

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?

**Good** 

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 1 and 2 November 2017. The first day was unannounced.

Palace House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Palace House Care Home accommodates 33 people in one adapted building. There were 29 people accommodated in the home on the day of our inspection.

Palace House Care Home 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. Car parking was available to the rear of the house.

At the time of our inspection the registered manager was no longer managing the service. A manager had been in post from 16 October 2017 and would be registering with CQC. 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 22 and 23 March 2017 we found four breaches of legal requirements. We found shortfalls in risk management, staffing, maintaining accurate records and a continued shortfall in ensuring effective quality assurance and auditing systems. 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.

Following the last inspection, we met with the provider and asked them to complete an action plan to confirm what they would do and by when to improve the key questions Safe, Effective, Responsive and Well Led to at least good.

During this inspection we found improvements had been made to address the shortfalls in risk management, record keeping and quality assurance and auditing systems. However, our findings demonstrated there was a continued breach of the regulations in respect of staffing. You can see what action we told the provider to take at the back of the full version of the report.

We found a number of improvements had been introduced although we found they were in their infancy and needed to be embedded into practice over time. We will check this during our next planned comprehensive inspection.

People's opinions regarding staffing numbers varied. The staffing levels were now being monitored to ensure sufficient staff were available at all times and additional staff were being recruited. Recruitment processes had improved. Staff training had improved and action had been taken to provide staff with adequate supervision and support.

We found people considered the service was managed well and they were happy with the improvements that had been made. New quality assurance and auditing processes had been introduced to help the provider and the manager to effectively identify and respond to matters needing attention.

The systems to obtain the views of people, their visitors and staff had been improved. People were encouraged to be involved in the running of the home and were kept up to date with any changes.

During this inspection we found there had been an improvement in the records relating to people's care and support. We found the new care plan format and associated risk assessments had been introduced although we found some of the daily records relating to people's care had been completed in an inconsistent way. In addition people had not been involved in the review of their care. The manager was aware of the shortfalls and further action was being taken to address them as part of the auditing system. We made a recommendation that people's involvement in the care planning process and in regular reviews of their care and support were improved.

We found people's access to appropriate and meaningful activities was limited as the provision of daily activities was dependent on the availability of care staff. We were told an activity person had been recruited. We made a recommendation that the provision of suitable activities needed to improve.

People told us they felt safe and staff were caring; they said they were happy with the service they received. The manager and staff were observed to have positive relationships with people living in the home and people were relaxed in their company. There were no restrictions placed on visiting times for friends and relatives. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse

Appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority and people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. People were supported to have 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.

There were areas of the home that needed improvement and there was a plan in place to support this. The home was clean, bright and comfortable and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. Some people had arranged their bedrooms as they wished and had brought personal possessions with them to maintain the homeliness.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained and supervised to do this safely.

People told us they enjoyed the meals and were provided with a nutritionally balanced diet that catered for their dietary needs and preferences.

People were aware of how to raise their concerns and were confident they would be listened to. Action had been taken to respond to people's concerns and suggestions.

## 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.

The deployment of staff had improved although further improvements were needed to ensure sufficient numbers of staff were available to meet people's needs at all times.

Accident and incident monitoring and the management of risks had improved to ensure people's safety.

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

Safe recruitment practices had been followed and people's medicines were managed safely and administered by trained and competent staff.

**Requires Improvement** ●

### Is the service effective?

The service was effective

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

People enjoyed the meals. Choices were offered.

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. The records relating to people's capacity to make safe decisions and to consent to care had improved.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

Staff knew people well and good relationships had developed 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 not supported to take part in suitable activities although we were told action was being taken to recruit an activities organiser.

People were receiving the care and support they needed and there were improvements to ensure this was reflected in the care plan.

People had been involved in discussions about their care but not in the review of their care plan. Systems were being introduced that would improve this.

People had no complaints and felt confident raising their concerns and complaints with the manager or staff.

**Requires Improvement** ●

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

The service was not consistently well led.

The manager had been in post a short time and had introduced a number of recent improvements that needed to be embedded into practice over time. We were unable to determine their full effectiveness.

The systems to assess and monitor the quality of the service and to obtain people's views and opinions had improved and were being further developed.

