

Anchor Trust

Palmersdene

Inspection report

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Date of inspection visit:
02 May 2017
03 May 2017

Date of publication:
31 May 2017

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

Palmersdene is a two storey residential home which provides personal care for up to 40 people. There were 39 people living there at the time of our inspection, some of whom were living with dementia. All bedrooms had en-suite facilities.

At the last inspection on 4 and 5 February 2015, the service was rated good. At this inspection we found the service remained good.

Staff had completed training in safeguarding vulnerable adults and understood their responsibilities to report any concerns. Thorough recruitment and selection procedures ensured suitable staff were employed. Risk assessments relating to people's individual care needs and the environment were reviewed regularly.

Staff received appropriate training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

There was a welcoming and homely atmosphere at the service. People were at ease with staff and people and relatives said staff were caring. Staff treated people with kindness and compassion.

Staff had a clear understanding of people's needs and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Support plans were well written and specific to people's individual needs.

Relatives and staff felt the service was well managed. Staff described the registered manager as approachable and said there was an open culture. There was an effective quality assurance system in place to ensure the quality of the service and drive improvement.

Further information is in the detailed findings below.

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 ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 2 and 3 May 2017. Day one of the inspection was unannounced which meant the provider did not know we would be visiting. Day two was announced so the provider knew we would be returning. The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with people living at the service. We spoke with eight people and six relatives. We also spoke with the registered manager, the deputy manager, one team leader, four care assistants, the maintenance person, the administrator and one member of housekeeping staff.

We reviewed four people's care records and four staff files including recruitment, supervision and training information. We reviewed medicine administration records for 10 people as well as records relating to the management of the service.

Due to the complex needs of some of the people living at Palmersdene we were not always able to gain their views about the service. 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.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Palmersdene. A person told us, "I'm safe here because I'm well cared for. I've got everything I need." Another person said, "I'm safe because I get looked after properly. I'm happy here."

Relatives told us they felt people were safe. One relative said, "I never thought there would be a place like this for [family member]. They're safe because there are enough staff on duty and staff tell me the slightest thing."

A staff member said, "People are very safe here. All staff have completed safeguarding training and all the relevant policies and procedures are in place. Staff know what to do in terms of safeguarding and whistle blowing."

Staff had completed training in how to protect people from abuse. Protecting people from abuse was also routinely discussed at staff meetings and during staff members' one-to-one sessions with management. This meant staff were frequently reminded of their responsibilities to keep people safe and how to report any concerns.

Staff understood the need to report any concerns to the management team without delay. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately.

We reviewed recruitment files for three staff who had begun working at the service since the last inspection. A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. The provider's policy was to repeat DBS checks every three years.

There were enough staff on shift to meet people's needs quickly and keep them safe. Staffing levels on the days of our inspection were the registered manager, the deputy manager, two team leaders, six care assistants, two domestics, two kitchen staff, one maintenance person and one laundry staff. The registered manager said, "I've never used agency staff here."

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from

the building in an emergency. A colour coding system which related to whether people needed assistance in the event of an emergency was in use outside people's rooms. This was a good visual prompt for staff.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and hoists. Other required inspections and services included gas safety and legionella testing. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff, such as referring people to the challenging behaviour team.

The arrangements for managing people's medicines were safe. Medicine records we checked had been completed accurately. The administration of topical creams was recorded on medicine administration records and individual care records. Staff who administered medicines had completed up to date training and their competency was checked regularly.

Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature. However, during the last three weeks the temperature in one of the rooms where medicines were stored had been slightly above the recommended temperature for safe storage. When we spoke to the registered manager about this they said they would get a fan put in straight away and monitor its effectiveness.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately.

The service was clean, decorated to a good standard and had a welcoming atmosphere. A relative told us, "The cleanliness here is marvellous."

Is the service effective?

Our findings

Records showed staff training in essential areas was up to date. Training which the provider classed as essential included nutrition and hydration, dementia awareness and moving and assisting. Staff we spoke with said they had completed enough training relevant to their role.

Relatives we spoke with said staff were trained to do their job. One relative told us, "They really know their jobs."

