Popular Care Ltd

# Peterlee Care Home

## Inspection report

Westcott Road
Peterlee
County Durham
SR8 5JE

Tel: 01915180447

Date of inspection visit:
23 November 2017

Date of publication:
02 February 2018

## 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

This inspection took place on 23 November 2017 and was unannounced. This meant the registered provider did not know we would be visiting.

Peterlee Care Home was last inspected by the Care Quality Commission (CQC) on 20 and 21 July 2016 and was rated Requires Improvement overall and in two areas, Safe and Responsive. We informed the provider they were in breach of regulation 12 regarding the safe management of medicines and the management of risk assessments and regulation 9 regarding not having person centre activities which met people's individual needs.

Whilst completing this visit we reviewed the action the provider had taken to address the above breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had ensured improvements were made in these areas and this had led the home to meeting the above regulations.

Peterlee Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Peterlee care home provides nursing and personal care for up to 44 people. At the time of our inspection there were 41 people living at the home, some of whom were living with dementia.

There was a registered manager in place. 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.

At the last inspection we found that the service didn't have appropriate arrangements in place for the safe handling of medicines. This was in regard to topical medicines that were found to be not dated on opening and no guidance in place for staff to administer them correctly. As Topical medicines such as creams or ointments have a short shelf life such as 28 days once opened. At this inspection we found that improvements had been made to the storage and management of topical medicines and improved directions and recording were in place.

At the last inspection we found the service didn't offer a varied range of activities for people that were individualised to their needs, wishes and preferences. At this inspection we saw that this had been improved and a wider range of activities were provided that were more meaningful and we saw people taking part and feedback was positive.

At the last inspection we found risk assessments were not managed appropriately. At this inspection we found that risks to people were assessed and improved. These risk assessments were up to date

individualised. These were in place to ensure people could take risks as part of everyday life and minimise any potential harm by mitigating risks.

Accidents and incidents were monitored by the registered manager to highlight any trends and to ensure appropriate referrals to other healthcare professionals were made if needed.

The premises and people's rooms were clean and tidy and throughout the inspection we saw staff cleaning communal areas. Staff had access to plenty of personal protective equipment.

People who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

Staff understood safeguarding issues and procedures were in place to minimise the risk of abuse occurring. Where concerns had been raised we saw they had been referred to the relevant safeguarding department for investigation. Robust recruitment processes were in place.

Staff were supported to maintain and develop their skills through training and development opportunities.

Staff had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further training needs
People's health was monitored and referrals were made to other health care professionals where necessary, for example, their GP.

People were treated with equality, dignity and respect.

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.

Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act to make decisions in the person's best interest. For those people that did not always have capacity, mental capacity assessments and best interest decisions had been completed for them. Records of best interest decisions showed involvement from people's family and staff.

Consent to care and treatment records were signed by people where they were able.

People were supported to maintain a healthy diet, and where needed records to support this were detailed.

People enjoyed their dining experience and we received positive feedback regarding the food and the choices on offer.

Throughout the day we saw that people who used the service, relatives and staff were comfortable, relaxed and had a positive rapport with the registered manager and also with each other.

The service supported people to access advocacy services. Procedures were in place to provide people with appropriate end of life care.

People's needs were assessed before they moved into the service. Care plans were then developed to meet people's daily needs on the basis of their assessed preferences. Plans were improved and included more person centred details regarding people's preferences and were updated regularly.

An experienced registered manager was in place and understood the importance of monitoring the quality of the service and reviewing systems to identify any lessons learnt. The service regularly consulted with people, relatives and staff to capture their views about the service.

## 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 has improved to Good.

Improvements had been made to ensure people's medicines were managed safely.

Risks to people were assessed and improved and up to date individualised plans were in place to minimise them.

Safe recruitment systems were in place.

Staff had an understanding of safeguarding issues and the action they would take to ensure people were safe.

### Is the service effective?

Good

The service remains Good.

People were supported to maintain a healthy diet.

People were supported to access other healthcare professionals as required.

Staff training was appropriate and up to date.

Staff were supported by regular supervisions and appraisals.