Records relating to people's care and support had improved but needed to be further embedded.

People made positive comments about the manager and staff. They felt the service was well managed and were happy with the recent changes and improvements made.

**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 checked 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.

Palace House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection took place on 1 and 2 November 2017. The first day was unannounced. The inspection was carried out by an adult social care inspector 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We discussed the service with the local authority contract monitoring team and local commissioning team. We looked at the recent report from the local authority contract monitoring team.

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 area manager, the manager, two registered nurses, three care staff and the maintenance person. We spoke with five people living in the home and with seven visitors. We also spoke with a social care professional during the visit.

We looked at a sample of records including five people's care plans and other associated documentation, two 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. Following the inspection visit we asked the manager to send us some additional information. This was forwarded in good time.

## Is the service safe?

### Our findings

At our last inspection we found the provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found people were left unattended for periods of time and had to wait for staff to respond to their calls for assistance. 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 looked at the staffing rotas. We found some improvements had been made to ensure sufficient staff were deployed and further improvements were being planned. However, further improvements were needed. There was one nurse on duty all day with five or six care staff in the morning reducing to four or five care staff in the evening and a nurse and two care staff were available at night. We found throughout the week the numbers of care staff varied and was inconsistent; this meant it was difficult to plan the day and to provide people with consistent care and support. One member of staff said, "Staffing levels vary, we don't know where we are. One day it's great and another day it seems like there are not enough of us." The manager told us this had been recognised and new rotas had been developed, but not yet introduced. The new rotas showed consistent numbers of staff would be available. 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. Regular agency nursing staff were currently being used to cover shortfalls on nights.

Laundry, domestic and kitchen staff were available each day and a maintenance person worked five days each week. The manager was available five days each week and provided on call out of hours. At the time of our inspection the area manager was providing administrative support; the manager told us recruitment of a permanent administrator was underway. The manager told us a new dependency tool would be used to determine the required numbers of staff hours needed. We noted changes had been made to kitchen staffing hours to ensure the appropriate deployment of staff.

During the inspection we found people received prompt attention from staff. We noted one person needed one to one support from staff; this meant staff were available in the lounge and dining areas at specific times during the day. People told us staff regularly checked on them when they were in their bedrooms. We asked people and their visitors if there were sufficient staff. They told us, "I think they could do with more staff", "There were a lot more staff, some left, there's a few new ones. I haven't seen them all. I think there are enough", "No. One of the nurses said 'we are short staffed'" and "They do get very busy sometimes but they do pop in and check on [my family member]."

Staff told us there were times when there were insufficient staff. They told us, "We have enough staff until staff ring in sick", "It's the same people that let us down at short notice; it always has been", "We don't have enough staff to call on; the manager is recruiting new staff so hopefully it will help when staff ring in sick" and "The new manager has told us that sickness will be monitored. Hopefully it will make a difference as we get fed up of being let down at the last minute." The manager confirmed staff absenteeism would now be

closely monitored and appropriate action taken to ensure people received appropriate care and attention from sufficient numbers of staff at all times.

The provider had failed to ensure there were sufficient numbers of staff deployed. This was a continued breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found 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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found staff and the providers did not have clear and accurate information about the risks to people's health and wellbeing. Records of any injuries were incomplete and training had not been provided to support staff to deal with first aid emergencies. There was no guidance on how staff needed to support people to evacuate the premises in the event of an emergency. 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 looked at new records relating to risks associated with people's care. We found all documentation related to assessment of risks had improved and there were clear timescales for completion and review. We found potential risks to people's safety and wellbeing had been recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner without restricting people's freedom, choice and independence. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration, dependency, skin integrity and falls. Records showed that systems were in place to ensure the risk assessments were reviewed and updated on a monthly basis or in line with changing needs.

Environmental risk assessments had been undertaken in areas such as fire safety, the use of equipment and the management of hazardous substances. We found records were maintained of accidents and incidents, complaints, safeguarding and staff concerns. The records were analysed each month in order to identify any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences.

