

Palm Care Limited

Palm Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on the 11 July 2017 and was announced.

Palm Care is registered to provide accommodation and personal care for up to six people. People living at the service had a range of learning disabilities. Some people were living with autism and required support with behaviours that challenged.

The service had a registered manager in post. 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.

We carried out an unannounced comprehensive inspection of this service on 19 and 20 May 2016 and Palm Care was rated 'Requires Improvement.' There were breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. We issued requirement notices relating to safe care and treatment, fit and proper persons employed, person centred care, need for consent and good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. At this inspection, improvements had been made and the breaches had been met.

Since the last inspection, the manager had registered with the Care Quality Commission. Staff and relatives had fed back that the registered manager had a positive impact on the service. The registered manager had asked for regular feedback from stakeholders to ensure they felt improvements were being made. All the feedback was positive, and included comments such as, 'Since [the registered manager] took over the standard of care, facility cleanliness and communication has risen sharply. Palm Care really feels more like a home for its residents now.' There was a positive, inclusive culture within the service.

People were relaxed in the company of staff and staff knew people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people's liberty was restricted the registered manager had made Deprivation of Liberty Safeguards applications (DoLS) to the local authority. There was enough staff to keep people safe and people received their allocated one to one hours from staff to ensure they receive the support they needed. Risks relating to people's care and support were assessed and mitigated. Some people displayed behaviour that could be challenging and there was clear guidance in place to minimise the chances of people becoming distressed. The environment was safe.

Staff treated people with respect and dignity. People participated in weekly 'my time' sessions where they spent time with staff and identified goals and things they wanted to achieve. People took part in a variety of activities and led busy and active lives.

Staff had made prompt referrals to healthcare professionals when they needed additional support and advice. When people's health care needs changed, there was clear guidance available for staff. People received their medicines as and when they needed them. People were supported to eat and drink safely.

Staff knew how to recognise and respond to abuse and the registered manager had reported any safeguarding concerns to the local authority. Action had been taken to ensure they did not occur again. Complaints were documented and responded to in line with the provider's policy. People and their relatives told us they were happy with the support provided.

Staff received appropriate training and were supported by the registered manager to carry out their roles effectively. The registered manager completed a range of checks on the service, including care plan reviews, environmental checks and regular audits of medicines to ensure people were safe. Regular fire drills were held so people knew how to evacuate the service in an emergency. Staff were recruited safely. The Care Quality Commission had been notified of important events within the service, as required by law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There was enough staff to keep people safe. People received their one to one staffing hours to ensure they received the support they required. Staff were recruited safely.

Risks relating to people's care and supported had been assessed and mitigated. The environment was safe.

Medicines were managed safely.

Staff knew how to recognise and respond to abuse.

Is the service effective?

Good ●

The service was effective.

Staff received the necessary training and support to carry out their roles effectively.

The registered manager had applied for Deprivation of Liberty Safeguards for each person living at the service. Staff supported people to make choices about their lives.

Staff sought advice from health care professionals if people's health needs changed.

People were supported to eat and drink safely.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and knew people well.

People were supported to make their needs known.

People were treated with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and gave staff the information they needed to provide person-centred care.

People participated in a range of activities both in and outside of the service.

The registered manager had investigated and responded to complaints in line with the provider's policy.

Is the service well-led?

The service was well-led.

The registered manager had made improvements to the service. They had informed the Care Quality Commission of important events happening within the service.

There was a positive, inclusive culture and one relative had described the service as now feeling like 'home.'

Feedback had been sought from a variety of stakeholders regarding the service. The registered manager and senior staff completed a range of checks and audits to ensure that the service was providing safe, effective compassionate care.

Good ●

Palm Care

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 11 July 2017 and was announced. The provider was given 24 hours' notice because the service was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The provider completed 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 improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and three members of staff. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spoke and spent time with all five people living at the service. We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experience of the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We last inspected this service in May 2016 when breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection the breaches had been met and no further breaches were identified.

Is the service safe?

Our findings

People told us they felt safe living at the service. We asked one person how they felt about the service, and they answered simply, "I am safe." Some people could become distressed or anxious and staff reacted quickly to offer them reassurance and ensure people remained calm.