The service was worked within the principles of the Mental Capacity Act 2005 to protect people's rights while providing care and support.

### Is the service caring?

Good

The service remains Good.

People and their relatives spoke positively about the care they received at the service.

People were treated with equality, dignity and respect.

People could access advocacy support when required.

People were supported to make choices.

## Is the service responsive?

Good

The service had improved to Good.

personalised and group activities were on offer for people to access.

Peoples care plans were person centred and contained details on preferences and personal history.

People knew how to make a complaint if needed.

People were supported with end of life care.

## Is the service well-led?

Good

This service remains Good.

A registered manager was in place. A registered manager is a person who has registered with CQC to manage the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff were complimentary about the management and the provider.

Staff were supported by the management arrangements and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

# Peterlee Care Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 23 November 2017 and was unannounced. This meant the registered provider did not know we would be visiting. The service was previously inspected in July 2015 and was not meeting all the regulations we inspected.

The inspection team consisted of one adult social care inspector, a specialist advisor in nursing 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 we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, provider information report, safeguarding notifications and complaints.

We also contacted the local Healthwatch who is the local consumer champion for health and social support services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. We used the feedback we received to inform the planning of our inspection.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

At the inspection we spoke with six people who used the service, five relatives, the deputy manager, the registered manager, domestic, kitchen and maintenance staff, seven care staff, one volunteer (activities assistant) and one visiting GP from the local practice who regularly visited the home.

We also reviewed records including: three staff recruitment files, five medicine  records, safety certificates, four support plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Good

# Is the service safe?

## Our findings

At the last inspection in July 2015 the service was rated requires improvement. We found that the service didn't have appropriate arrangements in place for the safe handling of medicines. This was in regard to topical medicines and creams that were found to be not dated on opening. As Topical medicines such as creams or ointments have a short shelf life such as 28 days once opened. We also found there was no guidance in place for staff to administer creams and topical medicines correctly such as body maps with clear directions on how and where to apply them.

At this inspection we found that improvements had been made to the management of topical medicines and improved directions for staff to follow including body maps and recording of opening dates on creams were in place.

At the last inspection we found risk assessments were not managed appropriately. At this inspection we found that risks to people were assessed and improved. These risk assessments were up to date individualised. These were in place to ensure people could take risks as part of everyday life and minimise any potential harm by mitigating risks.
The people who used the service and their relatives told us they felt safe at the Peterlee care home and that there were enough staff to meet their needs safely. One person commented, "Yes it is safe and clean, they are always cleaning, it's immaculate." One relative told us, "I have never had any doubts about safety here."

We looked at staffing levels and rotas and found the service had sufficient staff employed. We received positive feedback from people and their relatives about staffing levels. One relative told us, "The staff always have time to care." We observed that staff were available in communal areas of the home and that call bells were responded too quickly.

We looked at the systems in place for medicines management. We looked at five medicines administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We also looked at storage, handling and stock requirements. We found that appropriate arrangements for the safe handling of medicines were in place.

The registered manager had introduced improved recording for topical creams including better recording of opening dates. Body maps and clear directions for staff and robust checks were carried out more regularly to ensure the medicines administration process was safe. Medicines were stored securely. Controlled drugs were regularly recorded accurately. Controlled drugs are medicines that are liable to misuse. Room and medicine fridge temperatures were recorded daily. This meant they were stored at the right temperature.

Some people were prescribed 'as and when required' medicines. These were included in the records and these were more person centred detailing how and where people preferred to take their medicines.

People were supported to take positive risks safely as part of everyday life there were individual risk assessments in place that covered areas such as accessing the community, moving and handling and oral

hygiene. These were supported by plans which detailed how to manage the risk. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. These risk assessments were updated and current.

Accidents and incidents were monitored by the registered manager for any trends and to reduce any repeat incidents. Actions were recorded and any referrals to the falls clinic were documented.

We looked around the home and found that areas were clean and well presented. All staff we spoke to were aware of how to prevent and control cross-infection. They gave examples of good hand washing techniques, wearing protective clothing such as aprons and gloves and disposing of laundry in the correct coloured bags and bins. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when serving food and administering medicines.

