

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Palace House Care Home on 21 and 22 March 2017. The first day was unannounced.

Palace House Care Home provides accommodation and care and support for up to 33 people. There were 29 people accommodated in the home at the time of the inspection.

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 and chair lift access. 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. Bedrooms were located near to toilet facilities or were provided with commodes. Car parking was available to the rear of the house.

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.

At our last inspection on 16 and 17 February 2016 we found the service was not meeting all the standards assessed. We found shortfalls in the management of medicines, recruitment practices and a lack of effective quality assurance and auditing systems. Following the inspection we asked the provider to take action to make improvements and to send us an action plan

We also recommended the service's improvement plan dates were followed to make sure people lived in a comfortable and suitable environment and that the induction processes were improved.

During this inspection, we found some improvements had been made to the management of medicines, induction processes, recruitment practices, the environment and to the quality monitoring systems. However, we found there were still some concerns regarding the effectiveness of the quality monitoring systems. Our findings demonstrated there were four breaches of the regulations in respect of risk management, staffing, maintaining accurate records and ensuring effective quality assurance and auditing systems. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We also made recommendations regarding improving the provision of appropriate induction training for new agency staff and recording people's capacity and ability to make decisions about their care.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse.

Improvements had been made to ensure people's medicines were managed safely and safe recruitment processes had been followed. Staff were provided with training and professional development and the process of formal one to one supervision was being reviewed. Agency staff were not given any formal induction to the home or made aware of the layout of the building which could place people at risk.

People living in the home and staff told us there were insufficient numbers of staff available to provide their care. We noted calls for assistance, particularly in the morning, were not always promptly responded to. We were told there were some difficulties and recent disagreements between staff members which had created low staff morale. The registered manager was aware of this.

The information in care plans and risk assessments was brief, lacked detail and some information had not been reviewed in a timely way. This meant that staff did not have up to date and accurate information about people's needs. People were not routinely involved in the care planning review process.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; there were policies and systems in the service to support this practice. Information regarding people's capacity to make specific decisions about their care and support and about any restrictions in place needed to be improved.

We found the home was tidy, well maintained, clean and odour free. There was a development plan in place to support planned improvements. People were happy with the facilities available in the home.

People had mixed opinions about the meals. Some people told us they enjoyed the meals whilst others thought it was 'repetitive' and 'bland'.

People were supported to participate in a range of daily activities. People's rights to privacy and dignity were recognised and upheld by the staff.

People had access to a complaints procedure and knew who to speak to if they were dissatisfied with the service. They were confident their complaints and concerns would be responded to.

People were happy about the management arrangements at Palace House Care Home. Feedback was sought from people, their relatives and staff on a regular basis

Quality assurance and auditing processes had been reviewed. However the processes were not fully effective as noted shortfalls had been identified but had not been actioned or followed up in a timely manner. In addition there was a lack of continuous supervision, support and guidance for the registered manager by the providers.

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.

Accident and incident monitoring and the management of risks needed to improve to ensure people's safety.

People were protected against the risk of abuse and felt safe in the home.

There were insufficient numbers of staff on duty to meet people's needs. Safe recruitment practices had been followed.

People's medicines were managed safely and administered by trained staff.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were provided with training and professional development although there were a number of gaps in the provision of training and supervision.

The environment was safe and comfortable for people to live in. There was a development plan to support planned improvements and a system of reporting required repairs and maintenance was in place.

Most people told us they enjoyed the meals. Consideration was not always given to portion sizes.

People were supported to maintain good health and their health care needs were assessed and kept under review.

Staff had received training to improve their understanding of the MCA 2005 legislation. People's capacity to make safe decisions and consent to care had been assessed prior to admission to the home although information relating to this was not clearly recorded.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Staff knew people well and we observed good relationships between people and the staff.

People were encouraged to maintain relationships with family and friends. There were no restrictions placed on visiting.

Staff respected people's rights to privacy, dignity and independence. Where possible, people were able to make their own choices and were involved in decisions about their day.

Is the service responsive?

