

DFB (Care) Limited

Palm Court Nursing Home

Inspection report

17 Prideaux Road
Eastbourne
East Sussex
BN21 2ND

Tel: 01323721911

Website: www.palmcourtnursinghome.co.uk

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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

Palm Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Palm Court Nursing Home provides accommodation for up to 53 people in one extended and adapted building. Nursing care is provided to people who have nursing needs; most people were living with dementia. There were 25 people living at the service when we inspected. Since our last inspection the provider had agreed with the local authority that there would be no new admissions to the service until the health and safety arrangements were addressed.

At inspections carried out in September 2016 and June 2017 the home was rated Inadequate and placed and remained in special measures as there were continued breaches of Regulations. CQC took enforcement action in accordance with its procedures. We met with the provider and asked the provider to complete an action plan to show what they would do to meet the requirements of the Regulations. We received the provider's action plan and we followed up on breaches at an inspection in November 2017. At that time improvements had been made and although there was still a breach of Regulation 17, the home was rated Requires Improvement overall.

Our last inspection was carried out on 19 and 24 July 2018 and we rated the service Inadequate. The home was placed into special measures again. This was because we found breaches of Regulation 12 in relation to safety and Regulation 17 in relation to good governance.

We carried out this inspection on 13 and 14 February 2019 and found that although improvements had been made in many areas, there were still areas in relation to the management of medicines and to governance that had not sufficiently improved and were continuing breaches of Regulations 12 and 17. We also found that there was a lack of stimulation and meaningful activities for people and we made a recommendation to improve this area.

The registered manager had left their position in June 2018. 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. A new manager had been appointed and started in post on 2 July 2018. At the time of our inspection their application for registration was being processed and the manager has since become registered.

Concerns with the management of medicines mainly centred on the management of medicines prescribed on an as required (PRN) basis for the management of agitation as it was not always possible to see why medicines had been given. Linked with this was a lack of documentation in relation to records that demonstrated actions taken by staff to support people with behaviours that challenged before resorting to

medicines. We found that whilst auditing had improved in many areas these had not identified areas we found on inspection, for example in relation to the management of medicines and shortfalls in recruitment records. Further time is needed to build on the progress made and to fully embed new systems into every day processes. Improvements were also needed to ensure people were offered regular opportunities for person centred activities.

Significant progress had been made in relation to the management of health and safety. All equipment was now serviced and inspected regularly and the records demonstrated that when faults were noted they were addressed in a timely manner.

Care plans provided detailed advice and guidance about how people's needs should be met and we saw that staff were kind and caring and supported people in a way that suited their needs. One person told us, "Yes the staff are very kind and caring, always treat me with respect and dignity yes, knock on my door." A relative told us, "Definitely the staff are kind, caring and patient with her, they know her needs well, she is always treated with dignity and respect, never seen it otherwise."

People were supported to attend health appointments as needed and referrals were made for further advice and guidance when appropriate. For example, if someone experienced swallowing difficulties or if there was a concern about someone's skin. A professional told us, "Staff are very nice and helpful. They know people's needs well."

At the time of our last inspection there was a high use of agency staff. Vacant posts had been filled and agency staff were now rarely used. There were enough staff to meet the needs of people safely.

Staff were supported to develop their knowledge and practice. All staff had completed numerous eLearning training since our last inspection in a wide variety of subject areas. The manager also carried out observations on staff to make sure staff were able to apply the learning they received. For example, they assessed people supported with moving and receiving personal care to make sure people were afforded privacy and dignity. Staff now attended regular supervision meetings and told us they felt supported.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and DoLS and were aware of current guidance to ensure people were protected. DoLS applications had been requested when needed to ensure people were safe.

Feedback was sought from people, relatives and staff about the services provided through regular meetings and satisfaction questionnaires. Visitors told us they were made to feel very welcome.

We found two continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this service is 'Requires Improvement.' Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

We are now in a position to publish the action taken. Following our inspection, we took enforcement action and have applied positive conditions on the provider's registration requiring them to:-

Provide a monthly report to CQC of all new people admitted to Palm Court, setting out the admission date, a brief summary of each person's care needs and the name of the person who carried out the assessment.

