

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Palace House Care Home

460 Padiham Road, Burnley, BB12 6TD

Tel: 01282428635

Date of Inspection: 03 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Cooperating with other providers</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Farrington Care Homes Limited
Registered Manager	Mrs Jeanette Bromley
Overview of the service	Palace House Care Home provides accommodation with nursing and personal care for up to thirty three people. It is situated on the main road between Burnley and Padiham near to shops, public transport and local amenities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 3 June 2014, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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An adult social care inspector carried out this inspection. The focus of the inspection was to answer five key questions:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

During this inspection we spoke with five people using the service and two visitors. We also spoke with three care staff, a housekeeper, the deputy manager and the acting manager. We viewed records which included, three care plans and daily care records, policies and procedures, training records, staff rotas, menus and records of meals served, minutes from meetings and monitoring records.

We considered the evidence we had gathered under the outcomes. This is a summary of what we found:

#### Is the service safe?

Staff had received appropriate training and had access to 'safeguarding adults' and 'whistle blowing' procedures to help them recognise and respond to any signs of abuse or neglect. The management team was clear about their responsibilities for reporting incidents in line with local guidance and staff knew how to report any poor practice.

Staff had received training, and there were proper policies and procedures, in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had been submitted. This should ensure people's best interests were safeguarded.

People told us they were happy with the staff team and said there were enough staff. We found there were sufficient, skilled and experienced nursing, care and ancillary staff to meet people's needs.

Is the service effective?

People told us they enjoyed the food. Comments included, "The food is great and there is always a choice", "The food is very good and I get the diet I need" and "The food is alright". Catering staff were aware of people's dietary preferences and were able to provide specialist diets as needed. Records showed there was a choice of food and drinks available.

There were systems in place to monitor the quality of the service and to monitor staff practice in areas such as medication, care planning, infection control and environment. However, the audits were not completed on a regular and planned basis and it was not clear how improvements had been made where shortfalls had been identified.

There had been no recent customer satisfaction surveys sent to people using the service or their relatives. This meant people's views of the current service were not up to date.

Is the service caring?

We observed staff interacting with people in a pleasant and friendly manner and being respectful of people's choices and opinions. People told us they were happy with the staff team and one person said, "Staff are brilliant; I can't praise them enough".

Most of the care staff had achieved a recognised qualification in care and all had received training to meet the needs of people living in the home. It was clear from our observations and discussions with people that staff had a good understanding of people's needs.

Care records contained useful information about people's preferred routines and likes and dislikes. This should help staff look after people properly and ensure they received the care and support they needed and wanted.

Is the service responsive?

There were opportunities for involvement in a range of suitable activities. People had been involved in discussions and decisions about the activities they would prefer and activities were arranged for small groups of people or on a one to one basis. Comments included, "There is always something to do but I am happy to do my own thing" and "I get involved if I am interested in what they are doing".

People had been encouraged to express their views and opinions of the service through meetings and during day to day discussions with staff and management. There was evidence their views had been listened to.

People were confident they could raise any concerns with the staff or managers. However we found that whilst people's concerns had been responded to, they had not always been clearly recorded. This meant it was difficult to determine whether there were recurring problems or whether the information had been monitored and used to improve the service.

Regular reviews were carried out to respond to any changes in people's needs and to ensure the level of care was appropriate. Records showed some people living in the home, or their relatives had been involved in the planning and review of their care but this was not always clearly documented.

People's health and well-being was monitored and appropriate advice and support had been sought in response to changes in their condition. People told us their health needs were met. Assessments of any risks were recorded, managed and kept under review. This would help to keep people safe from harm.

Is the service well-led?

The current acting manager had been in post since April 2014 and would be forwarding an application to register as manager. We were told an application to de-register the previous manager had been forwarded to the Care Quality Commission (CQC).

We were told the home had been visited by representatives from the organisation. However, without any records of these visits, we were unable to determine how the day to day management of the home and how the manager's practice had been monitored.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

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People told us they were happy with the care and support they received. Comments included, "It's a good place; I can come and go as I please", "The atmosphere is good" and "I am very well looked after".

We looked at three people's records. We found people's needs were assessed by suitably experienced staff, prior to admission to the home, to determine whether they could be looked after properly. Records showed people's care, treatment and support was planned and delivered in line with their individual care plan.

We found the care plans contained some useful information about people's preferred routines and likes and dislikes. This would help staff to look after them properly and ensure people received the care and support they needed and wanted.

Regular reviews were carried out to respond to any changes in people's needs and to ensure the level of care was appropriate. Records showed some people living in the home, or their relatives had been involved in the planning and review of their care but the provider may wish to note this was not always clearly documented. One person living in the home said, "They talk to me about the care I want".

People's health and well-being was monitored and appropriate advice and support had been sought in response to changes in their condition. People told us their health needs were met. One person said, "The staff look after my medicines as I am not safe to do it myself" and another said "The staff make sure the doctor is contacted when I need".

Assessments of any risks were recorded, managed and kept under review. This would help to keep people safe from harm. However, the provider may find it useful to note instructions for staff to follow to reduce any risks were not always clearly recorded. This meant there was a risk people may not receive the support they needed.