The service was not always responsive.

People were supported to keep in contact with relatives and friends and to take part in suitable activities.

Each person had a care plan that was personal to them. However, whilst we found people were receiving the care and support they needed this was not always reflected in the care plan. Some people were aware of their care plan although had not been involved in the review of their care.

People felt confident talking to a member of staff or to the registered manager if they had a concern or wished to raise a complaint

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Audits and checks on the quality of the service had been carried out and shortfalls had been identified. However action to address the shortfalls had not been taken in a timely manner.

Accurate and complete records had not been maintained in respect of each person's care and support.

People made positive comments about the registered manager. Although we found the registered manager was not adequately supported or supervised by the provider.

People, their relatives and staff were asked for regular feedback on the service.

Requires Improvement ●

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 was 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 21 and 22 March 2017 and the first day was unannounced. The inspection was carried out by two adult social care inspectors 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 the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team and local commissioning 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 the registered manager, two registered nurses, a cook and six care staff. We spoke with seven people living in the home and with three relatives. We also spoke with healthcare professionals. Following the inspection we spoke with the representative who was appointed to oversee the service on the provider's behalf and to provide training. We asked them to forward reports of their monitoring visits; this was done in a timely manner.

We looked at a sample of records including four 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 certificates and development plans, policies and procedures and quality assurance audits. We also looked at the results from a recent customer satisfaction survey.

We observed care and support in the communal and dining room 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 told us they felt safe in the home. They said, "I always feel safe", "The staff are nice to people" and "The staff are very kind to me and to everyone here." One person said, "I would speak to [registered manager] if I didn't feel safe; she's great". A visitor said, "I cannot fault the home. [Family member] has been here for five years and believe me, if the staff did not look after him, I would move him immediately." Another visitor had commented, "I was happy and content knowing [family member] was safe in your care." During the inspection we observed people were comfortable around staff. We observed staff interaction with people was friendly.

At our last inspection we found the provider had not managed people's medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found checks on staff practice had not been undertaken to ensure they were competent. Guidance for medicines prescribed 'when required' was not always clearly recorded to make sure these medicines were offered consistently. Medicines were not signed for when given and the recording of external medicines needed improvement. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

Following the last inspection the local commissioner's medicines management team had provided support and advice to managers and staff to help them make improvements in this area.

During this inspection we found improvements had been made. We observed people's medicines being given at the correct time and in the correct manner with encouragement as needed. People confirmed they were given their medicines when they needed them. Medicines in use were stored appropriately. A monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day.

Nursing staff who were responsible for the safe management of people's medicines confirmed they had received appropriate training and checks on their practice had been undertaken but were in need of updating; records confirmed this. Policies and procedures were available for them to refer to.

We looked at four people's Medication Administration Records (MARs). We found that the MARs were accurate and up to date. Handwritten entries had been witnessed and the guidance to support staff with the consistent administration of 'when required' medicines was recorded. Medicines were clearly labelled and dated on opening and codes were used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the previous month which monitored whether medicines were being given properly. Records were in place for the application of external medicines such as creams and ointments. People were identified by a photograph on their medication administration record (MAR) which helped reduce the risk of error.

There was a designated room with appropriate storage for other medicines and refrigerated items. We found systems were in place to support the safe disposal of medicines. Medicines for disposal were stored in a locked room, but records were not always witnessed by a second member of staff to reduce the risk of misuse. The registered manager gave assurances this would be actioned. 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 and there was a system to ensure people's medicines were reviewed by a GP. This would help ensure people were receiving the appropriate medicines.

Appropriate arrangements were in place for the management of controlled medicines which were medicines which may be at risk of misuse. Controlled medicines were administered, stored and disposed of appropriately and recorded in a separate register. We checked one person's controlled medicines and found they corresponded accurately with the register.

Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. Records showed tablet counts were undertaken and inaccuracies had been found which meant staff were not signing for medicines given. The registered manager was aware of this and demonstrated appropriate action was being taken.

