Anchor Trust

Palmersdene

Inspection report

Grange Road West
Jarrow
NE32 3JA
Tel: 01914280660
Website: www.anchor.org.uk

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Ratings

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

Overall summary

This inspection took place on 4 and 5 February 2015 and was an unannounced inspection. The last inspection took place on 4 December 2013. At that time the service was meeting the regulations we inspected.

Palmersdene provides care for older people for up to 40 people. Nursing care is not provided.

At the time of this inspection there were 39 people living in the service. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home is split over two floors, with the upstairs area being mostly for people living with a more advanced dementia or higher support needs.

The service was warm, (and whilst some modernisation of electrics, doors and windows had just begun), was clean and well maintained. There were eight care staff on duty and ten other staff. The service had an ethos of personalised support. This was demonstrated through

Summary of findings

the use of one page profiles outside some bedroom doors. The bedrooms were also called "flats" by staff, as the service ethos was this was their own flat, with its own front door.

Staff were always visible throughout the building, including upstairs where people living with more advanced dementia and needed extra support. We saw activities taking place throughout the day. Staff supported people to take part in these activities. When staff engaged with people these were all positive. For example, we observed one person started to cry at the table during lunch. A senior carer went to her and soothed her. Another person living in the service commented that staff appeared at times to be very busy, "They are a bit short staffed then they get stressed." But over the two days staff were not seen to be rushed in any of their interactions with people.

The service had recently made changes to the breakfast routine in the downstairs dining area following consultation with the people using the service. For example, having set breakfast times to make it feel less chaotic and more relaxed. The registered manager advised us the routine around mealtimes upstairs was under review. This was following staff and one person living in the service attending specialist dementia training. The registered manager aimed to integrate the learning from this specialist training over time.

Staff and people we spoke with all said they felt safe. They told us they could report concerns about safeguarding, complaints or other issues. One person said, "Oh yes I feel very safe." A relative said, "She was in sheltered housing before, she looks a lot better since being in here." There was documentary evidence that complaints and comments were responded to. One relative had commented negatively that, "The only reason I knew about her hospital appointments was because my wife told me." Another relative commented, "They always telephone me and keep me up to date with her care and appointments." Evidence was seen of communication between the service and families, and their involvement where possible.

The home, gardens and bedrooms were all maintained to a high standard. The sluice room on the first floor needed tiles replacing and had continence pads stored where they could be at risk of contamination by waste. The service manager took immediate action to replace the tiles and order new sluice equipment. The service's windows and internal doors were about to be replaced. Presently all windows had window locks and were in good order.

CQC monitors the operation of Deprivation of Liberty Safeguards (DoLS). There were a nineteen people in the home who were subject to the Deprivation of Liberty Safeguards (DoLS) process. Referrals had been made appropriately by the service and this was documented in people's care plans. There was evidence of best interests decisions being made for people who lacked capacity under the Mental Capacity Act 2005; however we discussed with the manager that records needed to reflect the principles of the MCA.

Staff we spoke with all said they enjoyed their work. They demonstrated a positive ethos and understanding of the needs of individuals in line with their care plans. When safeguarding and whistleblowing were discussed, staff stated they would raise issues with the registered manager, and felt that she was approachable. One staff member stated, "If I saw ill treatment from (either) a resident or staff I would report it immediately." We saw evidence in staff files of checking of references and Disclosure and Barring Service (DBS). Action was being taken with staff whose performance was not as the provider expected. Records showed regular staff meetings were held and that actions identified were then completed.

It was observed that medication was managed flexibly to ensure that those with time specific medications were prioritised.

The deputy manager had recently won a national care award. The service had its own award scheme. People living in the service, staff and visitors had the opportunity to nominate staff for an award.

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?

Good

This service was safe. Staff knew how to act to keep people safe and prevent harm from occurring. The staff were confident they could raise any concern about poor practice and these would be addressed to ensure people were protected. The staffing levels were organised to ensure people received appropriate support to meet their needs. People in the service felt safe and able to raise any concerns.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

This service was effective. Staff received on-going support to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drink and alternatives were offered if requested. People were given support to eat and drink where this was needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005.

Where people were deprived of their liberty this was in their best interests and reflected in their care plans. Where best interests decisions had been made these were least restrictive.

Is the service caring?

Good

This service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual care.

Is the service responsive?

Good

This service was responsive. People had their needs assessed and staff knew how to support people in a caring and sensitive manner.

People who used the service and visitors were supported to take part in recreational activities in the home and the community.

People could generally raise any concern and felt confident these would be addressed promptly.

Is the service well-led?

Good

This service was well led; the home has a registered manager. There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

Summary of findings

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery.

Those people, relatives, professionals and staff spoken with all felt the manager was approachable.

Palmersdene

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 5 February 2015 and was unannounced. The visit was undertaken by two inspectors 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.