The provider is also required to ensure there is a suitably qualified, and competent person, to undertake oversight of medicines management at Palm Court and to provide monthly audits to the Care Quality Commission. Audits must address analysis of any errors or shortfalls in medicines management and details of who will be responsible for taking actions and timescales for completion.

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 consistently safe.

The management of medicines prescribed on an as required basis for agitation were not effective.

There were enough staff to meet people's needs safely.

Significant improvements had been made the health and safety arrangements within the home. There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Requires Improvement ●

Is the service effective?

The service was effective.

There were good opportunities to ensure staff had opportunities to develop their skills and knowledge through regular training.

The manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their health and wellbeing and referrals were made to health and social care professionals when needed.

People received enough to eat and drink daily.

Good ●

Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and offered assistance in a kind and caring way.

Staff talked to people in a way they could understand.

Relatives and friends were made to feel very welcome and people could have visitors at any time.

Good ●

Is the service responsive?

The service is not consistently responsive.

There were not enough person-centred activities provided.

The complaints procedure was available to people and their relatives to use if they wished. Complaints were managed effectively.

Care plans provided detailed information about how people's needs should be met.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Although systems for auditing the service had improved, in some areas these were not accurate and further time was needed to fully embed progress made to be effective.

Feedback about the service provided was now sought from people, relatives and staff.

Staff meetings had taken place to inform of any changes and encourage staff to put forward suggestions for improvement.

Requires Improvement ●

Palm Court Nursing 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.

At inspections carried out in September 2016 and June 2017 the home was rated 'Inadequate' and placed in special measures as there were continued breaches of Regulations. CQC took enforcement action in accordance with its procedures. In November 2017 the home was rated 'Requires Improvement.' At our last inspection in July 2018, we rated the home 'Inadequate' and again the home was placed in special measures. CQC took further enforcement action in accordance with its procedures.

We visited the home on the 13 and 14 February 2019. This was an unannounced inspection. This inspection was carried out by two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at and reviewed all the current information we held about the service. This included notifications we received. Notifications are events the provider is required to inform us of by law. We did not ask the provider to complete a Provider Information Return as this inspection was brought forward due to a history of continuing concerns and lack of compliance. 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. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted.

During the inspection we reviewed the records of the home, these included three staff recruitment files, staff training, medicine records, accidents and incidents and quality audits along with information in regard to the upkeep of the premises. We looked at three people's care plans and risk assessments in detail, and risk assessments and daily records for another 10 people. We spoke with eight people and four relatives. Some people were not able to tell us their views of life at Palm Court so we observed the support delivered in communal areas to get a view of the care and support provided. This helped us understand the experience of people living there. We spoke with the manager, three registered nurses, three care staff, the house

keeper, cook, maintenance person and laundry staff. We also spoke with a visiting health care professional.

Is the service safe?

Our findings

At our last inspection in July 2018, this key question was rated "Inadequate" with a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified multiple health and safety issues. These related to the management of gas safety, fire safety, Legionella testing and a lack of servicing in relation to sluice equipment. We also identified further shortfalls in relation to the management of medicines and creams, the management of behaviours that challenge, guidelines that were conflicting in the relation to the management of epilepsy and infection control risks.

At this inspection, we found the service had addressed the majority of the concerns identified. However, there were still concerns around the management of medicines. The rating for this key question has improved from Inadequate to Requires Improvement.

The home had recently changed from receiving medicines from their pharmacy via blister packs to receiving them in boxes. The system was still relatively new and the manager had sought feedback from staff at nurses' meetings. Each day when medicines had been given, a stock count was done to make sure there was an audit trail of medicines. We found discrepancies with the stock count and asked the manager for a full count to be completed. It was apparent that staff were not counting medicines accurately. However, medicines were correct with the exception of two pain relief tablets that were unaccounted for. The manager told us they would introduce tighter monitoring of the stock count.

One person was prescribed pain relief four times a day. This had been given in the mornings but not at other times. There was no explanation as to why these had been missed or if the person had needed them. The Abbey pain scale had not been consistently completed when medicines for pain were given in line with the home's procedures. The Abbey pain scale is a pain assessment tool developed for use when caring for people living with dementia who cannot verbally communicate they are in pain.

