

Farrington Care Homes Limited

Palace House Care Home

Inspection report

460 Padiham Road
Burnley
Lancashire
BB12 6TD

Tel: 01282428635
Website: www.farringtoncare.com

Date of inspection visit:
03 September 2019
04 September 2019

Date of publication:
11 September 2019

Ratings

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

Summary of findings

Overall summary

About the service

Palace House Care Home provides accommodation and care and support for up to 33 people. The service also provides nursing care. There were 30 people living in the home at the time of the inspection.

Palace House Care Home is an extended detached older property which has retained many 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 is available to the rear of the house.

People's experience of using this service and what we found

People were happy about the care and support they received and with the way the home was managed. They made positive comments about the registered manager and staff. People's views about the quality of care provided were used to make improvements to the service. The quality of the service was monitored, and appropriate action was taken to improve the service when needed. Lessons had been learned and shared with staff when things went wrong.

People felt safe and described staff as kind, friendly and caring. Staff understood how to protect people from abuse. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. Staff received induction training and ongoing training, supervision and support. They felt valued and supported and enjoyed working at the home. They told us the home had improved since the last inspection.

Recruitment processes ensured new staff were suitable to work in the home and there were enough numbers of staff to meet people's needs and ensure their safety. People had no concerns about the care they received. People received their medicines when they needed them from staff who had been trained and had their competency checked. The registered manager was making improvements to some aspects of the management of people's medicines and was currently being supported by the local authority medicines management team.

People's care needs were assessed prior to them living in the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with dignity, respect care and kindness and knew people well. We observed positive, caring and warm interactions between staff and people. Staff spoke with people in a friendly and patient manner and we overheard friendly banter. Staff knew about people's routines and preferences and people told us they received the care they needed and wanted. Each person had a care plan that detailed their care and support needs; improvements were being made to the records. People or their relatives, where appropriate, had been consulted about care needs.

People enjoyed the meals and were offered choices. They were supported to eat a nutritionally balanced diet and had access to various healthcare professionals, when needed. People enjoyed activities and entertainments. Links with local community groups were being further developed to enhance people's lives. People were supported to maintain contact with their friends and family and friendships had developed within the service. People could raise any complaints or concerns if they needed to and they knew who to speak with.

People were happy with their bedrooms and with the communal areas. Communal areas were comfortable, clean and bright. Bathrooms were appropriately adapted and there was access to outside seating areas. An improvement plan had been developed to ensure ongoing refurbishment and redecoration.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 November 2018). There was a breach of regulation¹² in relation to medicines management. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Palace House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience on the first day, and by an inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted local authority commissioners and two healthcare professionals for their views about the service. This information helps support our inspections. We used all this information to plan

our inspection.

During the inspection

During the inspection, we spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with five people living in the home and with one relative. We also spoke with the registered manager, two registered nurses, two care staff and the activity organiser.

We had a tour of the premises and looked at a range of documents and written records. These included three people's records related to their care and support, four staff recruitment records, training, induction and supervision records, staff rotas, minutes from meetings and complaints and compliments records, maintenance and servicing certificates and records related to the auditing and monitoring of service. We also looked at the most recent report (July 2019) following a visit from the local commissioning team.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager and staff followed safe processes to ensure people's medicines were received, stored, administered and disposed of safely. The medicines management commissioning team had provided ongoing advice and support to help them to improve this area; there was an improvement plan in progress. This was being monitored.
- The registered manager and staff had consulted best practice guidance in relation to medicines management and policies and procedures were available. We looked at five medicine administration records. We discussed with the registered manager and the nurse in charge, how improvements could be made to the management and recording of external applications, such as creams.
- Nursing staff were suitably trained to administer medicines and checks on their practice had been carried out.

Systems and processes to safeguard people from the risk of abuse

- Management and staff protected people from the risk of abuse. People told us they felt safe and were happy with the care they received. A relative had no concerns about the safety of their family member.
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider made sure staff knew how to keep people safe and to protect them from discrimination. Staff had access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks, such as the risk of falls and risks arising from moving and handling, skin integrity and nutritional needs. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics.
- The provider had carried out environmental risk assessments in areas such as fire safety, the use of

equipment and the security of the building.