At our last inspection we found the provider had not followed safe recruitment processes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the required checks on applicants and the required records had not been maintained. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we found improvements had been made. We checked four staff recruitment files and found potential employees had completed an application form, which enabled gaps in their employment history to be examined. References were obtained along with an enhanced police check to determine the applicant's fitness to undertake the role was included. We found information regarding the police checks were not maintained on staff files although head office provided them during the inspection. There were no records of interview and no offer of employment letters maintained on file and information regarding the applicant's physical or mental health conditions had not been requested and reviewed. These documents would support a fair recruitment process had been followed. We discussed this with the registered manager.

Recruitment and selection policies and procedures were available. Regular checks on the registration status and fitness to practice of all nursing staff had been completed. We noted agency nursing 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 made positive comments about the staff and described them as being 'lovely' and 'very nice people'. One visitor said, "The night staff know [family member] and are used to him." However, people using the service and staff told us there were not always sufficient numbers of staff available. We noted calls for assistance, particularly in the morning, were not always promptly responded to which was a good indicator of insufficient staffing levels. We noted one person who was in the lounge, had to wait 15 minutes before staff attended. Staff were not always available in the lounge as they were busy in other areas of the home; we were told people were left unsupervised for periods during the evening.

People using the service told us, "They always seem rushed and I have to wait sometimes", "I often have to wait 10-15 minutes to use the toilet", "The staff respond to my call bells during the night quite quickly; there

haven't been any times when they have left me or forgot about me", "I asked to go to the toilet and a staff member came to help; they told me to wait for 10 minutes as they were very busy. I then buzzed them again and again, they told me to wait for another 10 minutes", "The staff are very helpful but they are very busy all the time" and "They struggle if one person needs two staff to attend to them."

Staff told us, "Dependency levels have increased recently but the staffing levels haven't", "It's getting busier recently as there are more nursing residents now", "Staffing levels are a big problem; sometimes care can feel a bit rushed", "I don't think there is any money available for more staff" and "Some residents need close supervision when moving around, but we are constantly busy so you can't always watch people".

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 and a nurse and two care staff were available at night. Laundry, domestic and kitchen staff were available each day and an activities person and a maintenance person worked five days each week. The registered manager was available five days each week and provided on call out of hours. The administrator had recently left and the registered manager was also covering this role. We were told any shortfalls due to leave or sickness were covered by existing staff or regular agency staff which ensured people were cared for by staff who knew them. Agency nursing staff were currently being used to cover shortfalls on nights.

The registered manager used a dependency tool to help determine the required numbers of staff hours needed although it was not clear how staffing numbers were determined. Also the tool did not factor in any environmental issues such as the size and layout of the home. We noted the numbers of people requiring nursing care had increased (17 of the 29 people were receiving nursing care). A recent dependency assessment showed 19 people were high dependency, 8 were medium dependency and two people needed minimal care from staff. This meant people's needs had increased since our last inspection visit. We also noted that despite this increase in dependency the staffing numbers had remained unchanged during the day and had decreased by one carer during the night.

The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed risk. Prior to our inspection we were told there was insufficient information regarding risks to people. Risk assessments were available relating to personal care and included skin integrity, nutrition, dependency, falls and moving and handling. However, we found risk assessments had not been consistently reviewed or updated or guidance included in the care plan; this meant there was insufficient information to guide staff on how to manage the risks in a consistent manner. For example, one person's nutritional needs had changed but this had not been kept under review, another person at high risk of falls and at risk of developing pressure sores had not been reassessed. People using emollient creams had not been assessed regarding the risk of fire in line with recent fire safety guidance. This meant staff did not have clear and accurate information about the risks to people's health and well-being.

We looked at records kept in relation to any accidents or incidents that had occurred at the service. Records were maintained and were reviewed by the registered manager to make sure staff responses were effective and to identify any trends. However, it was not clear whether any changes had been made to help minimise the risk of the same occurrence in the future. We were also told this information was not shared with the providers. Body maps were used to record any injuries or bruising. However, one person's body map simply stated 'bruising marks everywhere' and another person's injuries received following a recent fall had not

been recorded.