We found numerous examples of shortfalls in relation to the management of medicines given on an as required (PRN) basis. One person was prescribed a PRN for when they were 'agitated, restless, unsettled or shouting.' This medicine had been given 13 times over a two-week period. On three days, the time of administration had not been recorded. This is particularly important to ensure there is sufficient time between doses. Information on the MAR did not include why the medicine had been given and if it had been effective. Apart from one occasion, there was no information in the daily records or handover sheets that stated the person had been agitated or distressed and nurses were unable to tell us why the medicine had been given. There was no behaviour analysis chart in the person's care plan advising staff what action to take to reduce distress or agitation before giving medicines. Antecedent, Behaviour, Consequence (ABC) charts had not been completed since 18 November 2018. The home had not operated in line with their own procedures for the management of behaviours that challenge and we could not be sure if the person had been sedated unnecessarily. The home's improvement plan had identified that ABC charts had not been completed. However, a further review in December 2018 indicated that ABC charts had been completed as needed and that PRN protocols were in place.

Another person was prescribed medicine twice a day and up to two further doses a day if needed. Whilst it was noted the PRN medicine had not been given, there was no protocol for the circumstances that it could be given. Another person had a protocol for PRN medicine (25mgs) for agitation, restlessness or urgent sedation. The prescription however, was for 20mgs, one or two tablets at night, for insomnia. The protocol was quickly removed as it was incorrect. However, it was noted the person slept regularly from 6-8 pm and then received their medicine at 9pm. Two tablets were always given. The prescription needed further clarification to assess if this was needed every night and to check if this should have been PRN. Another person was prescribed medicine PRN for agitation. They had been given their medicine twice but there was no entry to the rear of the MAR to explain why, or if it had been effective. Following our inspection, the provider wrote to us to confirm prescription issues for individual people had been addressed with their respective GPs directly after the inspection.

Nursing staff told us care staff were responsible for the completion of behaviour charts but these had not always been completed. Care staff told us that when people were agitated or distressed they told the nurse who then assessed the person and decided if medicine was needed. There was no effective monitoring to make sure behaviour charts had been completed whenever PRN medicines had been given. Records did not demonstrate the actions taken before deciding to give medicine. The use of PRN medicine should always be a last resort.

Where creams were prescribed, forms were kept in people's rooms for care staff to sign when creams were applied. There was no clear guidance about how much cream should be used or where it should be applied. For example, what dry skin meant for each person. One person was prescribed cream for dry skin. Records stated to use when required each morning. There was no other information provided.

We were told equipment used to minimise the risk of skin damage such as pressure relieving mattresses and cushions were checked twice daily by staff to ensure they were on the correct setting for the individual. Maintenance staff also checked these monthly. Mattress settings should be linked to people's weights but the pressure mattress monitoring form had the same weights for people from month to month even though there had been changes. For example, the record showed one person's weight was 57.8Kgs. Their weight chart showed they were now 53.1Kg and the setting on the air mattress was for 150Kgs. This left the person at risk of pressure damage and reliant on staff doing daily checks. A lack of accurate record keeping however, could have indicated that checks were either not done appropriately or that no checks were made to ensure weights had not changed.

People did not always receive safe care. This is a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Apart from the issues detailed above we found staff had received training in the management of medicines and had been assessed as competent to give them. Some people received some of their medicines covertly or in liquid form. People's GPs had given their approval for the person-centred approaches used. There were appropriate procedures for the ordering, receipt and storage of medicines securely.

At our last inspection we had concerns about the management of epilepsy. At this inspection we noted that further clarification had been sought from a specialist about the specific advice in guidelines. Guidelines were therefore more detailed and contained person centred advice about how to support the person. We also found that when a person had a seizure, an assessment had been carried out to determine if future seizures could be prevented.

There were records of accidents and incidents and a monthly audit was carried out to ensure appropriate

actions had been taken and to assess if there were any trends or patterns. Staff were reminded of the importance of good hydration to assist people with fragile skin.

The provider had a new canopy fitted over the cooker and all gas appliances had been tested to ensure their safety. The fault in the fire safety system had been addressed. All equipment was regularly checked and serviced. All staff had received training in fire safety and regular fire drills were carried out to ensure staff knew what to do in the event of fire. People had personal emergency evacuation plans that detailed the support they would need in the event of a fire.