We looked at how the safety of the premises was managed. We saw equipment was safe and had been serviced at regular intervals. Training had been provided to support staff with health emergencies and the safe movement of people. Additional training was planned for December 2017. We observed people being supported safely and appropriately during the inspection. Regular fire alarm checks, fire safety training and regular fire drills had been recorded and staff knew what action to take in the event of a fire. In addition there were twelve designated fire marshals in the home who would provide staff with guidance and support in the event of a fire. Each person had a personal evacuation plan in place in the event of a fire which assisted staff to plan the actions to be taken in an emergency.

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 'four star' rating for food safety and hygiene in March 2017; recommendation had been actioned. 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 and their visitors were aware of the codes and used them to move freely in and out of the home.

During the inspection we observed people were comfortable in the company of staff and we observed staff interaction with people was kind, friendly and patient. People living in the home told us they did not have any concerns about the way they were cared for and said they had confidence in the staff who supported

them. They told us they felt safe. They said, "I feel safe. I trust the staff." Relatives spoken with said their family members were kept safe. One said, "[Family member] is safe and well looked after."

Staff had safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures to refer to. Staff told us they had received safeguarding adults training and the records we looked at confirmed this. Additional training was being provided. The staff we spoke with understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice.

The systems to review and investigate (where appropriate) safety and safeguarding incidents and other events had improved. Incidents had been reported to the appropriate agencies, shared with the provider and appropriate follow up action had been taken where necessary. Action to be taken and lessons learned had been discussed with staff. Arrangements were in place to respond to external safety alerts.

Recruitment and selection policies and procedures were available although we were told they were under review. At the last inspection we found 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. The records for new applicants had recently been revised and supported a fair and safe recruitment and selection process had been followed. Regular checks on the registration status and fitness to practice of all nursing staff had been completed. When agency staff were used, confirmation was received that they were fit and safe to work in the home.

We looked at how the service managed people's medicines. People confirmed they were given their medicines when they needed them. 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. Staff had received training and regular checks of their practice had been undertaken to ensure they were competent to administer medicines. Policies and procedures were in place to ensure good and safe practice was followed.

There were processes in place for the receipt, ordering, administration and disposal of medicines. We looked at seven people's Medication Administration Records (MARs) and found they were accurate and up to date. However, we found the administration of 'when required' medicines was not supported by clear protocols. Following the inspection we were assured the guidance had been replaced. Handwritten entries had been witnessed and medicines were clearly labelled and most were dated on opening. Codes had been used for non-administration of regular medicines. We found there were no records to support 'carried forward' amounts from the previous month which made it difficult to monitor whether medicines were being given properly and the records to support the non-administration of medicines were not consistently completed. However, this had been recognised at the recent audit and action was being taken to address the shortfalls.

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. The medicines management team had provided ongoing support and advice to managers and staff to help them make improvements in this area.

The records that showed people had consented to their medication being managed by the service on admission and whether they were able, or wished to, self-medicate had not been removed from the old care files. The manager assured us they would be replaced and included in the further development of the care plans. There was a system to ensure people's medicines were reviewed by a GP which 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.

We looked at the arrangements for keeping the service clean and hygienic. One person said, "The home is clean, very clean." Another said, "The bedding is changed every day." The premises were found to be clean and odour free and there were contractual arrangements for the safe disposal of waste. There were infection control policies and procedures in place for staff reference. Most staff had been trained in this topic and some had received food hygiene training. Additional training was planned for December 2017. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection. 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.

At the last inspection we noted the cleaning schedule was not sufficiently detailed to guide new domestic staff with their duties; the current manager assured us she would review the schedule. The laundry was well organised with sufficient equipment to maintain people's clothes. Sufficient domestic and laundry staff were available; we were told additional domestic staff were being recruited. There were audit systems in place to support good practice and to help maintain good standards of cleanliness.

## Is the service effective?

### Our findings

People told us they were happy with the service they received and felt staff had the skills and experience they needed. They said, "They are very good staff" and "I go out and about. It's the best home there is here." Visitor's comments included, "They are not too bad at all but they have a lot to put up with", "Staff seem to know what they are doing", "They know what they are doing and they are really friendly" and "Some of them have the skills and experience. Some of them do their best."