Training had not been provided to help staff deal with first aid emergencies. The registered manager told us two nursing staff had attended recent resuscitation training. Personal emergency evacuation plans (PEEPs) were not recorded. PEEPs would provide staff with clear guidance on how to support people to evacuate the premises in the event of an emergency. This placed people at risk of an inappropriate response in an emergency.

The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. This was a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found individual assessments and strategies were in place to guide staff on how to safely respond when people behaved in a way that challenged the service and referrals had been made to the mental health team as needed. Only half of the staff team had received training in this area. Training and guidance would help keep staff and others safe from harm. During our visit we observed one person becoming agitated; a member of staff responded appropriately in a patient and kind manner.

We looked at how the service protected people from abuse and the risk of abuse. 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 from the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was easily accessible to staff, people living in the home and to visitors to the home.

All staff had completed safeguarding training. Staff were clear about what to do if they witnessed or suspected any abuse or poor practice and indicated they would have no hesitation in reporting any concerns they may have. They were aware they could take concerns to organisations outside the service if they felt they were not being dealt with and were confident the registered manager would deal appropriately with any concerns they raised. The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns and had worked in cooperation with other agencies.

We looked at the arrangements for keeping the service clean and hygienic. People raised no issues about the cleanliness of the home. One person said, "The home is lovely and clean." We did not look at all areas but found the home was tidy, clean and odour free. The current training matrix indicated most staff had received infection prevention and control training in 2015. There was a designated infection prevention and control lead who was responsible for conducting checks on staff practice in this area and for keeping staff up to date. Infection prevention and control policies and procedures were available.

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. 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 people had individual hoist slings and additional slings were being ordered. This would help reduce the risk of cross infection.

The laundry was situated on the corridor to the lounge and dining areas. It was well organised and there was sufficient equipment to launder and maintain people's clothes. A domestic and a laundry person worked each day. At the last inspection we noted the cleaning schedule was not sufficiently detailed; limited

progress had been made with this. We were again told there was only one domestic staff. However other staff would be required to cover for annual leave. The registered manager assured us she would review the schedule. Prior to the inspection we were told cleaning products were being stored on the corridors which presented a risk. During this inspection we noted appropriate storage was in place. There were audit systems in place to support good practice and to help maintain good standards of cleanliness.

We looked at how the safety of the premises was managed. We saw equipment was safe and had been serviced at regular intervals. Staff confirmed equipment was in working order.

Training had been provided to support staff with fire evacuation and the safe handling and moving of people. We were told staff had not received recent practical moving and handling training; the registered manager told us she would follow this up. We observed people being supported safely and appropriately during the inspection. We saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. The environmental health officer had awarded the service a 'five star' rating for food safety and hygiene in March 2016.

There was key pad entry to the home and visitors were asked to sign in and out which would help keep people secure and 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.

Is the service effective?

Our findings

People told us they were happy with the service they received and felt staff were skilled to meet their needs. They told us, "They always let me know if I'm going in the wrong direction", "I have all the things I need. I'm quite happy here" and "Most of the staff know what they are doing." Visitors said, "Staff know what they are doing" and "The home is brilliant." Staff said, "It is a happy, friendly home most of the time", "We are so busy we are not able to access the external training which is disappointing" and "We get training but it is a bit hit and miss. Some training hasn't been done for a while such as first aid training."

We looked at how the service trained and supported their staff. Face to face theoretical training was provided by the designated training provider. A range of training was provided. However, records showed a number of gaps in the provision of training and the additional training that had been provided such as dementia awareness, the management of falls and depression and agitation had not been recorded on the matrix. Training included safeguarding vulnerable adults, infection control, food hygiene, moving and positioning (theory), health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Most staff had completed a nationally recognised qualification in care or were currently working towards one. From looking at records and from our discussions we found staff had not received recent training on nutrition and diet, practical moving and positioning or first aid.

Nursing staff confirmed that additional training and support had been provided to enhance their skills and to evidence and maintain their registration with the Nursing and Midwifery Council (NMC).