There were improved systems to make sure regular and ongoing safety and maintenance was completed. Water temperatures were tested monthly. The home had been tested in relation to Legionella and the sluice equipment had been serviced. There was an electrical appliance safety certificate. Portable appliance testing had been completed. There were certificates to show hoists and slings and other equipment used in the home had been tested at regular intervals to ensure their safety. There was a detailed list of professionals that could be called upon in the event of an emergency. A relative told us, "The young man doing maintenance is very good, the fire doors used to slam but now they close quietly. They have decorated the lounge and some hallways, fixing call bells, I see him doing a lot of work."

People were protected from the risk of infection. All staff had received training on infection control. Hand wash gels were strategically placed throughout the building. A shower chair which was rusty, had been replaced with a tilt shower chair. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons and these were used throughout our inspection. Daily environment checks and weekly room checks were carried out to ensure infection control was maintained. These included checks on areas such as food preparation, laundry and bedrooms. Staff had completed training in food hygiene, so they could assist in food preparation and serve and clean up after meals. The service had a rating of 'five' (the highest rating) from the Food Standards Agency, who are the regulators for food safety and food hygiene.

People were supported to move safely. Privacy screens were used to protect people's dignity. The staff team had received training in moving and handling. People told us they felt safe. One person told us, "It is alright living here, yes I feel safe here, the staff are all good, enough of them I think." A relative told us, "Absolutely he is safe here, he had a recent infection and they got a paramedic in and called me, the staff managed him well here so he did not need to go to hospital, he is improving every day." During the mealtime a spillage on the floor was cleaned up promptly by the housekeeper to minimise the risk of accidents.

Staff recruitment records were examined. Checks included the completion of application forms, confirmation of identity, references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. We noted a gap in one staff member's employment history and there were concerns about two staff members' references. Please see the well led question. There were systems to ensure checks had been carried out on all agency staff used in the home. These included checks on identification, that DBS checks had been carried out and training had been completed.

There were enough staff working in the home to meet people's needs safely. A part time administrator was employed. On the day of our inspection there were seven care staff and two nurses. Ancillary staff included a chef and kitchen assistant, a housekeeper, laundry assistant and a maintenance staff member. Care staff told us there were enough staff to meet people's individual needs. The activity co-ordinator had very recently left their post and we were told the position had since been advertised. In the interim, a staff member was allocated daily to carry out activities with people. No agency staff were used at the time of our

inspection. We were told that agency staff were only used now to cover for any sickness.

We observed people received care in a timely manner and call bells were answered promptly. Staffing levels allowed for staff to support two people who moved about the home independently but were at risk of falling. We saw staff sat with people in the communal areas chatting. The communal areas were rarely left unattended. The manager's office was situated within the main lounge area so they could see the lounge at all times.

Is the service effective?

Our findings

At our last inspection in July 2018, this key question was rated "Requires Improvement" with a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all staff had received training in line with their roles and the systems to monitor this were not effective. Systems to ensure all staff received regular supervision were also not effective. At this inspection we found improvements had been made and the service was now rated Good in this key question.

There was a detailed induction programme for new staff when they started work at the service. This included an introduction to the day-to-day routines, policies and procedures. New staff shadowed more experienced staff to get to know people and the support they needed. During this time, staff received ongoing training in line with the organisational policy. Staff new to care had gone on to complete the Care Certificate. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

Staff had completed essential training. In addition, they had undertaken training specific to the needs of people they supported. For example, dementia awareness, epilepsy, diabetes awareness and end of life care. Registered nurses ensured their practice was current. They undertook relevant training courses and were registered with the Nursing and Midwifery Council (NMC). Staff competencies were also assessed through direct observations. For example, one staff member's competency in dealing with a distressed person and another staff member in ensuring a person's dignity. Staff told us they received good training which provided them with the skills required to provide effective care. A staff member told us, "I had the option of doing the online training in my first language but I chose to do this in English. I was worried some of the translations for words might not be clear. It took me longer but I was glad I did it this way."