New staff completed a comprehensive two week training programme as part of their induction. This included training on the provider's values and principles, health and safety, safeguarding vulnerable adults and fire safety. One staff member told us, "The induction was very good. I had a lot of help and support."

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. Supervision records were detailed and relevant.

Staff told us they felt supported and valued by the registered manager. One staff member said, "We don't have to wait until our supervision is due before we raise anything. We can go to the team leaders, deputy manager or manager at any time."

People were supported to maintain their health and wellbeing. The service had close links with healthcare professionals such as the diabetic nurse, ophthalmologist, and podiatrist. People's care records contained evidence of consultation with professionals and recommendations for staff to follow.

People were supported to maintain a balanced diet and to have enough to eat and drink. We observed lunch time during our inspection. There were enough staff to support people to eat. Tables were nicely set with tablecloths, cutlery and condiments. On the first day of inspection lunch was a choice of tomato soup, beans on toast, and a selection of sandwiches followed by fresh fruit salad and ice cream and tea or coffee. Other options were available if people preferred an omelette or a jacket potato. Hot and cold drinks were readily available depending on people's preferences. The main meal was served at tea time. The meal time experience was pleasant and relaxed.

People we spoke with told us the food was a good standard and they had enjoyed their lunch. One person said, "We get so well fed here."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. We saw DoLS applications had been made appropriately and authorised for 23 people who needed them. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests.

Staff we spoke with had an understanding of MCA and DoLS and why it was important to gain consent when giving care and support. Staff knew who had a DoLS in place and gave examples of why. Staff told us how they involved people in decision making where possible, for example when choosing what to eat or wear.

During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. We saw evidence that people and/or relatives currently using the service had consented to their care, treatment and support plans.

There were visual and tactile items to engage people living with dementia. The dementia unit on the first floor was decorated like a high street with a post office façade, a tea room, social club and hairdressers. A bus stop and timetable had been donated by a local bus company. There were themed areas such as the garden and beach. People's bedroom doors were painted different colours according to their preference. Written and pictorial signs helped people orient themselves around the home. Menus were available in picture format to support people living with dementia to choose their meals.

Is the service caring?

Our findings

People we spoke with said they were more than happy with the care provided. One person told us, "The staff are great. I've got everything I need here." Another person said, "The staff really look after us."

A relative said, "The minute we walked into this home we knew this was the one for my [family member]. The staff are lovely, very respectful towards residents and down to earth. The girls call my [family member] 'grandad' and he loves that. The care is always the same and staff have a lovely manner with everyone. They're so professional and helpful. It's a lovely home." A second relative told us, "I'm over the moon with [family member's] care, it couldn't be better. The staff give 100%. They see to [family member's] every need." A third relative commented, "The girls are worth their weight in gold. They've got hearts of gold. Staff are aware of each individual's needs."

There were positive relationships between people and staff. People were at ease in the company of staff and there was a welcoming and homely atmosphere. Staff spoke to people kindly and calmly and explained what they were doing before providing care. Staff supported people to do the things they enjoyed and also encouraged independence with daily living. For example, going to the local pub, walking short distances and laying the tables in the dining rooms.

One staff member told us, "Staff are definitely caring towards our customers. We treat them like extended family." Another staff member said, "Staff here always take into account people's preferences and promote their independence. There is a person-centred approach."

Staff knew people well and exactly what support people needed in various situations. For example, during our inspection one person who used the service was anxious. Staff listened to their concerns, reassured them appropriately and explained what they could do to support the person. Interactions between staff and people who used the service were unhurried.

Each person who used the service was given a 'service user guide' (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint.

Information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

The service had received 13 written compliments since the last inspection from people who used the service and relatives. Comments included, 'Your staff are a credit to your home' and 'The staff have made me feel so comfortable I feel at home.'

People's needs and wishes for their end of life care were captured in 'end of life profiles.' These contained details about how a person would like to be cared for, the people involved in their care and their wishes after they passed away. This meant staff knew what people needed and wanted when they came to the end

of their lives.

Is the service responsive?