At our previous inspection there had not been enough staff to keep people safe. People did not receive their one to one hours with staff and were unable to go out when they wished. At this inspection, improvements had been made. One member of staff said, "I think things have got a lot better. We have got more staff and a good staff team in place. There are staff to cover shifts so people can go out on activities." People told us they were able to go out when they wanted and access activities of their choosing. During the inspection, staff offered everyone the opportunity to go out, and people were able to go and do different things. Everyone returned from their outings smiling. When staff were unavailable due to sickness or other absences gaps were always filled by regular agency staff. Rotas confirmed that shifts were always covered and that people received their one to one time with staff.

At the last inspection thorough recruitment processes had not been followed. Staff did not have full work histories in place and references had not been sought from their previous employers. Recruitment procedures were now thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Staff had full work histories in place and all files seen had two references within them. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At our previous inspection we found that cleaning materials had not been locked away safely and risks to people had not been appropriately assessed or mitigated. At this inspection all cleaning materials were locked away securely. Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

Staff had now identified the risks associated with people's care, such as mobility, eating and drinking and any behaviour that could be challenging. Each care plan explained how to manage these risks and ensured that people received the care they needed to minimise the risks from occurring.

Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was clear information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence.

Staff recorded accidents and incidents when they occurred, including if people displayed any behaviours that may challenge. Staff detailed what had been happening before, during and after an incident to give a full picture about what had happened. Senior staff reviewed each incident form and action was taken to reduce the risk of incidents happening again.

At our previous inspection medicines were not managed safely. The registered manager and senior staff were not completing medicines audits regularly and medicines had run out on one occasion, meaning a person did not receive their medicines as prescribed. At this inspection, improvements had been made.

There were now appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. There was enough medicine in stock and regular checks and audits were carried out by senior staff, to ensure there was the correct amount in place. Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. We observed staff assisting people to take their medicines safely, when they needed them. Some people had medicines on an as and when basis (PRN) for anxiety and behaviours that challenged. There was clear guidance in place so staff knew when people might need these medicines and how much they should take.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. Staff told us they would report any concerns to the registered manager. One member of staff said, "All the information about what to do is the wall in the office. I could whistle blow to CQC or if it was a question of contacting safeguarding myself I would, but I trust [the registered manager] would sort it." The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again. People's money was managed safely.

Is the service effective?

Our findings

People told us that staff knew how to support them effectively. One person said, "The staff are nice here, they help me with personal care, you know, that kind of thing." We were shown feedback where a relative had commented, "Very happy with [my loved one's] keyworker and the level of detail that is in the care plan and the overall of their health and general well-being. We could hardly be more pleased."

At our previous inspection staff had not always completed or kept the essential training necessary to carry out their role effectively up to date. This included first aid, epilepsy awareness including the use of rescue remedies, infection control, moving and handling, Mental Capacity, safeguarding, equality and diversity, and health and safety.

All of this training was now up to date, and staff had been booked onto refresher courses in line with the provider's policy. The registered manager told us that they checked staff training was in date each month and staff told us that they understood the importance of keeping their knowledge up to date.

Training was provided about people's specific needs and staff had a good understanding of people's varying needs and conditions. Staff put their training into practice and gave people the support they needed. We observed staff communicating with people using their preferred communication methods, using pictures, sign language and objects of reference. One person became anxious and was pulling at their clothes, staff intervened immediately and distracted them, asking if they would like a cup of tea. Staff told us the distraction techniques were something they had learnt and practiced during their training. People were leading full and active lives. Staff spoke with us about people's needs with knowledge and understanding.

Staff received support during formal one to one meetings with their line manager. They discussed issues that had happened in the service and reflected on their practice. One member of staff told us, "I find supervision helpful as it allows me to discuss any issues, I can go to [the registered manager] at any time."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our previous inspection people's liberty had been restricted but DoLS applications had not always been applied for. At this inspection, the registered manager had applied for DoLS for everyone living at the service.