Systems had improved to ensure staff were supported well. Staff attended regular supervision meetings. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed and reviewed. Group supervisions were also arranged and recent meetings included 'managing an outbreak' and 'how to raise a safeguarding alert.' Staff told us they felt supported within their roles. One staff member told us about the manager and said, "I like her a lot. She is kind. If I had a problem I can call her and ask her to explain and she always explains everything."

People told us their health was monitored, and when required, external health care professionals were involved to make sure they remained as healthy as possible. When required, people were referred to external healthcare professionals; this included the dietician, tissue viability team, chiropody and the diabetic team. One person told us, "If you want a doctor it can be arranged, I see the chiropodist and hairdresser."

People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST). These assessments were used to identify which people were at risk of developing pressure wounds. They also included actions taken, such as the provision of equipment to relieve pressure, for example, specialist cushions and air mattresses. Two people

assessed at risk had recently been seen by a tissue viability nurse. A health professional told us, "Staff are very nice and helpful. They know people's needs well."

Staff were working within the principles of the Mental Capacity Act 2005 (MCA). 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 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 were made aware of people subject to DoLS authorisations. At the time of inspection, the manager informed us some people had been referred for a DoLS authorisation but some applications had still to be processed by the local authority. Any restriction on the person's liberty was within the legal framework.

There were procedures to seek professional assistance, should an assessment of capacity be required. Staff assessed each person's ability to make day to day decisions when they arrived at the home and this was then regularly reviewed. Staff were aware that any decisions made for people who lacked capacity had to be in their best interests. During the inspection we heard staff ask people for their consent and agreement to care. One person told us, "I can go where I like here, you can go to bed and get up when you want to, I am alright."

People were supported to have enough to eat and drink. People said the food was very good. There was a choice of meal each day. We noted that people were offered more if they ate all their meals. A number of people needed support with their meal. Staff were attentive and caring in their approach and did not rush people.

One person told us, "Food is good, I like everything, I get plenty and snacks and drinks. I see a menu every day, they will cook something different if you don't like something." Another said, "The food is good, I choose what I eat, and yes I get enough plus tea, coffee and biscuits." A relative told us, "The food is very good, I am here every day. There are two choices, they will always accommodate people's choices, plenty of food and snacks, he gets more than enough to eat."

Older people and people living with dementia are at risk of malnourishment due to factors such as poor mobility, physiological changes and swallowing difficulties. To mitigate risk, people's weight was regularly monitored and documented in their care plans. Where appropriate advice and guidance was sought from Speech and Language Therapists (SALT) and GPs. Staff understood people's dietary requirements and how to support them to stay healthy. The cook told us staff kept the kitchen informed of any changes to people's dietary needs and those who needed their food fortified.

Staff provided care and support to people with swallowing difficulties, for example following a stroke. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking and aspiration as thickened fluids are easier to swallow. Staff were responsible for the management of thickened fluids and guidance was available on the required texture of thickened fluids. Guidance was readily available in people's care plans about any special dietary requirements such as a soft diet.

People's individual needs were met by the adaptation of the premises. The lounge area was easily

accessible and we were told there were plans to enhance the accessibility even further in one area through the use of a ramp, where there were steps. A lift was used in an area of the building to assist those who could not use steps. There were two assisted showers. Although there was an assisted bath on the first floor this was not in use at the time of inspection. Handrails were provided in corridors and in the shower rooms and toilets.

Is the service caring?

Our findings

At our last inspection of the service we rated this key question Requires Improvement. Some people told us they were not always treated with respect and dignity. At this inspection we found improvements had been made and the service was now rated Good in this key question.

People spoke positively about the care they received. One person told us, "Yes the staff are very kind and caring, always treat me with respect and dignity yes, knock on my door." Another said, "Oh yes the staff are very caring, they are very respectful, I choose my clothes."

One person's care plan stated that they liked to walk around with their shirt off as this helped them to stay calm. We noted throughout our first day of inspection staff repeatedly encouraged the person to put their tee shirt back on. We asked the manager why this was the case and it was said that this was probably because we were present. We said staff should be providing support in line with the person's needs. On the second day we noted that the person's wishes were respected.