On admission to the home each person had an individual care plan that identified how their choices, expectations, care, treatment and support would be met. The information in the care plan was based on good practice guidance in areas such as falls, skin integrity and nutrition; this ensured best outcomes of care, treatment and support were achieved for people.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a range of appropriate training to give them the skills and knowledge they needed. Training included safeguarding vulnerable adults, infection control, food hygiene, fire safety, moving and positioning, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We noted there were gaps on the training matrix; the manager was aware of the shortfalls. However, additional training updates were planned for December 2017 and included dementia awareness and behaviour that challenged the service.

All staff spoken with confirmed they received sufficient training that was useful and beneficial to their role. One member of staff said, "The training is improving; it's not all eLearning now." Staff had either completed a nationally recognised qualification in care or were currently working towards one; training and induction was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The manager was aware the Care Certificate needed to be included as part of the induction process. Nursing staff were provided with additional training and support to maintain their registration and to meet the specialised nursing needs of people living in the home.

New staff received induction training that included an initial orientation to the service, training in the provider's policies and procedures and completion of the provider's mandatory training. This included a period of time working with more experienced staff until they were confident they had the confidence and skills to work independently. At the last inspection we found agency nursing and care staff were not given any formal induction to the home or the layout of the building which could place people at risk. During this inspection we saw an agency staff induction plan had been developed. We were told the home used the same agency staff to provide continuity of care.

From our discussions and from looking at records we noted gaps in the provision of one to one staff supervision and support. One to one staff supervision sessions helped identify shortfalls in staff practice and the need for any additional training and support. The manager was aware of this shortfall and a plan had been developed to ensure all staff were supported in the future. Staff told us they felt supported by the management team. They told us more regular staff meetings had been introduced and they had been able

to express their views and opinions and to be updated with recent changes.

During this inspection we found staff morale had improved and they were up to date and happy with recent improvements. Staff told us, "We have a good team; things are changing for the better." Regular handover meetings, handover records and communication diaries helped keep staff up to date about people's changing needs and the support they needed. Staff spoken with had a very good understanding of people's needs.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were policies and procedures to support staff with the MCA and DoLS which were being reviewed. Records showed staff had received training in this subject and they expressed an understanding of the processes relating to MCA and DoLS.

At the time of the inspection 13 applications had been submitted to the local authority for consideration. One person also had an authorised DoLS. The manager maintained a register of the applications and checked progress with the local authority. We noted there was information in people's care plans to provide guidance for staff on least restrictive practice in order to protect people's rights. This meant people's best interests or choices would be considered.

We observed staff asking people for their consent before they provided care and treatment such as with administering medicines or with moving from one part of the home to another. Staff told us they understood the importance of gaining consent from people and the principles of best interests decisions. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person.

At the last inspection we recommended the service sought advice regarding recording people's capacity and ability to make decisions about their care and to keep this under review. During this inspection we found people's capacity had been assessed and information to demonstrate people's capacity to make specific decisions about their care and support was being recorded although not in sufficient detail. During the inspection we spoke with the local authority DoLS assessor. The assessor told us they had no concerns and had provided advice to staff on how to develop information with regards to people's decision making. We also noted people's wishes had not yet been consistently recorded in areas such as information sharing, personal care, 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. The manager was aware of this shortfall and action was being taken to action this and include in the new care plan format.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). Records showed decisions had been discussed with people to ensure their wishes would be upheld or to ensure appropriate action was taken in the case of a medical emergency. The decisions had been kept under review.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals and they were offered choices. They told us, "We have choices of food", "We get a choice of meals. I had a full breakfast today. We have salads. You can have what you want" and "We can have something to drink whenever we want, it's on the table in the lounge. We have drinks and biscuits in the middle of the morning and in the afternoon."

During our visit we observed lunch being served in the main dining room, in people's bedrooms and in other areas of the home if they preferred. The menu was not displayed in the home although people told us they were asked for their choices each day. The dining tables were appropriately set and condiments and drinks were made available. Adapted cutlery and crockery and protective clothing was provided to maintain people's dignity and independence. The meals looked appetising and the portions varied in amount for each person.

The meals were brought in a hot trolley. We observed people being supported and encouraged to eat their meals at their own pace either at the table or in their bedrooms and we overheard friendly conversations between staff and people using the service during the lunchtime period. We observed drinks and snacks being offered throughout the day.

