone to seek their views.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help protect people from the risk of abuse. The systems included reporting concerns to CQC and the local safeguarding team when needed.
- Staff had received training and were knowledgeable about what action they would take if abuse were suspected. One staff member said, "I would raise a safeguarding with the senior first and then the manager for any type of abuse, physical emotional or financial. You can also ring a number for social care direct."

Assessing risk, safety monitoring and management

- Risk assessments detailing people's personal risks were in place. Guidance was given to staff on how to keep people safe. People spoke about feeling safe and one person said, "They keep me safe at nights and they are always in my bedroom to check me every hour."
- Regular checks were carried out on the building and its contents including fire checks. There was no evacuation equipment in the home for staff to support people whose bedrooms were on the first floor. The manager said some people could walk down the stairs and exit the building on their own. A referral was made to fire safety officers in the Durham and Darlington Fire and Rescue Service to give advice to the provider.
- Emergency pull cords were not always accessible for people who had fallen to the floor. The manager immediately asked staff to address this issue.

Staffing and recruitment

- The provider had recruitment procedures in place to ensure only suitable people were employed in the service.
- There were mixed views from relatives about if there were enough staff on duty. Staff were expected to prepare breakfasts during the morning and support people to rise. A staff member told us they felt 'rushed' on a morning.
- The provider used a dependency tool and demonstrated they provided more hours than required to meet people's care needs. The registered manager stated they had increased the staffing levels prior to inspection to meet the increased levels of need.

Using medicines safely

- Whilst no one in the home had come to harm because of medicines administration, the provider was not following best practice guidelines in the management of medicines.
- The application of topical medicines was not always documented correctly.

We recommend the provider reviews the administration of medicines in the light of best practice guidelines.

- The manager carried out competency assessments on staff who administered medicines.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection. The home was clean and odour free. Relatives told us the home was always clean with no odours.
- Staff had completed infection control and food hygiene training. They used gloves and aprons to prevent the spread of infections.

Learning lessons when things go wrong

- The manager carried out monthly reviews of accidents to check if there were lessons to be learnt.

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. 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

- In line with guidance and the law the people's needs and choices were assessed before they were admitted to the home. The assessments were used to compile care plans to guide staff on how to meet people's care needs. Staff understood people's preferences.

Staff support: induction, training, skills and experience

- Staff had the required skills and support to undertake their role. Staff told us they felt well trained and knew how to care for people.
- The manager met with staff for supervision. They had designed thematic supervision sessions to check on staff knowledge and skills.

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

- Arrangements were in place for the provider's other care home to supply meals excluding breakfast to the service. People were given a choice of meals. Kitchen staff told us they were able to respond to last minute dietary requests and showed us they understood how to meet people's dietary needs.
- Staff weighed people and made referrals to dieticians if required. Using SOFI, the inspector raised concerns about one person who was found to have lost weight and no actions taken. The manager responded promptly to meet the person's needs.
- People told us they enjoyed the food. One person said, "The food is good, and you get two choices in every meal – for example, we get either porridge or cornflakes". I got mince and dumplings today. To be honest I eat more in here than I use to at home and I've noticed as I've gained weight."

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

- Staff worked with other agencies to ensure people received timely and effective care. One relative said, "My relative feels really safe in this home – for example, they had a chest infection and staff went above and beyond their duties to monitor this and they didn't have to go into hospital."
- Staff documented visits from health care professionals and implemented their advice. Professionals confirmed they had good working relationships with the manager and the staff.

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

- The service had limited adaptations in place to meet the needs of people living with dementia. One relative said the upstairs was, "Like a maze" and their relative would not find their way around. The registered manager agreed to consider changes to the environment.

We recommend the provide reviews adaptations to the home using best practice guidance to support people who live with dementia.

- People and their relatives commented favourably on the redecoration which had recently taken place.
- The registered manager said they had taken items from the upstairs walls pending redecoration.

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.

- The service worked within the principles of the MCA.
- The manager had made DoLS applications to the local authority to deprive people of their liberty and keep them safe.
- Relatives and people expressed frustration that people's bedroom doors were locked. One person said, "I have a free choice what I want to do in the main. You're not pushed into anything, but you have restrictions if you wanted to sleep during the day because the bedroom doors are often locked". The manager told us bedroom doors were locked to keep people's possessions safe and staff would open people's rooms on request.

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 partners in their care.