We asked staff how they ensured people were given privacy and dignity. They confirmed privacy screens were used when supporting people to move from a wheelchair to a comfortable chair in the lounge. We observed this and noted staff explained what was happening and offered regular reassurance as they guided people to their changed position. A staff member told us, "We always sit beside people when we assist them with their meal and we make sure we give good eye contact." We observed this at mealtimes. The staff member told us that when giving personal care they made sure the person was not exposed in any way. They said, "It's important to show respect and keep talking and explaining what you are doing."

Staff knew people's needs, choices, personal histories and interests. Staff talked and communicated with people in a way they could understand and they encouraged people to make decisions and choices. For example, staff gave people a choice of food and drinks. People told us they chose what they wanted to wear each day and what time they wanted to get up and go to bed. Care plans included person-centred advice and support. For example, one person wanted their light left on and requested a jug of squash on their bedside table each night.

Staff were observant and attentive to people's needs. The Short Observational Framework for Inspection (SOFI) and general observations showed interactions between staff and people were caring. When staff approached people, they did so respectfully and spoke with them using their chosen name. This meant people knew staff were addressing them. Support was provided in line with people's needs. For example, some people wore tabards to protect their clothes at mealtimes and some people had their food cut for them so they could manage to maintain their independence and dignity with eating. A relative told us, "Definitely the staff are kind, caring and patient with her, they know her needs well, she is always treated with dignity and respect, never seen it otherwise."

Relatives and visitors told us they were free to visit and keep in contact with their family members and friends. They said they were made welcome when they visited. Throughout the inspection, we saw relatives

coming and going, spending time with their loved ones in the communal area. There were facilities for them to make drinks as and when desired. Two relatives told us their relatives had been in a number of other care homes before moving to Palm Court. In both cases they said Palm Court was the best due to the caring staff and the large communal area which meant staff could respond quickly to people when they needed support.

When people became agitated or distressed staff demonstrated patience and were attentive to their needs. They interacted well with people and used distraction to try to encourage people to settle. They were aware that one person's agitation could cause others to be unsettled and tried to offer alternatives. For example, one person asked to be moved to a chair but then became unsettled when they were being moved. Staff spoke clearly to the person telling them what staff were trying to do and gave them the choice of continuing with the move or staying in their wheelchair. The calm and reassuring way staff spoke gave the person the confidence to continue with the move.

Is the service responsive?

Our findings

At the last two inspections this key question was rated Requires Improvement. At the last inspection there were breaches of Regulations 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care provided was not person centred and there was no effective system for identifying, receiving, recording, handling and responding to complaints. We also recommended the provider sought nationally recognised guidance to ensure people's activities were person centred and based on the needs and choices of people living with dementia. At this inspection, we found improvements had been made and the provider was meeting Regulations 9 and 16.

At this inspection, there was limited evidence that people received sufficient stimulation and activity. In recent weeks the activity coordinator had left their position. The manager told us the post had been advertised. On the residents' notice board, there was reference to a, 'resident of the week.' We asked the manager what this meant but they told us this was not being done. We asked about the pictures of the memory boxes and again we were told they had not been introduced. There were no rummage boxes. Rummage boxes contain objects that can help people living with dementia to trigger memories and enhance past skills, hobbies or occupations.

We were told that until the activity coordinator post was filled a staff member was allocated the role of providing activities daily. We observed staff chatting with people and some ad hoc activities such as playing with a ball, but no organised activities. One relative told us, "They do colouring and make decorations with her, they need to find something to keep her occupied I feel rather than just sitting in a chair all day." We were told external entertainers were now booked. A relative told us, "A pianist visits for a sing-song and a person comes to do chair exercises." We were told pet therapy dogs had also proved very popular. Another relative told us, "They had a Shetland pony here recently and (relative) stroked it which is marvellous as (relative) is deaf and blind." Another relative told us, "They had a choir and lovely party."

We were told that no one had requested to attend church but visitors from local churches visited people at the home. An area of the home was set aside to look like a post office. The manager told us this area had not been developed as a post office but relatives often used it as a quiet area to spend time with their relative. There was a hair salon that was used as and when the hairdresser visited.