Information about people's dietary preferences and any risks associated with their nutritional needs was shared with kitchen staff and maintained on people's care plans. Records were made of people's dietary and fluid intake where needed although we noted gaps in some of the records that we looked at. We discussed this with the manager who had noted this during a recent audit. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. We found evidence that appropriate referrals were made to a variety of healthcare agencies including GPs, dietitians, speech and language therapists, dentists and opticians. The nurse practitioner and district nursing team regularly visited the service and monitored the care and treatment of people in their care. 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. Relatives considered their family member's health care was managed well.

Appropriate information was shared when people moved between services such as transfer to other service, admission to hospital or attendance at health appointments. People were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account and care was provided consistently when moving between services.

During this inspection we looked around the home. We did not enter all areas but found it to be comfortable, warm and generally well maintained. Aids and adaptations had been provided to help maintain people's safety, independence and comfort. Bedrooms were single occupancy; some had en-suite facilities and others overlooked the gardens. Whilst all room doors were numbered we noted not all bedroom doors identified the name of the person. The manager assured us this would be reviewed. 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. This helped to ensure and promote a sense of comfort and familiarity.

We observed visitors meeting with their family members in their bedroom, in the quiet seating areas or in

the lounge areas. Bathrooms were suitably equipped and toilets were located near to communal areas. People could easily access the attractive and extensive gardens where appropriate seating was available.

There was a system of reporting required repairs and maintenance in place. A maintenance person was available five days each week. Maintenance records were accurate and completed in full and the manager had oversight of the work being done. During the inspection we noted areas in need of attention which included damage around the staircase window, scuffed woodwork and walls in the corridors, stained wallpaper, damaged carpet, faulty glazed units which affected people's view of the garden and damaged furniture. The maintenance person and the manager confirmed a room by room audit had been planned during the week; records confirmed that some of the areas noted had already been recognised as part of a previous audit.

## Is the service caring?

### Our findings

People told us the staff treated them with kindness and were respectful of their choices. Recent compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. People's comments included, "They are very caring. I am supported to be independent." Relative's comments included, "They have been brilliant, absolutely brilliant."

People appeared comfortable in the company of staff and it was clear they had developed positive trusting relationships with them and with their relatives and friends. We observed one person was unsettled in the lounge. A member of staff noticed this and quickly moved to assist them; the person thanked the staff member. The member of staff replied "Don't you worry; we have to look after each other. If you want anything else let me know." It was clear from this interaction that the person appreciated this kindness.

People confirmed there were no restrictions placed on visiting and visitors told us they were made welcome in the home. One visitor said, "They are all very friendly; they always say hello."

The manager and staff were considerate of people's feelings and welfare. We observed good relationships between staff and people living in the home and overheard banter, laughing and encouragement during our visit. Staff understood the way people communicated and this helped them to meet people's individual needs.

We observed people were treated with dignity and respect at all times and without discrimination. 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, diversity, dignity and confidentiality in a care setting. We saw people were dressed appropriately in suitable clothing of their choice.

People were supported to be comfortable in their surroundings and told us they were happy with their bedrooms, which they were able to personalise with their own possessions. This helped to promote a sense of comfort and familiarity. People told us they could spend time alone if they wished and confirmed staff respected their privacy. They told us staff knocked on their doors and waited to enter; we observed this during the inspection. One staff member said, "We are working in their home. We have to be respectful of their choices and ask for permission."

Where possible, people were able to make their own choices and were involved in decisions about their day. Staff were observed encouraging people to do as much as possible for themselves to maintain their independence. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance how they wished to spend their time and what they wanted to eat. People were encouraged to express their views by means of daily conversations, completing satisfaction surveys and more recently at residents' meetings.

All staff were bound by contractual arrangements to respect people's confidentiality. People's records were

kept safe and secure although there was no information available to inform them how their rights to confidentiality would be respected.

People were not routinely provided with an information leaflet or a service user guide on admission to the home. People needed this information to understand their rights and responsibilities and what they should expect whilst staying at Palace House Care Home. The manager told us the information was under review and would be made available to people in a format they understood. There was information about advocacy services displayed on the notice board. The 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.