New staff had received a basic induction into the routines and practices and worked with 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 still not been introduced for any staff who were new to care. The Care Certificate is an identified set of standards that health and social care workers adhered to in their daily working life. The registered manager assured us this would be introduced.

We were told the home used 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. At the last inspection 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. Limited progress had been made with this.

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

From our discussions and from looking at records we noted there were gaps in the provision of the one to one support. One to one staff supervision sessions helped identify shortfalls in staff practice and the need for any additional training and support. The registered manager was aware of this shortfall and a plan was in place to provide this. Staff told us they received an annual appraisal and they were able to air their views at

staff meetings.

Staff views on the team varied. We were told there were some difficulties and recent disagreements between staff members which had created low staff morale. Staff did not feel this had impacted on people's care. We discussed this with the registered manager.

We looked at how the service addressed people's mental capacity. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The registered manager and staff expressed an understanding of the processes relating to MCA and DoLS. Records showed staff had received training in this subject although some of this training was due for review. At the time of the inspection two DoLS applications had been made. This would help to ensure people were safe and their best interests were considered.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff understood the importance of gaining consent from people and the principles of best interest's decisions. On looking at people's care files we found people's capacity to consent to their care and treatment had been assessed as part of the pre assessment. However, there was limited information in the care plans to demonstrate people's capacity to make specific decisions about their care and support and about any restrictions in place.

Care records showed some people's capacity to make decisions for themselves had been assessed. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person. However, people's wishes had not been consistently recorded in areas such as information sharing, personal care from male or female staff, health monitoring, personal involvement, medicine management or taking photographs. This meant that people, particularly those with limited decision making, may not receive the help and support they needed and wanted.

We recommend the service seeks advice regarding recording people's capacity and ability to make decisions about their care and to keep this under review.

Staff were observed asking for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardio pulmonary resuscitation). We looked at two people's records relating to a DNACPR decision and found limited information in the care plans to ensure their end of life wishes would be upheld by staff or that information to support the decision had been discussed and kept under review. The registered manager gave assurances this would be reviewed.

We looked at how people were protected from poor nutrition and supported with eating and drinking.

People had mixed opinions about the meals. They told us, "The food is very repetitive and very bland. Sometimes it isn't presented very well", "I am happy with what I get; I have sufficient to eat" and "The food is fine for me. A lot of it is the same, but it is okay."

The menu was not displayed. Records indicated people were offered meal choices although we noted everyone was provided with the same meal at lunchtime. One person explained, "We are given the choice of menus at breakfast, but I can never remember my choice." The cook and care staff told us they knew what people's food likes and dislikes were.

During our visit we observed lunch being served. The dining room was bright and airy and the dining tables were appropriately set; condiments and drinks were made available. Adapted cutlery and crockery was provided to maintain people's dignity and independence. Most people sat in the dining area but we were told they could dine in other areas of the home if they preferred.

The portions were large for example the custard served with puddings completely filled the dishes and was very hot. The meals were brought in a hot trolley and were already plated without consideration being given to portion sizes or people's choices. One person refused to eat the lunchtime meal and a dessert was provided rather than an alternative nutritionally equivalent meal. We saw people being sensitively supported and encouraged to eat their meals at their own pace. We observed drinks being served mid-morning. One person asked for a biscuit and was told they were none available; a short time after we noted biscuits being offered to everyone.

Care records included information about their preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. Records had been maintained in relation to positional changes and diet and fluid intake.

We looked at how people were supported to maintain good health. People's health care needs were assessed and kept under review. People were registered with a GP and their healthcare needs were considered within the care planning process. We found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

The service had regular visits from the nurse practitioner and district nursing team. Staff were able to access remote clinical consultations which meant prompt professional advice could be accessed at any time and in some cases hospital visits and admissions could be avoided. One person said, "If you need the doctor or the nurse then the staff sort it out for you." A visitor considered their relative's health care was managed well.

