

Anchor Hanover Group Palmersdene

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

Palmersdene is a care home providing accommodation and personal care for up to 40 people including people living with a dementia. At the time of inspection, 35 people were living at the home.

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

People told us they liked living at the home and they felt safe living there. The majority of feedback from relatives was very positive regarding the level of care and support provided. A visiting professional was also complimentary about the home. .

Appropriate environmental and personal risk assessments were in place to keep people safe. Medicines were handled safely by staff who had received appropriate training in this area. Staff were recruited safely.

People's needs were fully assessed prior to coming to live in the home. This ensured the home could cater for people's needs and ensured staff had the right level of skills and experience to care for people safely. Staff told us they received lots of training to support them in their role.

People were supported to maintain a varied, healthy and balanced diet. Feedback from people and relatives was complimentary about the variety and standard of food offered. People could choose what they wanted to eat from the menu or could ask for an alternative if they wished. People told us they had access to refreshments and snacks throughout the day. Where necessary, people were referred to healthcare professionals to support their health and well-being.

Most people and their relatives were very complimentary about staff and told us staff supported them in a very caring and dignified way. We did receive some less positive feedback and we shared this with the registered manager. Staff encouraged people to maintain their independence as much as possible and this was seen throughout the inspection.

People had access to a variety of activities both inside and outside the home and could access the garden area as they chose. People's end of life wishes had been captured in their care plans.

The registered manager gathered feedback through various sources. They sent out yearly questionnaires to gather people's and relatives' opinions. This feedback was used to further improve the level of care provided. The registered manager carried out a range of monthly quality checks across all aspects of care and service provided.

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.

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

Rating at last inspection (and update)

The last rating for this service was good (published 31 May 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Palmersdene

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 team consisted of one inspector and one 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

Palmersdene 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.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We also contacted Healthwatch. 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 spoke with the registered manager, the deputy manager, three carers, two ancillary staff, the chef, the regional wellness co-ordinator and one visiting professional. We also spoke with 12 people who lived at the home and seven relatives.

We reviewed a range of records, including care records and medicines records. We looked at one staff personnel file and records related to the management of 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.

After the inspection

We continued to speak with the registered manager to discuss and confirm the inspection findings.

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.

Using medicines safely

- People's medicines were managed safely. People told us staff gave them their medicines on time. One person told us, "I get given my medication three times a day and all is fine."
- Staff who administered people's medicines had received appropriate training in this area. Their competency regarding the safe handling of medicines was assessed regularly throughout the year. Staff told us they were confident to administer medication.
- The registered manager and deputy manager completed regular audits and these were used to identify any errors which supported the registered manager to put appropriate actions in place.

Assessing risk, safety monitoring and management

- The provider had appropriate environmental risk assessments in place and these were reviewed and updated regularly.
- Accidents and incidents were reviewed by the registered manager or the deputy manager. Where necessary risk assessments were reviewed and updated to prevent reoccurrence.
- Care plans included various risk assessments to support people to both as safe and independent as possible. They also supported staff to care for people safely.

Systems and processes to safeguard people from the risk of abuse; staffing and recruitment

- People were protected from abuse. The provider had a safeguarding policy in place. Staff received regular training in safeguarding. Staff we spoke with told us they were confident in their ability to identify safeguarding issues and would not hesitate to report any safeguarding concerns
- People and their relatives told us the home was a safe place to live. One person told us, "I feel very safe in here. What makes me feel safe is that I am not on my own and I always have help here." One relative told us, "It's very safe in here. I never worry about my family member in that way."
- Safeguarding incidents had been reviewed, logged, and notified to the appropriate authorities.
- Staffing levels had been calculated to meet the needs of people living at the home. Where there was a change in people's needs, staffing levels were reviewed.
- The provider had a safe recruitment process in place which made sure only suitable people were employed to work in the home.

Preventing and controlling infection

- Infection control procedures were maintained. Staff received regular training in infection control.
- The home was very clean and dedicated domestic staff were employed to make sure, a high level of cleanliness was maintained. Adequate amounts of cleaning products and personal protective equipment were available for staff to use. This included gloves, aprons, and hand gel to help prevent the spread of

infection.

Learning lessons when things go wrong

- The registered manager used previous incidents as a point of learning. The registered manager shared with us how following a review of audits, they had identified an issue regarding how information was recorded. This had resulted in a change of process not only within the home but at an organisational level also.