Some people's preferences and choices for their end of life care were recorded, where appropriate, in their care plan. People's choices and wishes were kept under review and communicated to staff. The service had developed good links with specialist professionals. Staff were supported to develop their knowledge, skills and confidence to deliver quality end of life care. There were systems in place to ensure staff had access to appropriate end of life equipment, training and advice.

## Is the service responsive?

### Our findings

People made positive comments about the staff and their willingness to help them. People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the manager. People said, "I have no concerns; the carers are alright, they are lovely" and "I have no complaints." Visitors said, "The staff are all easy to talk to. I'd just tell them if I had any complaints" and "They put a smile on their faces and do their job" and "A first class service."

During this inspection we looked at the arrangements in place to plan and deliver people's care. Before a person moved into the home assessments of their physical, mental health and social needs were undertaken by an experienced member of staff. Most 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 and staff were able to determine whether the home was able to meet their needs. A care plan was developed to reflect how people's needs and preferences would be met by staff.

At the last inspection we found the care plans were lacking in detail about the care people were receiving and people's preferences, routines and needs 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.

During this inspection we found each person had an individual care plan which was underpinned by a series of risk assessments. We found the new format to be organised. Good information was recorded about people's likes, dislikes, preferences and routines to ensure they received personalised care and support in a way they both wanted and needed. The care plans provided staff with guidance and direction on how best to support people and to be mindful of what was important in their lives when providing their support.

People's care and support had been kept under review and updated on a monthly basis. Relatives spoken with said they were kept up to date and involved in decisions about care and support but not always involved in the care plan. Visitors said, "We're not involved, we've just left it to them", "They have rung and they update us when we come in" and "They ask me about things and if there are any changes they will update me." The manager told us once all care plans were completed people would be encouraged to be more involved in the review of the care plan. The manager was introducing a 'Resident of the Day' which would be discussed with people and their relatives at the upcoming meeting. This meant people and their relatives would be invited to discuss and review the content of their care plans. Daily records were maintained of how each person had spent their day and these were written in a respectful way.

We recommend the provider seeks advice regarding people's involvement in the care planning process and in regular reviews of their care and support.

During the inspection we noted there were no structured activities provided. We observed people watching TV, chatting to each other, listening to music and reading books and newspapers. We observed people

moving around the home and other people leaving the home independently or with staff or visitors.

We found there was no designated activity coordinator for the planning and provision of activities. This meant the provision of activities had been reliant on staff availability. Staff told us, "We don't have time to do activities or sit and talk to people properly." There were no activities displayed on the notice board and some of the posters displayed were out of date. People told us, "There isn't much going on at the moment. The staff haven't got time to organise anything much. They do their best", "They have quizzes and singers" and "They have a singer sometimes. They don't have an activity board here. I'm not sure what's going on." Relatives said, "They have things on but [my relative] is not interested. They have entertainment on." The manager told us the provision of activities would improve as recruitment of an activities person was underway.

We recommend the provider seeks guidance from a reputable source regarding the provision of suitable activities for people.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was a complaints procedure displayed in the entrance of the home.

There had been three complaints made about this service in the last 12 months relating to staffing numbers and care. Records showed appropriate and timely action had been taken to respond to the complaints. The information had been shared with the provider and discussed with staff to help improve the service and to prevent any re occurrence. During the inspection one person raised their concerns. We observed the manager responding in a sympathetic and professional way and in line with procedures. We saw five complimentary comments had been received about the service although it was difficult to determine when they had been received as they were not dated. One person commented, "A big thank you for what you do."

People were supported to follow their faith and take part in worship services according to their individual beliefs. Gender issues were also considered such as dress, wearing jewellery and hair care.

There were systems in place to ensure staff could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and the use of communication diaries and handover sheets.

## Is the service well-led?

### Our findings

The registered manager was no longer responsible for the day to day operation of the service. A new manager had been employed from 16 October 2017 and told us they would apply to register with CQC. The manager had recently introduced a number of improvements but they needed to be monitored further to determine their effectiveness. The manager was visible and active within the home interacting warmly and professionally with people, visitors to the home and with staff. The manager operated an 'open door' policy which meant people living in the home, visitors to the home and members of staff were welcome to go into the office to speak with her at any time.