Staff told us handover meetings, handover records 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 told us communication about people's needs was good although they said consideration should be given to updating staff who had been on days off. This was shared with the registered manager.

At our last inspection, we found a number of areas in the home were in need of improvement and we recommended the provider complied with the dates on the improvement plan and kept the plan under review to ensure people lived in a comfortable and suitable environment.

During this inspection we looked around the home. We did not enter all areas but found it to be generally

well maintained. There was a development plan for the home which was due to be reviewed. A system of reporting required repairs and maintenance was in place and we were told repairs were done promptly; a maintenance person was available five days each week. There were gaps in the monthly records of maintenance and repairs and it was not clear whether all of the work had been completed. We noted this had been recognised in the recent health and safety audit and action was being taken to address this.

Aids and adaptations had been provided to help maintain people's safety, independence and comfort. 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

Is the service caring?

Our findings

People spoken with were happy with the care and support they received and told us most staff were kind and caring. They said, "The staff here are good people, they care about you", "Most of the time they are very helpful and very kind", "I get on well with the staff" and "The staff are lovely. I am very nicely looked after." A visitor commented, "It's a nice place; I can visit anytime. Staff make me feel welcome" and visitor's thank you cards noted, "Thanks for the love, care and happiness you shared" and "[Family member] had the best care she could have wished for."

People were encouraged to maintain relationships with family and friends. People confirmed there were no restrictions placed on visiting and a visitor told us they were made welcome in the home. We observed visitors were offered a cup of tea and were treated in a friendly and respectful way.

People's privacy, dignity and independence were respected. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. We saw people were dressed smartly and appropriately in suitable clothing. Staff spoke about people and to people in a respectful way; staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff understand how they should respect people's privacy and dignity in a care setting. Most staff had received dignity in care training.

We observed good relationships between people and staff. We noted one person became unsettled and upset. We observed a member of staff responded in a caring and patient manner and offered reassurance when needed.

All staff were bound by contractual arrangements to respect people's confidentiality. People's records were kept safe and secure and there was information available to inform them how their rights to confidentiality would be respected.

Where possible, people were able to make their own choices and were involved in decisions about their day. People told us, "I pretty much do what I want; there are no rules saying I have to do this or that" and "I decide when I want to go to bed." Staff were observed encouraging people to do as much as possible for themselves to maintain their independence.

People were encouraged to express their views as part of daily conversations and by completing the annual customer satisfaction survey. We were told resident and relative meetings were not held. This meant people may not be consulted about proposed events and changes. The registered manager told us the new activities person would be planning regular meetings in the future. We noted information about events and activities and complaints information was displayed on the notice board.

We were told people were not routinely provided with an information leaflet or a service user guide on admission to the home. People need information about what to expect if they came to live at Palace House Care Home, the facilities available in the home, their rights and responsibilities and the philosophy of care.

The registered manager told us a service user guide was available and would be shared with people.

There was information about advocacy services displayed in the entrance hall. This service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection we were told there was no one using this service.

Is the service responsive?

Our findings

People made varied comments about the staff and their willingness to help them. They told us they could raise their concerns or complaints with the staff or with the registered manager. They said, "I would speak to the manager if I was unhappy", "I have spoken to the manager about some of my concerns but although she is concerned about it, nothing has changed" and "I'm happy here but I would tell someone if I had to." A visitor said, "I am not aware of the residents meetings but I would speak to the manager or the nurse if I had any concerns."

Before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Records showed information had been gathered from various sources about 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 them to experience the service and make a choice about whether they wished to live in the home.