One staff member spent short periods with people. The staff member told us they were following the 'butterfly support' approach. Butterfly support aims to improve safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment. The staff member told us they used this approach to spend a few minutes with each person gradually moving around the room so that each person had some interaction with staff. However, we also found periods when there was little or no interaction with people. Most people remained in their chairs all day with little or no stimulation. A staff member told us, "We paint, read, do hand massage, play music and chat. We play games and sing all the time. They enjoy a sing along." Whilst it was evident that activities had improved for a period of time, this area had regressed since the activity coordinator had left their post. The manager hoped that this post could be filled quickly however, this area remains an area for improvement but had significantly improved since

the last inspection.

There was a detailed complaints procedure. Complaints were recorded and responded to in line with the organisational policy. A complaints log was kept and monitored by the manager. There was evidence that complaints were investigated and responded to appropriately. People told us they were happy. One person said, "No never had to complain, I would talk to the staff." Another said, No, never had to complain about anything." A third said, "I don't need to talk to anyone as I am as happy as I can be." A relative told us, "No, never had to complain apart from a damp patch in his room which has been sorted."

At our last inspection we were not confident people received showers or oral hygiene in line with their needs and wishes. At this inspection there were improved systems to make sure people received personal and oral hygiene. We noted that at handover, staff were allocated people to shower. Some people chose not to have a shower but records confirmed that people were offered, and where they chose to receive a shower; this was recorded in daily notes. Referrals had been sent to the community dental service for advice and support and an oral health assessment tool had been introduced to assess each person's needs and detail on how they should be met. A daily record was kept of the oral hygiene provided or refused.

Care plans had been moved to the central office in the lounge and this made them more accessible for staff to read as and when needed. Care plans contained detailed information about people's needs in relation to personal care, mobility, skin integrity, nutrition, health and personal preferences. There was guidance for staff about how to support people to move about the home safely. This included the use of a mobility aids or the support of staff. There was specific information in support plans about how each person liked to be supported and if they had any particular preferences. For example, one person wanted their light left on at night.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to use hearing aids and glasses when needed. For one person who had no hearing in one ear, there was clear guidance that staff should stand at the opposite side to make sure they were heard when speaking with them. Records continued to stress the importance of using simple short sentences. For example, for one person it stated, 'Use simple short sentences, summarise what has been said to check understanding and to help memory.' Staff continued to reassure people when supporting them to move about the home.

Is the service well-led?

Our findings

The home has been inspected at regular intervals over the past four years and this key question was rated Inadequate on three occasions. At the last inspection there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems for good governance were inadequate. At this inspection we found that whilst significant progress was made, there was still work required to fully meet, embed and sustain improvements and the home was therefore still in breach of Regulation 17.

A new manager had been appointed and started working at the home on 7 July 2018. They had submitted their application for registration and at the time of our inspection this was being processed. At the time of writing this report the manager had become registered in post. A relative told us, "The manageress is trying to change things, she is brilliant." Another relative told us, "I know the manager, she is very approachable and speaks with me, and she is good with everyone, very much on the ball."

The improvement plan showed staff recruitment files were up to date and an audit of staff files was sent to the provider in November 2018. However, we looked at three files for staff recruited since then. One staff member had a gap in their employment history from 2001 to 2005. This person had also not declared their last employment on their application form. It was not clear the capacity in which their referee was known to them. A second person had identified two referees. One to give a professional and the second a character reference. Both were received but the professional reference was a character reference and the character was a professional reference. This had not been identified. The manager said they would explore these issues further with staff who were still in their probationary period.

Staff meetings were now held regularly. We saw records related to house meetings for care staff and nurses' meetings. These showed staff were updated on a range of matters. Guidance was given on the need for care staff to complete behaviour management charts/ABC charts, when needed and nurses to check these had been completed appropriately and actions taken as needed. It was also clear that nurses should complete medicine counts at the end of each day and that if people were given PRN medicines regularly, they should be prescribed. The home's improvement plan showed PRN protocols and behavioural plans were in place. However, as detailed in the 'Safe' question, we identified that this was not always the case. The lack of behavioural charts was a missed opportunity for staff to assess and learn from incidents. Therefore, progress made had not been sustained and further monitoring had not identified the shortfalls we found.