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

- Staff treated people with kindness and respect. A relative told us, "The personality of the staff is great, for example they have a lot of patience and show much empathy and I've witnessed this when I've visited." The registered manager provided us with examples where staff had been kind to people.
- Staff spoke about the importance of the happiness of people living at the home. On staff member said, "It's when you have those days where their faces light up and you know why you're here and that's what you do it for." One person said, "The carers are alright with me. They do what they can to make me happy. I feel a happy bunny here."
- Staff were trained in equality and diversity. They showed respect to people by kneeling to talk to people with hearing and sight difficulties. One person said, "The staff show a very caring personality and although I have difficulty understanding some things, they are patient and talk to me slowly to explain things again."

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

- People's views were sought in relatives and resident's meetings. Staff asked people about their preferences as they delivered their daily care.
- Relatives felt they had been involved in making decisions about people's needs.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. One person said, "The staff treat me with lots of respect and dignity, as an example, they wouldn't let me wander around the corridor half dressed."
- Staff encouraged people to be as independent as possible. They supported people to wear appropriate footwear and used humour to encourage people to walk. One person said, "My independence is promoted very well in the home."
- Staff supported people to be well presented in matching clothes and wearing their glasses if required. One professional said, "My patients are always clean."

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

- The provider had care plans in place which contained person centred information. People's needs were described along with the actions staff were required to take to meet them. Relatives confirmed they had seen people's plans.
- Staff reviewed people's care plans on a regular basis.

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.

- The registered manager said they were happy to adapt documents to meet people's communication needs.
- Alternative methods of communication including pictures were available for staff to enable people to make decisions such as choosing their dinner choices. People had plans in places which described their communication needs.

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

- Activities were offered to people who used the service. People were encouraged to get involved in group activities. A staff member told us, "There's plenty on for people, they've just had a singer in, they love the music and they love when the pat dog came in a few weeks ago or when the children visited."
- There was a plan for the week's activities on the notice board. The manager told us on the days where 'No activities' was written on the plan staff would put a DVD or music on for people. Some staff were able to paint people's nails. One person said, "There is plenty to do in the home, but staff themselves never take us out for excursions". The activities coordinator was putting plans in place to take people out for coffee and cake.
- Staff supported people to maintain relationships important to them and avoid social isolation. Relatives were able to visit family members at their convenience. Staff encouraged people to spend time in the communal lounges.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and there had been no complaints since the last inspection. Relatives confirmed they had not made any complaints. One person said, "I would recommend this home

because I've been here a long time and I've had no complaint about the staff or the service I've received."

End of life care and support

- The service worked with other professionals to meet the needs of people nearing the end of their life. As the service does not provide nursing care the manager told us they work on a case by case basis to see if they can meet people's needs toward the end of their life.
- The manager had worked with family members to support a person to attend a funeral.

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 provider, the registered manager and the manager were open to considering improvements to the home and acting to empower people.
- People and their relatives described how the service was person centred and promoted good outcomes for people.
- People felt able to recommend the home based on their personal experiences. One person said, "I would recommend this home to anyone based on my stay here so far, as the manager is friendly, and all the staff have proved effective in my care needs."

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 registered manager and the manager understood the need to be open and honest with people when things go wrong.

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

- The manager had been in post for two years and was clear they were accountable to the registered manager and the provider. Relatives and other professionals found the manager approachable. The staff spoke positively of the manager, one staff member said, "The manager is good they keep on top of things like supervision and staff meetings."
- The manager had carried out quality audits in the home and identified areas for improvements. Actions had been taken to address the required improvements. The provider and the registered manager told us they had responded to people's comments and re-decorated the area downstairs.
- The provider had carried out surveys and listed the suggestions made by staff and relatives. The manager had arranged for areas to be improved or provided explanations as to why suggestions could not be followed up.
- The provider had also sent surveys to professionals to assess the quality of the service. The results of the surveys returned to the provider were very positive.
- The manager sent the registered manager and the provider a weekly report. The report documented admissions, discharges, enquiries and any other issues.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Staff were invited to attend meetings led by the manager. The minutes of the meetings showed the manager provided updates to staff.
- The manager chaired residents' meetings which included relatives and invited people to suggest improvements to the service.

Working in partnership with others

- There was partnership working in place with professionals and relatives. Whilst the service had developed positive working relationships with professionals such as the community matron and local GPs, other professionals had mixed experiences of working with the provider.