Policies and procedures had been developed about the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Staff had received training which would help them to understand their responsibilities when making decisions for people who were unable to consent to care and treatment. We saw people's capacity and ability to make 'safe' decisions had been assessed which would help to make sure people were safe and ensure they received the support they needed and wanted. There had been no applications made under the Deprivation of Liberty Safeguards. The acting manager said she was aware of the procedure to follow to ensure people were safeguarded.

Staff told us they were able to discuss people's needs at regular 'handovers' which should make sure they were up to date and everyone received the care they needed. We were told there had been concerns about the effectiveness of communication but action had been taken to address this. We observed staff interacting with people in a pleasant and friendly manner and being respectful of people's choices and opinions.

From looking at records and from discussions with people who used the service, we found there were opportunities for involvement in suitable activities. However, we found the records were not always reflective of people's involvement. People had been involved in discussions and decisions about the activities they would prefer and activities were arranged for small groups of people or on a one to one basis. Comments included, "There is always something to do but I am happy to do my own thing" and "I get involved if I am interested in what they are doing".

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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We looked at three people's records. We found people's nutritional needs had been assessed which helped determine whether they were at risk of dehydration or malnutrition. People's weights were monitored and appropriate professional advice and support was sought when needed.

People told us they enjoyed the food. Comments included, "The food is great and there is always a choice", "The food is very good and I get the diet I need" and "The food is alright". Catering staff were aware of people's dietary preferences and were able to provide specialist diets as needed.

Records showed there was a choice of food and drinks available. During our visit we observed people being offered alternatives to the menu. However, the provider may find it useful to note there were no records relating to the provision of suppers, snacks and drinks. This meant it was difficult to determine whether everyone's nutritional needs were being met at these times.

We observed staff being attentive and supportive during the lunchtime meal. People were supported to eat and drink sufficient amounts to meet their needs. The dining room was bright and pleasant and people were provided with appropriate cutlery and crockery to aid their independence. The meal time was not rushed and people were able to eat at their own pace. People told us they were able to dine in their rooms if they preferred.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected because the provider worked in co-operation with others.

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**Reasons for our judgement**

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From a review of the records we found the service had good links with other health care professionals to make sure people received prompt, co-ordinated and effective care.

There were processes in place to ensure relevant and appropriate information was shared with other providers when people were admitted, transferred or discharged to another service.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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Staff had access to 'safeguarding adults' and 'whistle blowing' procedures and had received training to help them recognise and respond to any signs of abuse or neglect. The acting manager told us update training was being planned. The provider may find it useful to note there were two different copies of the safeguarding procedures and one of the copies included incorrect contact information for the local authority. This could cause confusion for staff and a delay in reporting any incidents of abuse or neglect.

Staff were aware of the action they would take to protect people from harm. They also told us they would feel confident to speak out against poor practice if needed. The management team was clear about their responsibilities for reporting incidents in line with local guidance.

During our visit we observed people were content and relaxed and they told us they were happy with the care and support they were getting. People said, "The staff are very good; very kind" and "I'm well looked after".

We saw there were strategies, training and guidance in place to support staff to deal with difficult behaviours. This would help to keep themselves and others safe.

There were systems in place to manage people's money safely. We looked at three people's records. Clear records were maintained of any transactions to ensure people's finances were safeguarded.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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We spoke with people living in the home. They told us they were happy with the staff team and said there were enough staff to meet their needs. Comments included, "I press my bell when I need help and they always come", "Staff are brilliant; I can't praise them enough" and "There are enough staff; they are lovely". A visitor said, "Staff are very good". During our visit we observed people's calls for assistance were promptly responded to.

We spoke with three staff. They told us there was sufficient staff to look after people properly and staffing numbers were kept under review and adjusted in line with occupancy levels. Staff comments included, "It's a good place to work" and "We have a good team".

We looked at the staff rotas. We found the home had sufficient skilled and experienced nursing, care and ancillary staff to meet people's needs. Any shortfalls, due to sickness or leave, were mainly covered by existing staff or bank staff. This ensured people were looked after by staff who knew them.

Staff received appropriate professional development. They were enabled to attain recognised qualifications in health and social care. Records showed training in various relevant topics had been provided and further training was being arranged. This meant staff had developed and updated their knowledge and skills to deliver care to people safely.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had systems in place to assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The current acting manager had been in post since April 2014 and would be forwarding an application to register as manager. We were told an application to de-register the previous manager had been forwarded to the Care Quality Commission (CQC).

From a review of records and from talking to people, we found people had been encouraged to express their views and opinions of the service through meetings and during day to day discussions with staff and management. We were told a customer satisfaction survey was due to be sent to people using the service, and their relatives. This should ensure people's views of the current service would be up to date.

People were confident they could raise any concerns with the staff or managers and we found the provider had responded to people's complaints, comments and suggestions. However, the provider may find it useful to note there were no clear records of people's minor concerns. This meant it was difficult to determine whether appropriate action had been taken, whether there were recurring problems or whether the information had been monitored and used to improve the service. We discussed this with the acting manager who assured us clearer records would be maintained of people's concerns.

There were systems in place to monitor the quality of the service and to monitor staff practice in areas such as medication, care planning, infection control and environment. However, the provider may find it useful to note it was not clear how improvements had been made where any shortfalls had been identified.

We were told the home had been visited by representatives from the organisation although these visits were not recorded. This meant it was difficult to determine the outcome from their visit.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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