Staffing and recruitment

- The registered manager had established systems to monitor the number of staff deployed in the home. They reviewed the level of staff using a dependency assessment tool which considered all aspects of people's needs and the layout of the home. People said there were enough staff to meet their needs in a timely way.
- The provider made sure staff were of a suitable character to work in a care setting. We discussed with the registered manager, maintaining a record of interview questions to promote a fair process and ensuring health check questionnaires were completed prior to starting work. The registered manager addressed this following the inspection.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean and fresh smelling. Cleaning schedules were followed by staff.
- We noted one person who could not take meals by mouth had mouth cleaning trays and syringes by their bedside, but it was unclear how long they had been in use. We discussed this with the registered manager who addressed this following the inspection.
- Staff were provided with hand washing facilities, such as liquid soap and paper towels and pedal operated waste bins to ensure they could wash their hands before and after delivering care to help prevent the spread of infection. They were also provided with appropriate protective clothing, such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager promoted an open and transparent culture in relation to accidents, incidents and near misses. Lessons learned were discussed with staff.
- Management and staff completed records in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager carried out a monthly analysis of accidents and incidents. We discussed how this could be improved to identify any patterns or trends such as in areas of the home or times of day.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out assessments of people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care for people.
- Management and staff applied their learning in line with expert professional guidance, such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics, such as age, religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- The registered manager ensured staff were provided with training appropriate to their role.
- The provider made sure new staff were given an induction to ensure they could carry out their role safely and competently. The Care Certificate had been introduced for staff who were new to care. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We noted 11 of 26 staff had achieved a recognised qualification in care. The registered manager assured us she was sourcing appropriate training.
- The registered manager provided staff with support and supervision. Supervision provided them with the opportunity to discuss their responsibilities, concerns and to develop their role.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider made sure people's nutritional needs and preferences were met. Staff offered people enough meals, snacks and drink choices throughout the day. People told us they enjoyed the meals. They said, "I enjoy it" and "I like the food here. We have a choice." The tables were appropriately set with napkins, menus, condiments and drinks and the atmosphere in the dining room was relaxed.
- Staff monitored whether people were at risk of poor nutrition and involved healthcare professionals as needed. Catering staff were aware of people's food allergies and dietary preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented. This helped staff to recognise any signs of deteriorating health.
- Staff worked closely with other social care and healthcare professionals, as well as other organisations to ensure people received a coordinated service.

- Staff shared appropriate information when people moved between services, such as being transferred to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

Adapting service, design, decoration to meet people's needs

- The provider ensured the design and layout of the home was suitable for people living there. Communal areas were comfortable, and bathrooms were suitably equipped. There was access to safe, well maintained gardens. Plans were available for ongoing redecoration and refurbishment. Maintenance processes ensured prompt attention to any reported issues. One person said, "It is really homely."
- People were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own furniture, decorations, pictures and ornaments.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection, 14 applications had been made to the local authority. The registered manager agreed more detail was needed in people's care plans to reflect any restrictions in place.
- Staff had received training and demonstrated a basic understanding of the principles of the MCA. Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- People's capacity to make decisions were recorded in the care plans. Some people had recorded their consent and best interest meetings had been held for important decisions, such as medicines management, to ensure people's rights were protected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Management and staff treated people with kindness, care and respect. They respected people's equality, diversity and human rights and recorded them as part of the care planning process.
- People were complimentary about the care and support they received. They said, "The staff take an interest in you" and "They are caring. No one says don't do this or that." A relative said, "We can relax knowing [family member] is well cared for." Messages of appreciation highlighted the caring approach taken by staff. They included, "This is the happiest home I visit. Carers really do care" and "So caring. Thank you for all you do."
- Management and staff were consistently described as kind, caring, considerate and respectful. Staff and people living in the home had developed good relationships. Staff knew about people's preferences and how best to care and support them. One person said, "They take time with you. Some staff come in and have a chat with me after work."

Supporting people to express their views and be involved in making decisions about their care

- People confirmed they were able to make choices and decisions. Staff encouraged people to make decisions about their day to day routines, in line with their personal preferences. They said, "I can get up and go to bed when I want. I can go out in a taxi when I want" and "I can decide what I want to do."
- Management and staff encouraged people to express their views as part of meetings, daily conversations and customer satisfaction surveys. Information displayed around the home helped keep people informed of proposed events and any changes.
- Staff gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- Management and staff respected and promoted people's privacy and dignity. There were policies and procedures about caring for people in a dignified way. People told us they could spend time alone in their rooms if they wished. Staff encouraged and supported people to maintain their independence whenever possible.
- Bathrooms, toilets and people's bedrooms were fitted with appropriate locks and we observed staff knocked on doors and waited to enter. Some people held keys to their own bedrooms. However, we found two bedroom doors did not have locks. The registered manager explained these had not been replaced following recent refurbishment and addressed this following the inspection.

- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Management and staff planned people's care and support in line with their choices and preferences. The registered manager and staff understood people's needs well and recognised the importance of appropriately supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.
- People's care plans were being improved and as such, the information varied in each of the plans; timescales for completion of this task had been set. People's care plans described their health, care and support needs and included their preferences and routines. Daily records were written in a respectful way, although we noted gaps in some of the care charts where refusals of snacks and the application of creams had not been clearly recorded. The registered manager assured us this would be actioned.
- The registered manager and staff kept people's care plans under review to make sure they received the correct care and support. Some people were aware of their care plan and they, or their representatives, had been involved in decisions about care needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Management and staff provided people with a range of activities and entertainments. People enjoyed activities such as movie sessions, hand massage, chair exercise, dancing, games and singers.
- The registered manager was developing links with local community groups. People were supported to attend local churches and shops and to maintain contact with their friends and family. Good friendships had developed within the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team and staff understood about the AIS. People's communication needs were identified and recorded in their support plans and shared appropriately with others. Further work was being done to make sure information was available in a variety of formats, such as easy to read and pictorial information to meet the communication needs of people and to give people more control over their lives.
- The management team and staff used technology such as sensor mats, electronic devices and mobile phones as a means of achieving positive outcomes for people.

Improving care quality in response to complaints or concerns

- The provider had systems to monitor any complaints, compliments or concerns. They used the information to understand how the service could be improved or where they were doing well. Complaints and concerns were responded to in line with the service's complaint's process.
- People told us they had no complaints or concerns and would feel confident talking to staff or the registered manager if they had a concern or wished to raise a complaint. The complaint procedure was available in the service information guide. We noted the correct contact information was not included; the registered manager addressed this following the inspection.
- People were encouraged to discuss any concerns during meetings and during day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.

End of life care and support

- The staff team had experience of caring for people at the end of their life. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. At the time of our inspection, the service was not supporting anyone with end of life care. A relative had commented, "Thank you for the love and care you showed [family member]. A first-class service."
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs, where possible, had been explored and recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff planned and promoted person-centred care to ensure good outcomes for people. At the last inspection, we found there had been a number of changes to management structure which had made it difficult to sustain improvements and resulted in a lack of consistency for people living in the home, their relatives and staff. During this inspection, people told us the home was well managed and homely and staff told us the management of the home had improved since the last inspection. One person said, "I wouldn't like to be anywhere else. I like the manager she is lovely." Staff said, "The home has improved so much. I have learnt a lot and continue to learn."
- The registered manager ensured the culture of the service was caring and focused on ensuring people received high standards of person-centred care that met their needs in a timely way. It was clear management and staff knew people well and put these values into practice. People, where possible, were empowered to make decisions about their care and support.
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received good support from the registered manager. They described the registered manager as approachable, hardworking, dedicated and kind.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.
- There was evidence management had spoken with people when things went wrong. Any incidents were fully discussed with staff during meetings or in one to one support sessions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was knowledgeable about their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and the local commissioners. We found records were accessible and improvements were being made to ensure they were completed to a good standard.
- The provider ensured there were effective systems to monitor the quality of the service and the registered manager's practice. An external agency was responsible for quality monitoring on behalf of the provider and checks were carried out on all aspects of the service. There was evidence improvements were actioned

when shortfalls were discovered. We discussed how the recruitment audit could be improved to identify shortfalls in the recording. The provider regularly visited the service and received reports each week which gave them good oversight of the service. The registered manager confirmed support for her had improved and support and advice could be accessed from the external auditors and from other managers.

- Staff understood their individual responsibilities and contributions to service delivery. The registered manager confirmed staff were working as a team. Staff said, "We all know what we need to do" and "[Registered manager] is very good and doesn't tolerate any backbiting on the staff team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager actively supported people to be engaged in the development of the service and encouraged feedback from people living in and visiting the home. The quality of the service was monitored regularly by speaking with people to ensure they were happy with the service. There was clear evidence people had been listened to and changes introduced.

- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs. People's needs were discussed, recorded in the care plan and shared with care staff. Staff told us they were kept up to date and they felt communication was good.

- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence. People, their relatives and staff told us the registered manager was visible, approachable and supportive.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged a culture of continuous learning and development within the service. Staff meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns and the registered manager was open to feedback.

- Management and staff worked in partnership with external agencies where they could learn and share valuable knowledge and information that promoted the development of the service. For example, they attended local meetings and training presented by local commissioners.

- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses and the local GPs, as well as social care professionals such as the safeguarding, mental health and social work teams.