We observed cleaning being carried out and cleaning schedules were in place. However it was noted that the carpets on the first floor and lounge area were tired. This was pointed out to the registered manager who assured us this would be addressed with extra cleaning and replacing. We received evidence of this following the inspection.

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding.

We looked at maintenance of the building and saw that the appropriate checks had been made to ensure the building was safe including, fire systems, emergency lighting, electrical testing, gas safety checks and water temperatures. We spoke with the maintenance worker who told us, "I have worked here for 17 years and enjoy my job. The manager helps a lot, she argues for us and I get what I need to maintain a safe and caring environment for the service users, she has made a big difference and I am very happy in my job."

Staff files we looked at showed the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, requesting two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also reduces the risk of unsuitable people from working with children and vulnerable adults. We saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates and nursing staff registrations.

Good

# Is the service effective?

## Our findings

People were supported by enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, and people who used the service and their relatives felt that staff knew them and their care needs well. One person told us, "I get on with all the girls, they know me well." And one relative told us, "[name] had a stroke and the staff all knew how to care for her, the care is good."

People were supported by staff who received regular support and development opportunities, through supervision and training. Supervisions and appraisals are important in helping to reflect on and learn from practice, personal support and professional development. One member of staff told us, "I have worked here for three years and I like it, the manger is lovely and supports us all 100 %. I get regular supervision and appraisal and enough training to do my job, I can always ask my colleagues for advice and the manger is always happy to talk to you."

Staff received mandatory training in areas including manual handling, safeguarding, health and safety, infection control, pressure ulcer care, fire training, equality and diversity, the Mental Capacity Act 2005 and nutrition. Mandatory training is training the provider thinks is necessary to support people safely. One member of the nursing staff told us, "I love my job, we get a lot of training mostly face to face arranged with providers very little e learning, recently we did the National Service Framework for end of life care. We are supported by the Community Mental Health team with dementia training and behavioural management techniques." The Gold Standards Framework is training to ensure better lives for people and recognised standards of care.

People were supported to maintain a healthy diet. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs.

We spoke with the kitchen staff who were knowledgeable of peoples dietary needs and were able to tell us how they adapt the menu to suit individual needs, they told us, "We have people who are diabetic and I make custard without sugar for these people. I don't like anyone to miss out. We have people with allergies due to medications so we are careful." When we asked if they supported any one with cultural dietary needs they told us, "Not at the moment, but it's not a problem, I have a budget for anyone who comes in new who can't have what's on the menu. I would send out to get something in that they could have and then go from there once we spoke with them to find out what they like and what they needed."

We observed lunch time and people told us that they enjoyed the dining experience and the food on offer. The feedback was positive people told us, "The food is lovely but we get too much but that's because I don't eat much." Another told us, "You get well fed" and "The food is excellent."

People were supported by a range of community professionals including, social workers, GPs, speech and language therapy. People were also supported to attend medical appointments. We spoke with the visiting GP who told us, "I have no issues with this home, the care is good and they are pro-active, informative and professional, I know many of the staff and believe them to be trustworthy and caring, I would recommend

it."

People who used the service who were living with dementia were able to navigate around the building making use of the adapted environment. We observed that the first floor was specifically adapted and designed to meet people's needs. The walls were brightly coloured as well as handrails which stood out visually. People's bedroom doors were individually painted and had the person's name on and some had photos to aid identification. We observed people enjoying the different seating areas and focal points. This all provided visual and tactile interest for people living with dementia.

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. Clear records of people who were subject to DoLS were kept, which contained evidence of the involvement of external professionals and people's families. This meant people's rights to make particular decisions had been upheld.

Consent to care and treatment records were signed by people where they were able.

Good

# Is the service caring?

## Our findings

People who used the service and their relatives told us the staff were caring, supportive and attentive at all times. People told us, "It's all very good" and "The staff are very helpful." Another told us, "We are 100% well looked after." Another told us "I am happy here, they look after me but it is not ideal I am on this floor with people who have dementia I understand why it had to be but soon I am moving downstairs and looking forward to my wheel chair, I have my phone to contact the outside world and the staff are kind in supporting my choices and independence, they really look after me" One relative told us, "This is [name's] second family."