At our last inspection we found 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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found a range of audits were in place and shortfalls had been identified however the shortfalls had not been actioned or followed up in a timely manner. We also found the manager was not provided with support. 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 the systems to assess and monitor the quality of the service in all aspects of the management of the service had improved and were being further developed but needed time to be embedded into the home. We noted internal and external checks had been completed on areas including medicines management, environment, call bells, staffing, accidents and incidents, care planning and infection control. Records showed that any issues found had been followed up and were being actioned. However, some of the audits, such as the medicines management and infection control audits did not always show what action had been taken, by whom and within what period of time; the manager was aware of the shortfalls and appropriate action was being taken.

The manager had introduced a daily walk around the home to monitor standards and to discuss any concerns with each departmental head and carried out unannounced visits at weekends and nights; this monitored quality provision at different times and had identified any shortfalls in areas such as staffing, equipment needs and any concerns. The manager told us the audit findings would be shared at monthly team meetings in order to achieve a whole team approach to ongoing improvements. In addition the 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.

At the last inspection we found the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found people's records did not clearly reflect the care and support they 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. 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 there had been an improvement in the records relating to people's care and support although the new systems needed to be embedded into day to day practice. New care plans and associated risk assessments were in place and checks on the standard of the records had commenced. We found the care plans and risk assessments included details about the care people were receiving, risks to their health and well-being and their preferences, routines and needs; the information was being regularly reviewed and was reflective of the care people were receiving.

We noted some of the daily care records had been completed in an inconsistent way and did not always clearly reflect the care and support they were receiving. We discussed this with the manager who was aware of the shortfalls and had discussed her concerns with staff at the recent meeting.

The manager had set out planned improvements for the service in the Provider Information Return. This showed us the manager had a good understanding of the service and where the improvements were needed. Improvements included a review of all systems and processes, improving the effectiveness of the quality monitoring systems, introduction of the Care Certificate for all staff, inclusion of people in reviews of their care and the introduction of a monthly newsletter.

The manager was supervised and supported by an area manager who visited the service on a regular basis and also by an external agency that was responsible for quality monitoring. The manager provided weekly and monthly reports to the provider to assist with monitoring the management of the service; this meant the provider had improved their oversight of the service. We noted the provider had met with the management team to discuss areas for improvement in June 2017. One staff member said, "[The area manager] and the owners visit and talk to people. [The area manager] asks how we are."

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. The last survey had been undertaken in January 2017 although the results had not been analysed or shared with people. The last resident and relative meeting had been held in June 2016. We noted regular meetings were planned with the first meeting taking place the week of the inspection. This improved the way people's views and choices were listened to and ensured information was shared in a transparent and open manner.

At the last inspection we found there was low staff morale and staff did not feel they were listened to. During this inspection we found staff were more positive and were happy with the changes and improvements made by the manager. They said, "I love it here", "The manager is making changes. She has listened to us and is tackling sickness and absence", "The staff team are getting on much better" and "The manager is firm but fair and I can talk to her anytime."

A staff survey had been undertaken around areas including training, support, staffing and risks. The results were currently being analysed and would be shared with staff and used to improve the service. Monthly staff meetings were planned; areas for discussion at the last meeting included teamwork and morale, sickness monitoring, safeguarding and record keeping. This showed the provider had introduced systems to ensure staff were listened to.

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

People, their relatives and staff spoken with during the inspection made positive comments about the improvements being made and about the service they received. They said the home was well managed, the management of the home were approachable and the culture of the home was 'nice' and 'friendly'. One person said, "It's the best home there is" and "The home is well managed and I think staff are very good." Relatives said, "It seems to be well managed. You can't do everything at once", "It is calm and organised" and "The home seems calm enough; everybody seems happy enough."

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 manager had appropriately submitted notifications to CQC and other agencies. Information from accidents and incidents, action plan audits, complaints and safeguarding alerts were analysed to help identify any patterns or areas requiring improvement and shared with the staff team at monthly meetings to look at lessons and learned. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

We noted the service's CQC rating and a copy of the previous inspection report was on display in the home. 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
Diagnostic and screening procedures	The provider had failed to ensure there were sufficient numbers of staff deployed.
Treatment of disease, disorder or injury	Regulation 18 (1)