Our findings

Care plans were detailed and personalised. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had a 'one page profile' which provided a person-centred snapshot about the individual for staff to refer to. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, mobility and communication. This meant staff had access to key information about how to support people in the right way.

Records showed care plans were reviewed by staff monthly or when a person's needs changed. Relatives told us they were invited to attend monthly care review meetings and they felt fully involved in their people's care. A relative told us, "I'm involved in all discussions and decisions about my [family member's] care."

People took part in activities at the service and were supported to access the local community. The registered manager told us care staff organised activities. An activities timetable was in place but staff said this was flexible due to changes in people's needs. Activities included takeaway nights, sing-alongs, film afternoons or evenings, art and crafts, using an iPad for reminiscence or relaxation, going out for meals, quizzes and virtual reality headsets with footage of the local area.

One person told us how much they had enjoyed a recent vintage tea party which was attended by the local mayor. This person said, "It really was a lovely afternoon especially the children dancing." A relative told us, "When my [family member] first moved in they were down but staff brought them round gently and now they're socialising more than they ever did before."

The registered manager told us how local church members regularly visited the service to give people communion and how people from the church invited people and staff to coffee mornings.

Relatives said staff responded to changes in people's needs promptly and informed them immediately. For example, staff arranged an assessment by an occupational therapist when a person was discharged from hospital and their ability to walk unaided had decreased. A relative told us, "Staff always let me know if [family member] is unwell and needs to see the GP or needs to go into hospital. They keep me informed of everything."

The provider had a complaints procedure in place and people and relatives told us they knew how to make a complaint if necessary. People said they would speak with the registered manager, the deputy manager or a member of staff should they have any concerns. A relative told us, "I can't criticise anything at all. I've never had to complain. If I needed to I would speak to the manager or the deputy."

Nine formal complaints had been received since the last inspection. These had been dealt with appropriately and in line with the provider's policy. One relative we spoke with said they had raised a complaint and they were completely satisfied with the outcome.

Following one complaint about the laundry the registered manager implemented a new system to reduce the risk of items going missing. Each person had their own laundry basket and the contents of each basket were laundered separately. This meant lessons were learnt from complaints.

Is the service well-led?

Our findings

There was a registered manager at the service. 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 registered manager had been in post since 2007. People and relatives we spoke with knew the registered manager and the deputy manager well. A relative commented, "The manager and deputy are both very approachable. The management team are good and all the staff work well as a team." Another relative told us, "The manager, deputy manager and team leaders are excellent and always there for you."

Staff said the registered manager was approachable and supportive and there was an open culture. One staff member said, "[Registered manager] has been great. I really do feel supported. [Area manager] is brilliant too. They'll always take the time to chat to staff." Another staff member said, "[Registered manager] is good at giving you positive feedback. They're always concerned how the staff are."

Staff told us how the registered manager arranged an annual awards ceremony for staff. A staff member told us, "Everyone was involved in the awards ceremony. It makes you feel appreciated." The registered manager told us, "This is so I can say thank you to the staff."

Staff meetings were held monthly. Issues covered included staff training, activities and care records. Staff told us they felt able to voice their opinions and raise any concerns at these meetings or at any time as there was an open culture. Minutes of staff meetings were taken so staff not on duty could read them later. Staff views were sought via an annual survey which had recently been conducted. The engagement score for this was 87% which was positive.

People's feedback was sought regularly via residents' meetings, monthly care planning meetings and an annual survey. The results of a recent survey scored 908 out of 1000 for people who used the service and 851 out of 1000 for relatives (www.yourcarerating.org).

A 'you said we did' board was on display in the entrance area. At a recent residents' meeting people said they preferred staff to provide entertainment on social evenings rather than getting an entertainer from the community to come in. This was acted upon and staff told us how they now provided the entertainment. Also, people requested a sweet shop so this was placed in the entrance area. This meant people's feedback was acted upon.

There was an effective quality assurance system in place to monitor key areas such as safeguarding concerns, accidents, incidents and medicines administration. Regular audits carried out by the registered manager and provider led to action plans with completion dates where necessary. For example, a recent audit identified not all individual support plans had been signed so this was rectified.