We looked at the arrangements in place to plan and deliver people's care. Prior to the inspection visit we were told the care plans contained limited information. We found people had an individual care plan which was underpinned by a series of risk assessments. However, the care plans we looked at were lacking in detail about the care people were receiving, people's preferences, routines and needs and had not always been updated in response to any changes in their health and wellbeing. This meant that staff did not have up to date and accurate information about people's needs. For example one person had a high nutritional risk, had been assessed by a health specialist and was receiving a pureed diet; the care plan did not include information about the consistency of the diet or how the person was being supported. Another person's nutrition care plan said 'offer food [person's name] enjoys' without any detail of what this might be. A person was assessed at very high risk of developing pressure sores and had been provided with appropriate equipment and care and support; however the information in the care plan was unclear regarding what action staff were to take to reduce or remove the risks. Another person's care plan did not reflect the impact of recent falls or injuries received. One person was presenting with behaviours that challenged the service; appropriate referrals to the mental health team had been made and appropriate support was being given although there was no care plan to guide staff. There were no plans to support people with social interaction or with their end of life wishes.

We saw evidence to indicate the care plans and risk assessments had not consistently been reviewed and updated on a monthly basis or in line with changing needs. Some people we spoke with felt they were involved in decisions and discussions about their care and others were not familiar with the care plan. This meant people had limited opportunities to have control and influence over their care.

Daily records were maintained of how each person had spent their day; these were informative and written a respectful way. There were systems in place to alert staff to people's changing needs which included a handover of information at the start of each shift, a communication diary and a handover sheet.

When people were admitted to hospital they were accompanied by a record containing a summary of their

essential details and information about their medicines. A member of staff or a family member would accompany them whenever possible. 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.

A person responsible for the planning and provision of activities had recently been employed and worked five days a week. People were happy with the activities provided and felt they were varied. They said, "Monday to Friday we have activities every day", "They keep us entertained", "I like doing the activities, especially the quiz" and "I'm younger than most and don't feel like taking part." A programme of activities was displayed on the notice board. Activities included games, quizzes, bingo, sing a long, darts and ball games. During our visit we saw people involved in domestic tasks such as cleaning tables and folding laundry item. We also observed people enjoying armchair exercises, participating in a quiz, enjoying playing with and watching the house kitten and using musical instruments.

We were told one person attended the local church with their relatives each week and other people received communion at the home. Some people told us they preferred not to take part in activities and that this choice was respected by the staff. Records were maintained of the activities that had taken place, who attended and whether they enjoyed the activity. This would help to determine whether the activity was appropriate or not.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or to the registered manager if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

The complaints procedure was displayed in the entrance hall and informed people how they could make a complaint and to whom they should address their concerns. The procedure also included the timescales for the process. There was a complaints policy in place to ensure all complaints were handled fairly, consistently and wherever possible resolved to the complainant's satisfaction. Records showed appropriate and timely action had been taken to respond to complaints and concerns. We saw compliments had also been received about the service.

Is the service well-led?

Our findings

People were happy about the management arrangements at Palace House Care Home. They said, "The service is managed well; it seems organised", "[The manager] is very good; very nice", "Yes, I think the home is well led" and "I am very pleased with the service." Staff said, "[Registered manager] is approachable and listens and does what she can", "[The registered manager] is approachable and tries her best but she needs more help to do her job."

The registered manager had been registered with the Care Quality Commission in November 2014. She was described as 'approachable', 'honest and open', 'kind', 'caring' and 'professional'. We observed the registered manager interacting professionally with people living in the home, with staff and with visitors. Throughout our discussions it was clear she had a good knowledge of people's needs and circumstances. We noted the registered manager had an 'open door' policy to promote ongoing communication and openness.

At our last inspection we found 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. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

Following the last inspection we were told Palace House Care Home would receive four to six quality monitoring visits every year and an action plan to support compliance would be produced following each visit. We were also told an external company had been appointed to provide oversight of the service on behalf of the provider and to provide face to face training for staff.

During this inspection we 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. We noted a range of audits had been introduced and were being carried out on a number of processes and systems which included the environment, health and safety, care plans, infection control and medicine management. Three monthly audits were undertaken and any action taken was monitored by the representative of the appointed company. The reports were shared with the registered manager for action and with the providers for information; any action taken would be followed up at the next visit. We were provided with the last three monthly reports (July, October 2016 and January 2017) which included two health and safety audits and an audit of two care plans. Prior to this an audit had been undertaken in May 2016.