Is the service effective?

Our findings

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

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

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

- People's individual dietary needs were catered for. People were supported to eat a healthy diet and enjoyed a wide variety of home-cooked fresh food. The home's chef held regular 'food taster' sessions with people, which allowed people to choose what they would like to be included on the menus.
- People and relatives were complimentary about the food. One person told us, "I really like the food here; we are well looked after. There is always enough to eat," and one relative told us, "My relative has put on a stone since they came to live here, they eat everything."
- People's weights were regularly checked. Where concerns were identified with people's eating or fluid intake, people were referred to the appropriate healthcare professionals for their review.

Staff support: induction, training, skills and experience.

- Staff had the appropriate skills and experience to care for people. They carried out regular refresher training. New members of staff completed the Care Certificate programme of training. They also shadowed existing members of staff prior to commencing their own care duties.
- People, relatives and one visiting professional told us staff had the right level of experience to care for them safely. One visiting professional told us, "The staff here are very pro-active. They try things before coming to us – they always listen to any advice and guidance given."
- Staff received regular supervision and appraisal. Staff we spoke with confirmed this.

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

- People needs were fully assessed prior to moving into the home. This was carried out in line with best practice guidance.
- Prior to living at the home, people and their families were encouraged to visit, look around and enjoy a meal. The registered manager told us this approach had been successful in supporting people's decision in wanting to live in the home.
- People and their relatives (where able), had been involved in the creation of care plans. People's care plans included lots of information regarding how people wished to be cared for. For example, for one person it was very important they were active and presentable in their appearance, and they also enjoyed a whisky and lemonade on an evening.

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

- People received care which was consistent for their needs. The service had formed good relationships with local healthcare and social care professionals. One visiting professional told us, "I am here three times per

day. Staff know people here very well, I have no concerns whatsoever – staff always listen."

- Where necessary people had been referred to various healthcare professionals, including hospital consultants, GPs and dentists.
- Staff knew the people they cared for very well. They told us they knew when people were poorly and would not hesitate to seek professional advice if needed.

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

- The home had been well furnished and decorated to create a comfortable and welcoming environment. Various areas of the home were dementia friendly which supported people to engage with. For example, a dedicated old-fashioned shop where people could buy sweets and toiletries, a garden themed area for people to enjoy and a themed tea room where people could choose to enjoy their meals.
- People's bedrooms were comfortably furnished and held lots of personal items. On the first day of inspection a new person came to live in the home. This person's relative told us how important it had been to allow family members to furnish their loved one's room with personal items from the family home. They also told us they intended to decorate the room so that it was reminiscent of their family home.
- People had access to an outside garden area.

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, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made when needed.
- Where people lacked capacity, records showed capacity assessments had been completed and decisions had been made in people's best interests. These documents were reviewed on a regular basis.
- Staff had a good understanding of the MCA and applied this in their work.

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

- The majority of feedback received from both people and their relatives was positive. Comments included, "Staff here are all good ones yes," and "Staff are lovely. Our family members come at various times of the day and staff always answer questions and are polite." However, we did receive some feedback which was less positive and included, "They are alright yes, odd one I do not like mind you and I feel they have a little bit of an attitude in their manner, but most are nice yes." We fed this comment back to the registered manager during inspection and they told us they would investigate this comment.
- Staff were seen to be very kind and caring during their interactions with people. We saw staff providing lots of positive support to people. One person became upset at breakfast time and did not want to join in. Staff accompanied this person to a quieter area and sat comforting them. After a few minutes of chatting, this person visibly brightened and began to smile and laugh with staff and agreed to have some breakfast.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. People told us they felt their privacy and dignity was always respected and this was seen throughout the inspection.
- People's personal appearance was very good in terms of their personal cleanliness and their clothes. Staff were dignified when supporting people and were quick to respond when people needed assistance.
- Staff were keen to promote and support people to maintain their independence and evidence of this was seen throughout the inspection.

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

- People and relatives (where able) told us staff discussed their care with them. As a result, people and their relatives felt involved in people's care.
- Care plans held information about people's likes and dislikes. For example, one person's care plan stated, "I would like staff to sit with me and listen to my life story, as you will be amazed at the stories I have to tell."
- Information regarding advocacy services was available for people to access. Where required, information was available in other formats to support people's needs.