Before the inspection we contacted the local authority commissioners and local adult safeguarding adults' team. They both held no concerns about the service. We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the visit we spoke with nine people who lived in the service, two relatives, two visiting professionals (district nurse and podiatrist) and eleven members of staff including the registered manager, deputy manager and their regional manager. The internal and external communal areas were viewed as was the kitchen, offices, staffroom, storage areas and sluice rooms and, when invited, some people's bedrooms. We observed some of the activities provided and the medication rounds on the two floors.

We reviewed six care plans, seven staff supervision records, the home's complaints files, health and safety records, contingency and evacuation plans, electrical and equipment safety certificates.

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.

Good

Is the service safe?

Our findings

During the inspection the people living in the service and staff said they all felt safe and would feel able to raise any concerns they had. One staff member said, “Though I’m not a carer I did the safeguarding training and would talk to the manager about anything I was worried about”. A person who lived at the service said, “Oh yes I feel very safe”, and other people also commented they felt safe and able to raise any issues.

The premises were clean and tidy. There was building work going on whilst the inspection was taking place. From speaking with the builders we were assured they were aware of the vulnerability of people using the service and had taken steps to reduce risks. The whole building was due to be decorated following these works. The sluice room on the first floor needed tiles replacing and had continence pads stored where they could be at risk of contamination by waste. The service manager took immediate action to replace the tiles and order new sluice equipment.

We saw the provider’s contingency planning and personal evacuation plans for people using the service. These were comprehensive and gave full details about each person. Such as their support needs in an evacuation, what alternatives could be put in place and where emergency equipment was stored.

The registered manager showed us the accidents and incidents reporting records, as well as the health and safety records. These showed where risks around falls risks had been identified and external advice or equipment had been sourced.

The provider used a tool to assess the levels of staffing required. This was used to calculate the number of staff needed to meet people’s needs. Some people commented that they did not feel there was enough staff. One person said, “If I press the bell by my bed it goes red but if it goes blue it means I am in a queue” and another person said, “They (Staff) are rushing around.” No one reported waiting a long time for support over the two days inspection. During our inspection we found that staff attended to people’s needs promptly and there were no observations of delays to people’s care.

Hoisting equipment in the service was maintained and in working order and was observed to be in use during the inspection.

We observed the medicines rounds on both floors of the service. We saw medicines that had to be given at a specific time were given outside of the usual medicine round. Some creams and ointments were recorded in the care plan so they could be applied whilst care was delivered.

All staff were recruited safely. The provider requested and received references and carried out Disclosure and Barring Service (DBS) checks. Where staff had disciplinary issues, records showed this was managed appropriately.

The service had raised safeguarding alerts over the previous year, including allegations against staff and between people using the service. These had all been managed appropriately via the local authority procedures.

The service reviewed risks, such as falls, accidents and incidents, and took appropriate steps to reduce risk and identify changes needed to the care plans. For example requesting equipment to reduce falls.

Good

Is the service effective?

Our findings

The people living in the service gave mixed views about staff training. One person said, "Yes they are well trained", but another person said "No not always". From looking at training records and speaking to the staff they all felt the training was good and that if they needed any additional support they could ask through supervision. Staff training records showed that training was up to date for all staff. Some staff had requested additional external training and this had been sourced and provided, particularly around dementia care. The staff said they felt well trained and supported. One staff member commented "The induction was good and there is further training if I need it."

The provider had a supervision matrix to ensure that all supervisions were timetabled and recorded consistently. Records showed that staff were supervised regularly and areas such as training and support needs and any concerns about the staff member's behaviour or conduct were covered during these sessions. Staff had annual appraisals and these showed evaluation of their work and made recommendations for future training.

One of the staff we spoke with was going through induction to a senior role. They told us they felt supported by the registered manager and deputy and that the advice, training and mentoring they gained was helping them make that transition. They also liked working at the service as "it had a positive working environment that cared for people."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals. The registered manager advised us that 19 people had been made subject to a deprivation of liberty as they needed to remain at the home for care and treatment. These referrals had been made promptly to the local authority following the recent supreme court judgement and had been approved.

There was also evidence of 'best interests' decision making for decisions where people lacked the capacity to make choices. There was evidence of the involvement of families and external professionals. The level of recording did not always reflect the key principles of the MCA in all files seen. For example, one decision about the use of 'as and when required' medicines covertly (without the persons' knowledge or consent) had limited information about this decision in their care plan. However, staff used this medicine in the least restrictive way and the best interests process had been followed. This detail had not been reflected in the care plan and in the records of a best interest decision meeting. This was discussed with the registered manager who agreed to ensure these details were recorded in future.