During our inspection we noted a number of shortfalls in areas such as care planning, staffing numbers and risk assessments. We noted shortfalls had been identified in the audits but had not been actioned or followed up in a timely manner. For example, a cracked window on the first floor and the need to replace a fire exit door had been noted in the May, July and October 2016 reports; it was unclear whether this was outstanding. It was identified in May 2016 that risk assessments were not in place; they were still not in place in July 2016. Hot water temperatures were identified as needing attention in May 2016; this was still

outstanding in October 2016. A loose fire extinguisher bracket needed repairing in May 2016 and July 2016 and was not resolved until October 2016 visit. We were told action had not yet been taken to address the care plan audit undertaken in Jan 2017. This meant the current quality monitoring systems were effective at identifying shortfalls but not effective in addressing ongoing shortfalls or checking whether the action had been followed up to make improvements in a timely way.

We were told the providers visited the service but did not take time to speak with staff, people using the service and their visitors. The registered manager told us she could contact the providers at any time to discuss any concerns about the operation of the service; we saw electronic requests for new equipment or furniture were responded to appropriately and promptly. However, whilst the registered manager notified the providers when any issues or problems had occurred within the service, there were no records or reports to demonstrate effective systems were in place to ensure the providers had complete oversight of the service in areas such as accidents and incidents, complaints and staffing issues. Furthermore there was a lack of continuous supervision, support and guidance for the registered manager.

We looked at how staff worked as a team. From our discussions and observations we found there was 'tension' in the staff team and a low staff morale which could impact on people's care. This was concerning as at our last inspection we found staff were happy working in the home and morale was good. We discussed the reasons for the tension and we were told, "Staff are frustrated as they can't spend enough time with people", "The owners don't listen to us", "They [staff] rush through their work. Some staff don't give people enough time", "Some staff want to do things in their way and that causes some problems", "There have been arguments between staff" and "[Registered manager] knows about these problems and does try to get staff to change their ways but some staff don't really listen." We discussed these concerns with the registered manager. Following the inspection we were told the providers were aware of the issues. However, it was not clear how this would be addressed.

The provider had failed to operate effective systems to monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection visit we were told the care plans and risk assessments contained limited information. We found the care plans we looked at were lacking in detail about the care people were receiving, risks to their health and well being, people's preferences, routines and needs and they had not always been updated in response to any changes. We found the records did not clearly reflect the care and support people were receiving and had not been consistently reviewed in line with people's changing needs. This meant that staff did not have up to date and accurate information about people's needs.

The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to share their views and opinions about the service they received during day to day conversations with management and staff and by taking part in the annual customer satisfaction survey. We noted six people had responded positively to the last survey of January 2017 although the results had not yet been analysed or shared with people. The last resident and relative meeting had been held in June 2016. The registered manager told us the newly appointed activities person would take responsibility for organising future meetings.

Staff meetings were held regularly. A range of subjects were discussed and we were told minutes of the

meetings would be displayed for staff to read. Staff told us they were able to voice their opinions and share their views with the registered manager and that, where possible, appropriate action would be taken. One member of staff said, "We have staff meetings and are allowed to put forward our views but sometimes it's like banging your head against a brick wall. Nothing really changes and we just carry on working really hard." We noted the providers had met with staff in February 2017; staff told us one issue had been discussed and further discussion had been discouraged. One member of staff said, "It's like they are not interested."

Staff were provided with job descriptions, contracts of employment and policies and procedures which would make sure they were aware of their role and responsibilities. Staff were aware of who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

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

We noted the service's CQC rating and a copy of the previous inspection report was on display in the entranceway. This was to inform people of the outcome of the last inspection.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed. Regulation 18 (1)
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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	People were not protected against the risks to their health, safety and wellbeing. Regulation 12 (2) (a) (b)
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued the provider with a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to operate effective systems to monitor and improve the quality and safety of the service. Regulation 17 (2) (a) (b)
Treatment of disease, disorder or injury	
	The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. Regulation 17 (2) (c)

The enforcement action we took:

We issued the provider with a warning notice