People were treat with dignity and respect and we observed how staff protected peoples dignity. Staff explained things to people and asked people for their permission for example when supporting people to eat, take medicines or supporting with moving and handling.

People were supported to be independent and were encouraged by staff to maintain this. We observed staff during art and craft activities encouraging people to be more independent by offering reassurance and guidance rather than doing things for people. We also saw that this was part of peoples care plans too for example one stated '[Name] can wash themselves in their own room'.

At the time of the inspection one person at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard to be able to exercise their rights. There was information readily available that was also in an easy read format for people, staff and relatives regarding local advocacy options. We asked staff about advocacy and they were knowledgeable and one staff member told us, "Yes we know why we need advocacy [name] has one as they don't have capacity and need them to support them with decisions."

We discussed with the registered manager how people's religious beliefs were supported and they told us that currently there was no one using the service who was activity following a religion but they were able to tell us about the local places of worship that people could access. They told us, "One person was active but they refused a visit from the local priest so we respected this."

Staff we spoke with were genuinely interested in people's wellbeing and happiness. They spoke with warmth as they told us about people and their families. Staff were knowledgeable about people's likes and dislikes, interests and the people important to them.

People were supported with personal relationships, friends and relatives could visit at any time and told us they were welcomed. The registered manager told us how they and the staff team had worked together recently and supported a person through a personal bereavement. Their partner had passed away who used to visit them regular and they had to support the person who had learning disabilities to understand what had happened and they supported with attending the funeral and with on-going support.

Good

# Is the service responsive?

## Our findings

At the last inspection we found the service didn't offer a varied range of activities for people that were individualised to their needs, wishes and preferences. At this inspection we saw that this had been improved and a wider range of activities were provided that were more meaningful and we saw people taking part and feedback was positive.

At this inspection we saw improvements had been made and people were supported to take part in a range of activities that were meaningful and some were individualised. The service had an activities co-ordinator in place and a volunteer who supported their role. There was a mix of planned events, activities and ad hoc outings and activities depending on people's preferences. People and their relatives we spoke with were positive about the activities and one person told us, "If they want anything doing I help and I always find something to do" and "I go out with her (activities co-ordinator), we go to the shops for tea."

The home had an activities room, which had various activities going on including jigsaws, draughts, colouring in, skittles, games such as "guess who", face paint, and craft supplies. During our inspection we observed several people making Christmas decorations together with the activities co-ordinator.

A weekly planner on the wall had photos of activities coming up in the week that included, music, films, art and crafts, vintage style 'memory cafe', salon/hair and manicures, shopping, table games, bingo and afternoon tea, chair exercises, TV and newspapers/magazines.

The service had made further improvements and had designated rooms for different activities they were in the process of developing a movie room that was set up theatre style with a big screen and black out blinds. There was also a sensory room with tactile fibre optic lights and bubble tubes, pictures that were projected and sounds. There was also a room that was decorated in a vintage tea room style and used as a café and people were using it during our inspection. People had choice where they spent their time.

People could also enjoy individual activities and we observed people using 'twiddle mitts' which are tactile items worn on people's arms. These can be used to help relieve anxiety for people living with dementia. One person living with dementia, believed that she works at the care home, and we observed staff allowing her to feel included in tasks and would shadow staff and clearly felt she was working

People were encouraged to get involved in various events and we saw photos on display of these. The activities coordinator told us, "We go out to the local community centre to attend exercise sessions and coffee mornings."

People were encouraged to take part in regular 'residents' and relatives' meetings where activities were discussed as well as the menu and these meetings were an opportunity to share ideas and information.

The care plans had been improved and were more person-centred and gave in depth details of the person. Person centred is when the person is central to their support and their preferences are respected. Care plans

contained one page profiles that reflected people's preferences, how they liked their support, their needs and background information. These care plans gave an insight into the individual's personality. Care plans contained daily notes and these were detailed and gave valuable insight to the staff team regarding people's care.