During the inspection a cooked meal was sampled and the dining experience observed by two members of the inspection team. The lunchtime meal on the ground floor was observed to be relaxed, whereas the meal time on the first floor was at times observed to be busier. In the upstairs dining area there were two people who needed some additional support during the meal, and this was a distraction to some of those eating. This was due to the higher needs of the people who were residing on this floor. The registered manager had identified changes, such as pictorial menus, that could be made to the upstairs dining experience and intended to implement these. People's comments about the food included, "The food is good, I can eat it, it is quite nice" and "If I don't like the food I hand it back and they will change it." People were offered drinks and snacks through the day. One person commented, "I can ask for drinks if I want them." There were some people who needed modified diets and there was a sign in the kitchen identifying who needed modified food and this was labelled clearly.

All people who were spoken with said the staff got permission or consent from them before doing anything, such as knocking on doors to enter or supporting with medicines.

It was noted there were issues with some people entering the rooms of other people who lived at the service. One person said, "I hide my TV Zapper in the drawer as the man next door takes mine". The provider and registered manager had attempted to reduce this occurring through signs on doors, with some success. The registered manager advised us that consideration would be given to the needs of people with dementia, such as signage, decoration and colour schemes as part of the planned redecoration.

Good

Is the service effective?

The building was purpose built as a care home, with a lift. The décor was sparse as the manager explained it had been cleared in preparation for the planned modernisation. Each room had its own letter box. The communal lounge/ dining area downstairs was open plan; upstairs the dining area and lounge were separate. There was also a hairdresser/ bar area room as well as a reminiscence room with period furniture. The building was clean and well maintained and close to local services. It appeared suitable for the people using the service.

Good

Is the service caring?

Our findings

Most of the nine people we spoke with who used the service said the staff were caring. One person said, “Yes they are kind” and “Yes I am happy, oh yes.”

During the inspection we observed positive interaction between people and staff which demonstrated an understanding of the person’s support needs. For example staff spoke with people while they moved around the home. When staff approached people they would say, “Hello” and inform people of their intentions. We heard staff saying words of encouragement to people, speaking to them in a friendly and respectful manner and responding promptly to any requests for assistance. During mealtimes staff supported people who needed assistance with meals and to ensure they had access to a drink and assistive cutlery and crockery as needed.

The registered manager told us that the service encouraged relatives and friends to stay in contact with people and continue previous lifestyle activities. One person said, “Friends from the church come and get me and take me to church and take me out.” Another person said, “They would take me out if I wanted but I don't want to go.” The service had also created activities within the home, with the provision of games equipment such as indoor bowls. Support was also available so people could take part in local activities such as churches and the local community centre.

Throughout the service there were notice boards which displayed information about activities, photos of previous activities and information about plans for the future. One person said, “I like to keep my own company, and they respect that, I’m a bit of a loner”. When this person was discussed with staff they recognised their choice, but still offered activities to them in case they changed their mind.

Staff understood how to provide care in a dignified manner and respected people’s right to privacy and choice. They spoke with knowledge about individual’s needs, for example when discussing a person’s particular needs around maintaining food and fluids where their dementia meant they often forgot to eat or drink adequately. Our SOFI observation carried out over a meal time showed positive interactions between staff and people, with limited interactions between people sitting together.

Interactions that were observed during the two days were all positive. When people asked the staff for support, if the staff were busy they agreed when they would come back and then did so or got another staff member to attend. Communication between staff and people was effective and took into account any communication barriers. For example a person with an advanced dementia needed reassurance and asked this of the staff a number of times. The staff member remained calm and assisted the person each time with the same manner and patience.

Visiting professionals spoke highly of the staff, “They ring me as soon as there is a problem” one said. Another felt that the staff offered a good level of care and attention noticing minor issues quickly. Two relatives also said “I think she gets good care” and “They keep me up to date with her care”.

Good

Is the service responsive?

Our findings

One of the people we met said “If they think I need the GP they contact them quickly”. Another person told us the district nurse comes in twice a day to check her blood. A visiting relative told us “They had the doctor in to look at her legs and they are much better”

The five individual care plans we reviewed clearly showed changes in people’s needs over time. Updated care plans did not cross reference to previous plans which did not assist the tracking of changes over time. We discussed this with the registered manager who said they would review this. Care plans contained information about each person’s diagnosis or condition, so that staff could review this information.

There was evidence that the input of external professionals such as GP’s, dietician and behaviour support had led to changes in care plans to reflect their advice. Examples seen included regular monitoring of fluid intake for those who needed additional support, as well as fortified diets. There was also evidence in staff meeting minutes and supervision records that the registered manager encouraged staff to record effectively and consistently in care plans and had taken action when this had not been the case. People who needed thickened or fortified drinks had this recorded in their care plans. Where people had dietician input, their advice was reflected in the each person’s care plans. The provider’s specialist in pressure areas had also helped the service develop an information file, and senior care staff had recently attended local NHS training about the use of equipment to prevent pressure areas.