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

- People received care which was based upon their own individual preferences, including their likes and dislikes, along with details of what was most important to them. For example, one person's care plan stated they loved listening to music and would like to join in any musical activities.
- Care plans were reviewed on a regular basis with people and were updated when people's needs changed. Relatives comments included, "Yes we have seen [Person's name] care plan. We saw it when they first came in and we have been told we will be able to review it again in a few weeks' time."

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

- People were well supported to maintain relationships which were important to them. For those people whose relatives lived far away, staff supported people to use an ipad so they would remain in contact with their loved ones.
- The home regularly 'opened their doors' to the local community, via 'Spare Chair Sunday' or 'Fish and Chip Friday.' These events supported people from the local community to come along to the home and enjoy a meal with friends who lived there. The registered manager told us, one person who used to attend one of these sessions now lived in the home, following their weekly visits.
- The home did not have a dedicated activities co-ordinator as all staff were responsible for supporting and encouraging people to engage in activities. People did have access to various activities including, baking, painting, singing for the brain and OMI. OMI is a computerised system which supports reminiscing via games and quizzes.
- The majority of feedback regarding activities was positive, and comments included, "I like the activities I like singing for the brain and doing aqua painting." However, some comments were less positive, and included, "They don't always have time to do any activities. I would like more." We shared this feedback with the registered manager.
- Local churches were regular visitors to the home to support people in their faith.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Those complaints which had been received had been actioned in line with the provider's policy.
- People we spoke with told us they had not raised any complaints but knew who to speak to if they were unhappy. Feedback from relatives was mostly positive and they told us they were happy and had not raised any concerns or complaints. However, one relative told us they had raised a complaint and were not happy with the response from the registered manager. We shared this feedback with the registered manager.

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.

- Pre-admission assessments were used to recognise each person's specific communication needs.
- Documents were available in various formats for people to read. Those people with hearing and vision impairments had access to braille and loop systems to support them.

End of life care and support

- Care plans included very detailed and caring information regarding people's end of life and funeral wishes.
- At the time of inspection, no one was receiving end of life care. Staff had received training in end of life care.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on their duty of candour responsibility

- Audits to check the quality of care and service provided were regularly completed. They had identified areas for improvement which were seen to have been actioned.
- All staff we spoke with told us they enjoyed working at the home and were proud of the level and standard of care they delivered. Without exception, all staff we spoke with told us they would be happy for their relative to live in the home and that was down to the great staff and great care. Seven members of staff had been selected as finalists in the National Care Awards and the Chef Manager had been successful in gaining a place in the Chef of The Year Award.
- The registered manager had notified CQC of incidents in line with regulations and their legal responsibilities.
- The manager reviewed matters brought to their attention. Where necessary investigations were carried out and actions taken to address any issues.

Working in partnership with others

- Staff worked in partnership with other professionals to ensure people received a good level of care. The registered manager also attended regular regional meetings along with attendance at a yearly care conference. This supported the registered manager to keep up-to-date with any new initiatives or changes in the care industry.

Continuous learning and improving care

- Continuous learning was promoted within the home and was supported via various audits which were completed at a regional level. All this information was captured onto the provider's system, which is a quality system used to drive improvements and continuous learning within the service.
- The registered manager shared with us their plans to create a 'bar' on the ground floor of the home. They told us they felt people would enjoy this new feature and would make good use of this.

Planning and promoting person-centred, high-quality care and support with openness

- The registered manager operated an open-door policy in order to promote openness and transparency. People and a visiting professional we spoke with told us they felt service was well-led. Feedback was mostly positive regarding the registered manager.

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

- The registered manager had recently sent out annual surveys to people and relatives, the result of which had not yet been compiled. The home's compliments folder included positive feedback. One thank-you card included, "To [Registered Manager] and all staff at Palmersdene. Thank you for all your hard work and professionalism. I appreciate all you have done caring for my mother. You are all a credit to your profession."
- Residents meetings were held. During one meeting, people had requested instead of the usual Christmas entertainment, they would prefer staff to put on a 'Stars in Their Eyes' show instead. Photographs taken on the day showed people and staff having a lovely time.
- Local residents were welcomed into the home in order to promote a greater sense of community. People who were going to be alone on Christmas Day were invited to come along and enjoy a day of Christmas festivity. Local schoolchildren were also regular visitors and staff also brought their children and grandchildren into the home. Photographs showed people and children enjoying a painting session together.
- The registered manager held team meetings. Staff we spoke with confirmed this.