People were able to make day-to-day choices about what they wanted to do, eat and wear. One member of staff told us, "If people cannot tell us what they want we show them two or three different things and they

can point and choose it. That works well for clothes, for example." Another member of staff said, "For [one person] I usually hold up tea and juice and give them the choice about what they want to drink." We observed staff offering people choices visually throughout the inspection.

The registered manager had now assessed people's capacity regarding each aspect of their care. When people did not have capacity, best interest meetings involving people's loved ones were held to ensure that appropriate decisions were made on people's behalf.

People were supported to live healthy and full lives. Prompt referrals had been made to professionals such as speech and language therapists to ensure that staff had up to date advice and guidance on how to support people effectively. One person had experienced difficulties when eating and drinking. Staff had noticed they were coughing more than usual and referred them to the appropriate healthcare professionals. Staff were working closely with all of the professionals involved to ensure the person received the support they needed.

Staff assisted people to attend a variety of healthcare appointments and check-ups. The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

Some people were living with epilepsy. There was clear guidance for staff on what people's seizures looked like and when to offer them their emergency medicine. One member of staff told us, "The thing I am proudest of is when I administered [a person's] seizure medicine. It didn't work the first time, but I called an ambulance and followed the guidance. They are fine now, and I'm just glad that I did everything that I could."

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

Some people required assistance to eat and drink safely. Staff had consulted with speech and language therapists to ensure there was clear guidance on how food and drinks should be prepared for the person. We observed them being supported to eat and drink in line with the prescribed guidance.

During the inspection some people went out with staff to purchase food for the house. Staff told us they encouraged people to help choose the menu by using pictures of their favourite food. One person told us, "I like everything I eat."

People were supported to eat a variety of nutritious foods. Some people liked to help make food and drinks with staff support. One person told us, "I like being in the kitchen." There was a visual menu displayed on the wall so everyone knew what was on offer at each meal.

Is the service caring?

Our findings

People were relaxed in the company of staff and approached them throughout the inspection. Staff knew people well and had built up strong relationships with them. One staff member told us, "This is the best job I have ever worked in. I thoroughly enjoy coming to work, and spending time with the people here." Another staff member said, "I leave this place happy when I come off shift and I feel like I've made a difference. Usually I think, I have done my job well today." A relative had commented, "I am very pleased with [my loved one] living at Palm Care. The staff are very caring and doing a very hard job."

Some people were unable to communicate verbally. Staff knew people well and there was detailed information in place to ensure they were able to anticipate people's needs. One person's care plan stated that if they were happy they would, 'tap their feet/hands' and if they were sad may, 'look down, appear withdrawn and start to cry.' Throughout the inspection we observed staff interpreting people's non-verbal communication and ensuring they received the things they wanted.

Staff treated people with respect and dignity. They listened to what people had to say, and supported them to make their own decisions. Each person had a keyworker that was responsible for co-ordinating their care. Staff spoke with pride about their keyworking responsibilities and the things they had arranged for the people they worked with. One staff member told us that a person's regular activity had recently ended and they wanted to try something new. They were supporting the person to research the different activities they could take part in. The person told us, "I want to start doing drama classes. We are going out today to have a look at what is on offer." One person told us, "[Staff member] is my key worker. They are good."

People personalised their rooms in line with their particular likes and preferences. One person spoke excitedly about their bedroom. They told us, "I have [pop star] on my bedroom wall. I am a fan." The person invited us into their room and pointed out the posters they had put up of their favourite singer. Other people had pictures of their loved ones and family members on their walls.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. One relative had commented, "When I come here I am made to feel welcome by everyone. I am always fed and given cups of tea. The staff are always nice to me, as I am to them. I always take an interest in what is happening in the home. I love seeing [my relative.]"

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

Each week people had a day that was dedicated to them called, 'My time.' This was an opportunity for them to spend time with staff, updating their care plan and focussing on goals and things to achieve going forward. One person told us, "My time was on Monday." One person had identified that they wanted to visit a local nature reserve, overlooking the cliffs at Dover. Records showed this had been arranged. We asked the person about their trip and they smiled broadly and signed car, indicating how they had travelled there.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

At our previous inspection care plans were not always accurate or updated. People did not receive their allocated one to one hours so were not always able to access the activities they wanted to. At this inspection, improvements had been made.