Staff we spoke with confirmed their understanding of person- centred care and told us, "What we do is all for our residents, nobody else."

Handover records showed that people's daily care was communicated when staff changed over at the beginning and end of each shift. We saw these covered areas including how the person had slept, their activities that day and any visits received by external professionals. Information about people's health, moods, behaviour and appetites were shared. This meant staff were aware of the current health and well-being needs of people.

People and their relatives were able to complain if they wished. There was a complaints policy in place, and where issues or complaints had been raised these had been investigated, recorded accurately and the outcomes were communicated to the people involved. People told us they were confident they could raise issues if they wanted to.

The complaints procedure was made accessible and the registered manager showed us how they had adapted it to suit people's needs. This was part of a 'service user guide' that was kept in peoples bedrooms and also used at 'residents' meetings. This contained accessible information about safeguarding and complaints using pictures, large print and pictures.
People were supported to gain access to appropriate information in a format of their choice. The registered manager gave us various examples and we saw a range of information during our inspection that was on display for people. The daily menus were made up of photographs of food as was the activity agenda and notice board.

People were supported by caring, professional staff at the end of their life and relatives we spoke with couldn't praise the service enough. We spoke to a person's family whose relative was receiving End of Life care. They said that throughout this difficult time "The staff all loved [name] they were all fantastic with [name] and with us there were always trays of coffees and support and we could sit with [name] as long as we wanted. [Name] always got their choices in everything and staff even encouraged them to hold their cup of tea themselves still keeping independence going as long as they could. It was lovely to see how much everyone loved [name] all the staff came and said goodbye." Did they use the gold standards framework that staff had received training on?

People were supported to make advanced end of life care plans in preparation if they wished and we saw that these where detailed, appropriate and contained personal preferences and wishes.

Good

# Is the service well-led?

## Our findings

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have.

People who used the service and their relatives were complimentary about the registered manager and one person told us, "The manager is wonderful. We can always talk to her." A relative told us, "I believe things have improved so much since this manager took up post, she and her team have made things miles better, she is always interested and always talks to relatives, everything has improved for the better."

Staff felt supported by the registered manager, who they said was approachable and would help them resolve any issues they had. One member of staff told us, ""I have worked here for many years and love the job, the manager is very supportive." Another told us, "I get on very well with the manager, and she empowers us and actually listens, a great team leader who treats everyone with the same care and respect. The manager is one of the best things about this job."

The registered manager ran a programme of audits throughout the service and these were carried out regularly. These included, medicines, the environment and care plans. We asked about the improvement made to the medicines audits that were now in place since our last inspection and they told us, "The audits cover everything but the medicines audits are done monthly by me and the senior manager audits them weekly and the pharmacy come in once a year but more if we want. It's also about the staff checking them all the time and making them more aware."

There were clear lines of accountability within the service and external management arrangements with the registered provider. Quality monitoring visits were also carried out by the registered provider and these visits included, staffing, health and safety, premises and facilities.

The registered manager had an improved action plan process in place to address issues raised from their own findings and from the registered provider. We could see from the records that issues were addressed by the registered manager, for example highlighting when body maps needed to go in people's care plans to guide staff where to apply creams.

The registered manager ran a range of meetings to regularly communicate with staff which included health and safety meetings, staff meetings and managers meetings.

The registered manager told us about the links the service had with the local community. They told us how they regularly attended the local community centre and accessed the local lending library and loaned sensory equipment for people. For example lights and projectors to display images.

The most recent quality assurance survey results were available. These were collected regularly using a questionnaire. The results contained positive feedback from people who used the service, visiting

professionals, staff and relatives. These were displayed area for people to see and actions taken. One of the things that people had requested was a minibus for more trips out. The registered manager and the activities co-ordinator were able to share examples of how they had acted upon this request and by hiring a minibus for the service and organising more outings.

Policies, procedures and practice were regularly reviewed in light of changing legislation to inform good practice and provide advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.