The care plans we reviewed did not demonstrate how much involvement people had in their development and it was unclear how much choice was offered in the direction of their care. For example those people with capacity had not been invited to sign or evidence their involvement. But when asked all those living at the service replied that they were happy with the care.

The newly appointed activities co-ordinator stated they were developing plans to support staff to be more involved in activities. During the two days of our inspection staff were playing dominoes with the residents, playing with percussion instruments and using an indoor skittles set. The service also has a hairdressing room so people could have their hair cut and styled by a visiting hairdresser.

There was a bar area in the service and a men's club with a membership card. There was also a reminiscence room with period furniture with newspapers and materials for discussion from the past. One person we met told us how they enjoyed the gentleman’s club as it gave them a chance to meet as a male only group.

Staff and one person living in the service had recently attended training about dementia. As a result of attending this training the provider was developing an improvement plan for aspects of the service, particularly for those living with dementia. This had not been acted upon due to the Christmas period and building work, but the service manager advised they would build on this training further. They aimed to look at the use of decoration and colour in the home, as well as the upstairs dining experience to support those with dementia.

The complaints and comments records were reviewed for the last year, there were three in total. These showed complaints had been responded to in line with the provider’s complaints procedure. People felt able to raise issues. People commented, “I speak up for myself to my keyworker”, “I would go to the main carer or the office” and “If I had to raise an issue and they didn't listen I would contact the CQC.”

When people were asked if they were encouraged to raise concerns, one person said, “I am on the diabetic list, the carers didn't understand my diet so I went to the office and told them, It is all alright now, but they need to be trained better”. It was noted during the inspection that extra signage had been placed in the kitchen identifying those with dietary support needs, such as diabetics. The manager advised us this additional signage was in response to those concerns being raised

The provider sought the views of people using the service and the staff and feedback forms had just been completed. The area manager advised they would be working alongside the registered manager to develop an action plan to respond to the feedback. We saw the feedback forms which showed the services overall performance was slightly above the organisations average.

The provider or registered manager held regular meetings with residents to discuss plans as well as seek their input into the service. All of the people spoken with were aware of meetings, some said they went to these and one said, "I know about them but don't go, it is not in my nature”.

Good

Is the service responsive?

Minutes of these meetings showed that changes had been made to the service as a result of suggestions. For example the service had recently made changes to the breakfast routine in the downstairs dining area following consultation with the people using the service.

The provider has started to use one page profiles, and during the inspection examples were seen outside some of the bedrooms. These showed staff what a person's likes/ dislikes and characteristics were at a glance. Some of the staff had completed these as part of person centred planning training and these were visible in the staff areas.

Good

Is the service well-led?

Our findings

The home has a registered manager. We had been informed of reportable incidents such as expected deaths, safeguarding alerts and the outcomes of DOLS as required. The manager demonstrated they were aware of when the Care Quality Commission should be made aware of events and the responsibilities of being a registered manager. When people who lived in the service were asked about the manager they all said she was approachable, and one said, "It is relaxed and happy (here)."

The staff we spoke with all said that the registered manager and culture in the service was positive and focussed on the needs of the people who lived there. The service had its own award scheme. People living in the service, staff and visitors had the opportunity to nominate staff for an award. The deputy manager had recently won a national care award.

External professionals including those from the local authority said they had confidence in the management of the service. They felt they were open and transparent with issues and felt that concerns raised would be resolved. There was evidence of working with external professionals such as district nurses and behaviour support.

The registered manager and deputy were both on site on both days of inspection and were seen interacting with staff and people throughout that time. The deputy had a care delivery focus while the registered manager had more of a business manager role. The area manager, who represented the provider, was also present for most of the inspection and was able to explain their role which was to support the manager. This included carrying out monthly checks on staffing, health and safety, care plans and other documentation such as electrical safety and legionella checks, and hoisting equipment.

The registered manager carried out her own monthly checks on the service and kept a record of actions required. Examples included an issue with the seals on fire doors which will be addressed via the new doors replacement as part of the planned refurbishment. Audits and checks were carried out by the registered manager or by delegated staff (such as maintenance) and then checked by the area manager on their monthly visit. Records of incidents were reviewed, such as falls and challenging behaviour, as well as health and safety. Where actions were needed to be taken we saw these had been completed, such as referrals for assessment following falls.

The area manager told us this was one of her good services with a longstanding manager of nine years. They said they had no concerns about the service. They checked the regular audits carried out by the registered manager and spoke with people and staff each time they visited the service.

The deputy manager and a few staff had recently attended specialist training to support their work with people living with dementia. Both the registered manager and deputy recognised that the service for people living with dementia could be improved further by acting on this training. They hoped to start this one the planned modernisation work was completed.

Minutes of staff meetings were reviewed and showed that staff were supported. This was also demonstrated in supervision and disciplinary records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.