A number of personal care records were seen in people's bedrooms. In each room there were varying numbers of documentation completed and staff could not tell us why some people had more than others. Daily records gave information about the tasks completed for people but there was very limited information about people's moods and what they had been doing. For example, one person's care plan stated staff should try to engage with the person and offer them a variety of activities. Whilst we saw that staff supported the person to move about the home safely we did not see any activities offered and records did not demonstrate that any activities were offered.

The provider failed to have effective systems and processes to assess and monitor the quality of the services provided and ensure records remained accurate, complete and were kept under continual review. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A range of surveys had been carried out. The staff survey was carried out in December 2018. Nine out of 34 staff responded. There were some positive comments such as, 'Training has started,' and 'Manager very helpful and always advises us.' However, there were also a number of negative comments, 'Staff undervalued and not appreciated,' 'No praise for good work' and, 'A lack of supplies.' Records demonstrated that the home was no longer short staffed. Where actions could be taken quickly to respond to negative feedback this had been done and other shortfalls were added to the overall action plan for the home.

In response to the relatives' survey, a relative commented, 'I am pleased for him to be at Palm Court. I always get a call when an incident has occurred. Staff are kind and caring.' Another said, 'Very patient and caring in often difficult circumstances.' Others said, 'Food is not always hot, sometimes it's cold,' and 'Staff unable to attend to residents straight away.' Another relative said, 'Would be nice to be informed if and when outside entertainers visit.' Posters of all booked entertainers were now displayed on notice boards. As with the staff survey, where actions could be taken quickly they had been and other actions were added to the action plan. A person-centred activities survey was in the process of being carried out so the manager was awaiting all responses before analysing results and formulating an action plan.

The response to the professional survey was low. One professional stated, 'Phone calls are difficult as information is in another room and the connection is often lost.' The manager told us, 'All information was moved to the main office and the phone was replaced as the battery was faulty.'

The manager and administrator had been issued with job descriptions for their respective roles. At our last inspection the provider told us they would provide the manager with a budget to manage the home. Whilst this had not yet happened, there were clear lines of responsibility and accountability. The provider confirmed that although they were still present in the home daily they had a decreased role in the day to day running of the service.

At our last inspection the system for auditing was ineffective with some shortfalls carried over from one month to the next. At this inspection we found improved systems for auditing the service. Audits were carried out and included areas such as Legionella, water temperatures, call bells, wheelchair maintenance, health and safety, cleaning, fire safety, dignity and environment. Where shortfalls were identified actions had been taken to address matters. For example, if water temperatures were too hot, they were adjusted immediately. Some matters that took longer to address had been added to the overall action plan for the service. The provider had contracted an external consultant to carry out an assessment of the service. From this, there was a detailed improvement plan. Each shortfall was given a colour code green, amber or red. The majority of the work identified had been completed with a small number of areas due to be completed by the end of March 2019.

Holistic observations had been introduced to assess staff supporting people. We saw numerous examples of observations. For example, the manager had assessed a staff member supporting a person who was distressed. They had assessed another staff member providing a person with personal care to make sure choice was given and the person's dignity was upheld. Staff told us, "Yes, she picks us up if we get it wrong. I like that because I need to know if I have done something wrong."

The manager completed a monthly report for the provider on the running of the home. These included

details of accidents and injuries, staffing, complaints, environmental issues and any safeguarding matters. The provider also carried out their own monthly checks and carried out observations in relation to people's meal time experience and looked at records in relation to menus, care plans and activities.

Relatives' meetings had been held and minutes were displayed on the relatives' notice board. Minutes demonstrated the provider and manager had been clear about the shortfalls identified at the last inspection and their intention to make improvements. Relatives were given the opportunity to raise any concerns they had.

From April 2015 it is a legal requirement for providers to display their CQC rating. The provider's website was not operational at the time of inspection. However, the report of the last inspection was on display at the service and available to anyone who wanted to read it.

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
Treatment of disease, disorder or injury	The provider failed to ensure the proper and safe management of medicines. 12(2)(g)

The enforcement action we took:

Impose conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to have effective systems and processes to assess and monitor the quality of the services provided and ensure records remained accurate, complete and were kept under continual review. 17(1)(2)(b)(c)

The enforcement action we took:

Impose conditions