People told us they regularly went out and enjoyed the range of activities that they did both inside and outside of the service. One person told us, ["I went out with [staff member] in the car." During the inspection most people went out for the day with staff. Some people went shopping for the house and other people went out for lunch. One person chose to stay at home and enjoyed playing a range of board games with staff, such as 'Connect four.' Records showed that people were consistently receiving their one to one hours and led busy and active lives.

Staff told us about the range of activities they supported people to take part in. One staff member said, "I am [one person's] keyworker. I always ask them where they want to go. The other day we were going to go to Folkestone [a local town] and had arranged to go to a disco in the evening. When were out [the person] decided they wanted to go to the cinema. I explained that due to timings, we wouldn't be able to go to the disco and the cinema and they were then able to choose what they wanted to do. It is the choice which is important."

Records were now accurate and contained the detail needed to ensure people received consistent support. Some people did not communicate verbally. Each person had their own, personalised communication passport in place, stating how they communicated and what staff needed to know about them. Throughout the inspection we observed staff interpreting people's non verbal communication. Staff used objects of reference and sign language to ensure people were able to make their needs known.

People received the care and support they needed, in the way they wanted. Preferences with regards to people's personal care and daily routine were documented in their care plan. For example, one person's care plan stated, '[The person] enjoys relaxing on the sofa in their bedroom with a cup of tea before walking through to the communal area.' Staff confirmed they always offered the person a cup of tea in the morning and it was helpful to have things like this written down so new staff followed the same routine.

People's needs were assessed before moving into the service, with as much involvement from people, their relatives, health professionals, and other stakeholders involved in their care as possible. Risk assessments and guidance for staff were in place before people moved in and staff continually updated people's care plans as they got to know people better.

There was a complaints procedure in place and this had been produced in an easy to understand format so people were aware of how to make complaints. The registered manager had documented and responded to any complaints that had been received. They told us it was important for them to respond to any feedback, positive or negative and ensure that improvements were made.

Some people were able to tell staff if they were not happy or thought things should be changed. Other people required staff support to make their needs known. Staff told us they used regular 'my time' sessions with people to spend time with them and ensure they had no concerns. They told us they knew people well and were able to interpret their body language and other visual cues to ensure people were happy.

Is the service well-led?

Our findings

At our previous inspection records had not been accurate and up to date. The provider had not maintained sufficient oversight and monitored the service effectively to ensure compliance with the regulations. At this inspection, improvements had been made.

Since our last inspection the manager had registered with the Care Quality Commission. They had had a year to make improvements, and positive changes they had made were embedded within the service. Relatives and professionals involved in the service had commented on the positive impact the registered manager had made on the service. We saw feedback, which stated, 'Since [the registered manager] took over the standard of care, facility cleanliness and communication has risen sharply. Palm Care really feels more like a home for its residents now.' And, 'The service users are well cared for and their needs are met. The staff are well lead and are always willing to assist me where necessary.'

People knew who the registered manager was and approached them throughout the inspection. Staff told us they felt the service was well managed, and that the registered manager provided advice and guidance. The registered manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. One staff member told us, "The management team is supportive. I can ask my senior anything and they always explain things to me."

People now had detailed care plans, risk assessments and communication passports in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.

Staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service. The registered manager told us their aim for the service was to, "Make sure people are safe and that hazards are reduced. We want people to be happy." There were links with the local and wider community. Staff supported people to use public transport and people regularly ate out in local restaurants and cafes.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were in the process of completing a vocational qualification in leadership in health and social care. The registered manager participated in a variety of events and forums with other managers that worked for the provider. The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.

People and their relatives, staff and other stakeholders were asked for their feedback about the service on a regular basis. All the feedback responses we saw were positive and included, 'Very professional and good knowledge of the clients.' The registered manager told us that they reviewed the feedback regularly and if any areas of improvement were identified they would action them accordingly.

The registered manager carried out regular monthly checks on the service. These covered a range of areas such as medicines administration, the quality of completed paperwork, including daily notes and incident forms and whether relevant health and safety checks were carried out.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall.