

Farrington Care Homes Limited

# Palace House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out an inspection of Palace House on the 16 and 17 February 2016. The first day was unannounced. This was the first inspection of the service following registration with the Commission in February 2014.

Palace House provides accommodation and nursing and personal care for up to 33 people. At the time of the inspection there were 27 people accommodated in the home.

The home is a large detached property situated on the main road between Burnley and Padiham in Lancashire. It is near to shops, churches, public transport and local amenities. There are safe and accessible gardens and parking is available for visitors and staff.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection visit we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to ineffective quality assurance and auditing systems, management of people's medicines and recruitment processes. You can see what action we told the registered provider to take at the back of the full version of the report.

We also made recommendations about maintaining and developing the environment and the induction of new staff.

People told us they did not have any concerns about the way they were cared for. They told us they felt safe and were looked after. They said, "I have not seen anything untoward" and "I am looked after and treated very well." One relative said, "I'm confident the staff are always the same whether I'm here or not; (my relative) is safe and looked after." We observed staff responding to people in a friendly, respectful and caring manner. We noted staff showed concern for people's comfort and well-being.

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice and had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they had knowledge of the principles associated with the legislation and people's rights.

People were happy with the care and support provided. They said, "There is always something going on and always someone to talk to" and "It's a great place; staff take time to talk and spend time with me." A visitor said, "I am very satisfied; it's a nice place, a very happy place."

Staff were knowledgeable about people's individual needs, preferences and personalities and people were involved in making choices and decisions about their day. People were encouraged to be involved in the running of the home and were kept up to date with any changes.

People were encouraged to express their views during day to day conversations with management and staff and during reviews and meetings. They were aware of how to raise their concerns and complaints and were confident they would be listened to.

People told us they were given their medicines when they needed them. However, we found areas where improvements were needed to ensure people's medicines were always managed safely.

The service had introduced clear recruitment and selection policies and procedures although we found the safe and fair process was not always followed.

People told us there were sufficient numbers of staff to meet their needs in a safe way. They felt staff had the skills to provide them with effective care and support and were happy with the care they received. We found a number of gaps in the provision of training. However a dedicated trainer had been appointed to help ensure staff were up to date with all training. Staff told us they were supported in their work. Improvements were needed to the induction processes for new staff.

People raised no issues about the cleanliness of the home. They said they liked the accommodation at Palace House and had been able to personalise their bedrooms. They said, "It is a lovely home and they have improved some of the rooms" and "Work needs doing to improve it but otherwise it's very homely with good facilities." We found improvements had been made but there were areas in need of attention. However, it was difficult to determine what improvements would be made and the expected timescales for completion without a formal development plan.

Everyone told us they enjoyed the meals. We found various choices were on offer and drinks and snacks were regularly offered. People commented, "The meals are wonderful" and "The food is nice and always well presented; even the pureed meals are in separate portions." We noted the atmosphere was relaxed with chatter and friendly banter throughout the meals. Staff were aware of people's dietary preferences, the support they needed and any risks associated with their nutritional needs. Appropriate professional advice and support had been sought when needed.

Everyone had a care plan, which had been reviewed and updated on a monthly basis. Information was included regarding people's likes, dislikes and preferences, routines, how people communicated and risks to their well-being. People told us they were kept up to date and involved in decisions about care and support.

There were opportunities for people to engage in a range of suitable activities both inside and outside the home. One visitor said, "They go out of their way to make sure people keep up with their faith and with their friends and family." People living in the home said, "There is plenty going on. I often go out shopping and I can go to Church" and "There is something on to break up the day; it's good."

People made positive comments about the management of the home. They said, "Things have improved here" and "It is a good home with a very good name." We found systems to monitor and improve the quality of the service required further improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. People told us they felt safe living in the home and did not have any concerns about the way they were cared for.

We found there were some safe processes in place to support people with their medicines. However, medicines were not always managed safely.

Staff were not always recruited in line with safe procedures. There were sufficient numbers of staff available.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Whilst improvements had been made we found a number of areas in need of attention to ensure the environment was comfortable for people to live in. Without a formal development plan it was not clear how this would be progressed.

People felt staff had the right level of skills and knowledge to provide them with effective care and support. Staff were provided with training and development.

People told us they enjoyed the meals and we observed them being given appropriate support and encouragement with their meals. People were supported to access a range of health care professionals to help ensure their general health was being maintained.

A number of referrals under the Mental Capacity Act (MCA) 2005 had been made to help ensure people received the care and treatment they need.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People told us they were happy with the home and with the approach taken by staff. Staff responded to people in a caring and considerate manner and we observed good relationships between people.

Staff took time to listen and responded appropriately to people. Some people were able to make decisions and choices about their daily lives.

People and their relatives had been involved in ongoing decisions about their care and support and information about preferred routines had been recorded.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were encouraged to discuss any concerns during meetings and day to day discussions with staff and management. They told us they did not have any concerns but were confident they could raise them.

Each person had a care plan that was personal to them which included information about the care and support they needed. People were aware of their care plan and had been involved in the review of their care.

People were supported to take part in a range of suitable activities. People were able to keep in contact with families and friends.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

People made some positive comments about the management and leadership arrangements at the service.

Quality assurance and auditing processes were not effective. Systems to monitor and improve the quality of the service required further improvement.

There was a positive and open atmosphere at the home. People and their relatives were involved or had opportunities to be involved in the development of the service.

# Palace House 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 16 and 17 February 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We also contacted the local authority contract monitoring team for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with five people living in the home, two visitors, the registered manager, deputy manager and two care staff. Following the inspection we spoke with two health care professionals and with three relatives on the telephone.

We looked at a sample of records including three people's care plans and other associated documentation, four staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance records, policies and procedures and audits.

We observed care and support in the communal areas during the visit and spoke with people in their rooms.

## Is the service safe?

### Our findings

People living in the home told us they did not have any concerns about the way they were cared for. They said, "People are available when I need them", "Staff are lovely to me", "I am well looked after and feel very safe here", "I have not seen anything untoward" and "I am looked after and treated very well." Visitors told us, "It is a lovely home. There are enough staff and they make sure people are safe here", "There always seem to be enough staff; sometimes staff seem to be rushed but that depends on how people are that day" and "I'm confident the staff are always the same whether I'm here or not; (my relative) is safe and looked after" and "I've never seen anything to concern me."

During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was friendly, caring and kind.

We looked at how the service managed people's medicines. People told us they were given their medicines when they needed them. Nursing staff who were responsible for the safe management of people's medicines had received appropriate update training although regular checks on their practice had not been completed to ensure they were competent and safe. Detailed policies and procedures were available for staff to refer to but had not been reviewed to reflect the home's current practice. This could result in errors being made.

We observed the morning and lunch time medicine rounds were completed in a timely way although on one occasion we noted the Medication Administration Records (MARs) were not signed at the time the medicine was given. We were also told prescriptions were not seen or checked by the home prior to dispensing which was not in line with the home's safe procedures and could result in error.

We noted instructions such as 'as directed' were used on the MARs which meant there was not always clear guidance for staff. Where medicines were prescribed as 'when required' or 'as needed' (PRN), guidance was not always clearly recorded to make sure these medicines were offered consistently by staff. We also found directions on the MARs had been changed each month by staff to reflect medicines could be given PRN. We discussed this with the deputy manager and registered manager. We were told a GP had authorised the changes but action had not been taken to ensure the prescription directions were changed for the next cycle of ordering. The registered manager told us GPs and the community pharmacist would be contacted to resolve this.

Records showed tablet counts were undertaken each week and a number of inaccuracies had been found particularly around PRN medicines. This meant staff were not signing for medicines given. The registered manager produced documentation to demonstrate that appropriate action was being taken to address this. We noted some external medicines such as creams and ointments were being applied by care staff but signed as given by the nursing staff. We discussed this with the deputy manager as suitable MARs were available to support care staff with this.

The provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the home currently operated a monitored dosage system (MDS) of medication. This was a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. People's medicines were stored in secure cabinets in their bedrooms. There was a designated room with appropriate storage for other medicines and refrigerated items.

We found accurate records and appropriate processes were in place for the receipt, storage and disposal of medicines. Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. People were identified by a photograph on their medication administration record (MAR) which helped to reduce the risk of error. Any allergies people had been recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them.

Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the previous month which helped monitor whether medicines were being given properly and boxed medicines were dated on opening to help make sure they were appropriate to use. Some people's medicines had been reviewed by their GP which helped to ensure people were receiving the appropriate medicines. Care records showed people had consented to their medication being managed by the service on admission and whether they were able, or wished to, self-medicate.

The service had clear recruitment and selection policies and procedures. We looked at the recruitment records of four members of staff. We found a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we noted there were no clear photographs as a means of identification, no employment contracts, no record of interview and no offer of employment letters maintained on staff files. We also noted one file did not include a second written reference and application forms did not demonstrate a fair process and needed to be reviewed.

The provider had failed to operate safe and robust recruitment and selection processes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular checks on the registration status and fitness to practice of all nursing staff had been completed. We noted agency nursing and care staff were being used to cover shifts. The home had received confirmation from the agency that they were fit and safe to work in the home.

People using the service, their relatives and staff told us there were sufficient numbers of staff to meet their needs in a safe way. Staff told us planned leave or long term sickness was normally covered by existing staff or agency staff who knew the home. From our discussions and from looking at records we found staffing numbers had recently been increased in the morning.

We looked at the staffing rotas. There was one nurse on duty all day with five care staff in the morning reducing to four care staff in the evening; a nurse and two care staff were available at night. Laundry,

domestic and kitchen staff were available each day and an activities person worked three afternoons each week. There was also an administrator, a maintenance person and the registered manager. We noted any shortfalls in staffing numbers had been covered wherever possible by existing staff. We were told agency staff would be used if needed. The registered manager did not currently use a recognised staffing tool to help her to determine the required numbers of staff but assured us she would look into this. Staff told us they had a stable team that worked well with each other.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was not included with the procedures for staff to refer to. However the contact information was available in the staff office. There was information about recognising and reporting abuse displayed in the hallway for people living in the service and their visitors to read.

Staffs told us they had received safeguarding vulnerable adults training. Records confirmed this. Staff had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. We had good evidence that the management team was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. We saw equipment was safe and had been serviced. We noted there was a business continuity plan which provided information for staff about the action they should take in the event of an emergency or the failure of a service, for example the gas or electricity supply.

Training had been given to staff to deal with emergencies such as fire evacuation and with moving and positioning people safely. During our inspection we observed staff adopting safe practices when supporting people to move around the home.

Individual risks had been identified in people's care plans and kept under review. Risk assessments were in place in relation to pressure ulcers, nutrition, falls and moving and handling. The assessment included information for staff about the nature of the risk and how it should be managed. The assessments were reviewed monthly or sooner if there was a change in the level of risk. We noted personal emergency evacuation plans (PEEP) were not in place for all people using the service. This meant staff did not have guidance on how to support people to evacuate the premises in the event of an emergency. The registered manager assured us this would be completed as part of the care plan development.

Records were kept in relation to any accidents and incidents that had taken place at the service, including falls. The records were reviewed by the registered manager and follow up action, such as referral to a GP or other health care agency was clearly recorded.

There was key pad access to leave the home and visitors were asked to sign in and out of the home. This would help to keep people safe. We noted a number of people living in the home were aware of the codes and used them to move freely in and out of the home.

We looked at the arrangements for keeping the service clean and hygienic. People raised no issues about the cleanliness of the home. A visitor said, "They work hard to keep the home nice and clean." We did not look at all areas but found the home was clean and odour free. The current training matrix indicated 29 out

of 42 staff had received infection control training and further sessions for all staff were planned. There was a designated infection control lead who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date.

We noted staff hand washing facilities, such as liquid soap and paper towels were available around the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. However, pedal operated waste bins had not been provided. Appropriate protective clothing, such as gloves and aprons, were available. There were contractual arrangements for the safe disposal of waste. The registered manager told us the need for individual hoist slings had been identified and they were being ordered.

The laundry was situated on the corridor to the lounge and dining areas. There was sufficient equipment to launder and maintain people's clothes. There was a facility for sluicing soiled clothes and different coloured bags were used to separate contaminated waste and laundry. A domestic and a laundry person worked each day. A basic cleaning schedule was in place and consideration should be given to developing a more detailed schedule. There were sufficient cleaning products available.

## Is the service effective?

### Our findings

People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. People said, "I like to sit in my room; I have a lovely view" and "I can't find any fault; it is lovely." Visitors said, "It is a lovely home and they have improved some of the rooms", "Work needs doing to improve it but otherwise it's very homely with good facilities" and "The home is lovely both inside and outside." A health professional told us, "It's a happy place but is in need of decorating."

Palace House is an extended detached older property which has retained a number of original features. It is situated on the main road between Burnley and Padiham and is near to shops, churches, public transport and local amenities. Accommodation is provided on two floors with a passenger lift. On the ground floor there is a lounge and dining area with quiet seating areas. There are safe and well maintained gardens and seating areas for people to use.

Bedrooms provided single occupancy and some had en-suite facilities. Suitably equipped bathrooms and toilets were within easy access or commodes were provided as needed. Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

We looked around the home. We did not look in all rooms and found some areas were in need of attention including damage to doors, plaster, wallpaper and woodwork and a stained corridor and entrance hall carpet. We also noted faulty glazing in some of the bedrooms, a torn bedroom carpet and water damage to a number of ceilings. However, we also noted a number of improvements had been made since our last inspection visit and refurbishment and redecoration was ongoing. Improvements included refurbishment and redecoration of bedrooms. There was a maintenance person and a system of reporting required repairs and maintenance was in place.

The registered manager showed us a list of improvements and work that needed to be completed. However, without a formal development plan it was difficult to determine whether this had been agreed with the provider, what improvements would be made and the expected timescales for completion. There were no records to show there had been discussion about planned and needed improvements with the provider. We discussed the importance of maintaining a formal improvement plan with the registered manager.

We looked at how the service trained and supported their staff. People felt staff had the right level of skills and knowledge to provide them with effective care and support and they were happy with the care they received. People said, "Staff are very good they know what they are doing." A visitor said, "They are very professional and up to date" and Staff told us they were up to date with their mandatory training and felt they had the training they needed. Staff said, "Training is much better. It's not all done on the computer so it's easier to follow" and "Training has improved under the new owners."

The training matrix was not up to date and showed a number of gaps in the provision of training. However we were told a dedicated trainer had been appointed which would help ensure staff were up to date with all

training. Training included safeguarding vulnerable adults, infection control, food hygiene, person centred approach, dementia care, moving and positioning, health and safety, diet and nutrition, equality and diversity and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Additional training was provided to enhance the skills of the nursing staff. We were told all staff had achieved a recognised qualification in care or were working towards one.

Consideration was being given to providing support, training and development to evidence and maintain the nurse's registration with the Nursing and Midwifery Council (NMC). Staff told us they felt supported by the registered manager and by other members of the team. There was a plan in place to ensure all staff received regular formal one to one supervision sessions. This would help to identify shortfalls in their practice and the need for any additional training and support.

We looked at the records of three recently employed staff. We found one person had received a basic induction into the routines and practices; we were unable to find a record of induction on the other files. However, staff told us new staff would work with and shadow more experienced staff until they were confident to work independently. The registered manager explained new staff would complete a basic induction and would then commence a recognised qualification in care. The Care Certificate had not yet been introduced. The Care Certificate is an identified set of standards that health and social care workers adhered to in their daily working life.

We were told the home would use the same agency nursing and care staff to provide continuity of care. However, they were not given any formal induction to the home or the layout of the building which could place people at risk. The registered manager gave assurances she would introduce a basic safety induction, introduction to the home and plan of the home for all new agency staff.

Staff told us handover meetings, communication sheets and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff had access to a range of policies and procedures to support them with safe practice. A healthcare professional told us, "Staff have a good knowledge of people's needs."

We looked at how people were protected from poor nutrition and supported with eating and drinking. Everyone we spoke with told us they enjoyed the meals. They told us, "The meals are wonderful", "The food is lovely; can't fault it. We have a choice of meal" and "Good food; I enjoy my meals." Visitors said, "It always looks nice and smells good", "The food is nice and always well presented; even the pureed meals are in separate portions" and "They know what (my relative) likes."

The menus and records of meals served indicated people were offered meal choices and also alternatives to the menu. During our visit we observed late breakfasts and lunch being served; the meals looked appetising and hot and the portions were ample. The dining tables were appropriately set and condiments and drinks were made available. However, we noted the tablecloths were frayed. The registered manager told us they were being replaced. Equipment was provided to maintain people's dignity and independence such as adapted cutlery and plate guards. We saw people dining in other areas of the home or in their bedrooms.

We noted the atmosphere was relaxed with chatter and friendly banter throughout the meal. People were served in a timely way and staff checked whether they need assistance with cutting up their food. We observed people being sensitively supported and encouraged to eat their meals without being rushed. Staff checked whether people had enjoyed their food and whether they had finished before removing their plates.

Care records included information about people's dietary preferences, the support they needed and any risks associated with their nutritional needs. This information had been shared with kitchen staff who were knowledgeable about people's dietary needs and preferences. We saw records had been made of people's dietary and fluid intake as necessary and people's weight was checked at regular intervals. Appropriate professional advice and support had been sought when needed. We observed people being offered drinks and snacks throughout the day.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS.

The registered manager expressed a good understanding of the processes relating to MCA and DoLS and staff had received training in this subject. At the time of the inspection ten applications for a DoLS authorisation had been made which would ensure people were safe and their best interests were considered. The registered manager told us additional applications were being made.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff were aware of people's capacity to make choices and decisions about their lives and this was recorded in their care plans. People's consent or wishes had been obtained in areas such as photographs, management of medicines and information sharing but not yet with regards to gender preferences around support with personal care. The registered manager gave assurances this would be reviewed as part of the care plan audit. This would help make sure people received the help and support they needed and wanted.

From looking at records and from our observations we were aware some people were unable to make decisions for themselves. We saw some information in the care plans regarding people's ability to make choices in some areas and noted capacity assessments had been completed. However we did not find any information advising why applications under DoLS had been made. The registered manager assured us this aspect of people's care would be improved with the ongoing audits.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). We looked at one person's records relating to a DNACPR decision. We found this had been discussed with the person's family and kept under review to ensure it was appropriate.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses, speech and language therapist and the chiropodist. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. The service had recently signed up for a system whereby they could access remote clinical consultations; this meant staff could access prompt professional advice at any time. Health professionals told us, "They are fast to react if they have a problem", "They are good at referring people and put advice in place" and "Staff are really good; they know what is going on with people."

We recommend the service continue to upgrade and adapt the facilities seeking advice from appropriate sources and develop and implement an improvement plan with clear timescales for improvement. This will ensure people live in a safe and comfortable environment.

We recommend the service seeks advice and guidance regarding the provision of appropriate induction training for new staff.

## Is the service caring?

### Our findings

People spoken with were happy with the care and support provided. People told us, "There is always something going on and always someone to talk to", "I can do what I like; a few of us stay up late watching TV and having a chat", "It's a great place; staff take time to talk and spend time with me." Visitors said, "I am very satisfied; it's a nice place, very happy place", "They do care. I couldn't ask for more than they already do" and "They go out of their way to make sure everything is alright." A health care professional commented, "Residents are obviously well cared for and their needs addressed in a compassionate way."

People confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were treated in a friendly and respectful way.

During our visit we observed staff responding to people in a friendly, caring and considerate way and we observed good relationships between people. A visitor said, "I am incredibly happy with the relationship the staff have with (my relative)." People who required support with their personal care needs received this in an unhurried way and the atmosphere in the home was friendly and relaxed. A visitor said, "There is a good atmosphere in the home." From our observations staff were knowledgeable about individual needs, preferences and personalities.

From our discussions, observations and from looking at records we found people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices. A person said they were able to be as independent as possible. Staff told us they encouraged people to do as much as possible for themselves to maintain their independence. One person said, "I do what I can but the staff are around if I need their help."

There was information about advocacy services displayed on the notice board. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Information was available about people's personal preferences and choices around issues like meals, routines, hobbies and interests. This helped staff to treat people as individuals. We looked at various records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way. This helped ensure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. Staff were seen knocking on people's doors before entering and closing doors when personal care was being delivered. Staff spoke to people respectfully and appropriately.

People were encouraged to express their views during day to day conversations with management and staff and during residents' and relatives' meetings. The residents and relatives meetings helped keep people informed and gave people the opportunity to be consulted on a variety of topics. People and their relatives told us they were involved in reviews of their care and support. Visitors told us they were kept up to date

with any changes to their relative's health or well-being.

## Is the service responsive?

### Our findings

People who used the service and their relatives were encouraged to discuss any concerns during meetings and day to day discussions with staff and management. People told us they could raise any concerns with the staff or registered manager. People said, "I have no complaints; everyone gets on well" and "I would speak out if things weren't right." Visitors said, "I find it easy to speak to them. I would absolutely raise any concerns and I know they would sort them out" and "I have no complaints. Everything is alright. I can ask if I have any problems."

There was a complaints procedure advising people how to make a complaint; this included the contact details for external organisations including social services and the local government ombudsman. Information about how to raise concerns, complaints and compliments was displayed in the entrance hall. Clear records had been maintained of people's concerns and complaints. Records showed the service had responded appropriately and in line with procedures. We saw people had made complimentary comments about the service.

We noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources and covered all aspects of the person's needs. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home. A relative confirmed they had been involved in this process.

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. We found the care plans were organised and clearly written however, there was not always information about people's ability to make safe decisions about their care and support or information about people's preferences in respect of receiving personal care from male or female staff. The registered manager gave assurances this would be clearly recorded in each person's care plan.

Information was included regarding people's likes, dislikes and preferences, routines, how people communicated and risks to their well-being. This helped to ensure people received the care and support in a way they both wanted and needed. Daily records were maintained of how each person had spent their day; these were informative and written a respectful way.

We saw evidence to indicate the care plans and risk assessments had been reviewed and updated on a monthly basis or in line with changing needs. Visitors and people using the service told us they were kept up to date and involved in decisions about care and support. People told us they were aware of their care plan and had been involved in discussions and decisions about their care. One visitor said, "I am involved and (my relative) is involved."

Staff were kept well informed about the care of people living in the home. There were systems in place to

ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift.

When people were admitted to hospital they were accompanied by a transfer form containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

We observed staff taking time to ensure people's needs and requests were understood and listened to. We noted staff checked on people's welfare throughout the day to ensure they were comfortable, safe and had everything they needed. We noted staff showed concern for people's comfort and well-being. As we passed a person's bedroom we overheard a member of staff asking, "Is there anything more I can do for you before I leave? Are you comfortable?"

The service employed an activities person which meant the provision of daily activities was not always reliant on staff availability. From looking at records and talking to people we found people were able to participate in a range of suitable activities and entertainments. Activities were provided either in small groups or given on a one to one. Activities included hand and nail care, visits to the shops, ball games, visits from entertainers, film afternoons, themed celebrations, art and crafts, dominoes, films, music and reminiscence.

Local clergy regularly visited the home and offered people the opportunity to practice their faith. Other people attended the local church services. One visitor said, "They go out of their way to make sure people keep up with their faith and with their friends and family." People living in the home said, "I like to stay in my room but they pop their heads around the door. I can have a right laugh with staff", "There is plenty going on. I often go out shopping and I can go to Church" and "There is something on to break up the day; it's good." Over the two days we observed people involved in a music and instruments session, exercise to music, people going out with friends and family, people enjoying the gardens and people playing on a TV games console. We heard much laughter from the staff and people involved.

## Is the service well-led?

### Our findings

People made positive comments about the management arrangements at Palace House. Comments included, "Things have improved here", "The manager is accessible" and "It is a good home with a very good name." A member of staff told us, "The manager is lovely and the owners are nice people."

The registered manager was able to describe her achievements so far and was aware of the improvements needed. The registered manager was seen to interact warmly and professionally with people living in the home, relatives and staff. The registered manager was described as a 'kind', 'professional' and 'approachable' person. There was a positive and open atmosphere at the home. We noted the registered manager had an 'open door' policy to promote ongoing communication and openness.

The registered manager told us she could contact the directors of the organisation or other registered managers to discuss any concerns regarding the operation of the service. We were told the directors visited the service although this arrangement had been informal and unstructured as there were no governance audits or reports available to support any agreed actions. The registered manager told us she provided a report each week for the directors to keep them up to date with any changes in the service.

There was no business or development plan available to demonstrate there had been monitoring of the service. This meant there was no evidence to support the provider was making sure the audit and governance systems remained effective. We noted the registered manager had not received formal one to one supervision. It was not clear how the directors were monitoring her practice and the day to day management of the home.

We found the registered manager regularly monitored the quality of care planning with evidence that shortfalls had been identified and improvements made. We also noted the registered manager completed the required quarterly reports for the health commissioners which included an overview of falls, pressure sores, DoLS and infection rates in the home. However we noted action plans for improvement were not detailed. We found there were no internal audits completed on infection control, financial records, the environment and personnel records. Checks were being completed with regards to some aspects of medicines management. However, we found a number of shortfalls during our inspection. This meant the quality monitoring systems were not effective.

The provider had failed to operate effective quality assurance and auditing systems. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meetings were held regularly. We were told minutes of the meetings were made available to all staff and they were able to voice their opinions and share their views. A range of new policies and procedures had been produced although we noted associated tools such as audits and application forms were not being used. Following the change to the new providers, Farrington Care Homes Limited, we noted staff had not been issued with job descriptions, contracts of employment or the staff handbook. This meant they may not understand their roles and responsibilities within the organisation.

Staff were aware of who to contact in the event of any emergency or concerns. There was always a senior member of staff on duty with designated responsibilities and the registered manager could be contacted at any time in an emergency.

Staff told us there was good communication with the management team and they were well supported. Staff felt they could raise their concerns with the directors or with the registered manager and were confident they would be listened to and appropriate action would be taken. All staff spoken with were happy working at the home. Staff said, "I love coming to work; it's great here" and "I feel we have a good team and a manager that is kind and approachable. I feel valued."

People were encouraged to be involved in the running of the home and were kept up to date with any changes. We saw meetings had been held. The minutes of recent meetings showed a range of issues had been discussed, such as food and activities. One person said, "We get the chance to speak out; they seem to listen to us." A customer satisfaction survey had been completed in June 2015 and the comments were positive. This would help to monitor the quality of the service offered.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<b>The provider had failed to ensure people's medicines were managed safely.</b>
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	<b>The provider had failed to operate effective quality assurance and auditing systems.</b>
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	<b>The provider had failed to operate safe and robust recruitment and selection processes.</b>
Treatment of disease, disorder or injury	