Palm Court Nursing Home

Palm Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Palm Court is situated in the seaside town of Dawlish, Devon. The home is situated near to the town and local amenities. Personal care, with nursing care, is provided for up to 36 older people.

A registered manager was employed by the service. 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.

This inspection took place on 17 and 20 March 2015. The service was last inspected on 3 April 2014 when we found several regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 had been breached. Regulation 17 (2)(c) was breached as people and/or their representatives did not always have opportunities to express their views and be involved in decisions about their care, treatment and support. Regulation 15 (1)(a) had been breached as improvements were needed to the environment. Regulation 17 (1)(a) had been breached as people's privacy and dignity was not always respected. Regulation 10 (1) had been

Summary of findings

breached as there was not an effective quality assurance system in place. The registered provider wrote to us and told us they would have made the improvements to the environment by early 2015 and the other improvements by November 2014. At this inspection in March 2015 we found that some improvements had been made, but further improvements were still needed.

There were not always sufficient numbers of staff on duty to ensure people's needs were met and keep them safe. No staff were available in the main lounge for over 15 minutes in the afternoon of one of our visits. People were calling out asking to be taken to their rooms or to the toilet. There was no call bell system available in this area and staff said people depended on staff monitoring the area in order to ensure people's needs were met. During the morning there appeared to be sufficient staff to meet people's personal care needs. There was always at least one member of staff in the main lounge during the morning.

People's nutritional needs were not appropriately monitored to ensure they had enough to eat and drink. Several people required their nutritional and fluid intake to be monitored each day. Records indicated some people had not had enough to eat or drink. These people were at risk of becoming dehydrated and malnourished and the only way to check they had enough to eat and drink was through records. We observed lunchtime for ten people in the ground floor dining room. They had a good choice of food, all cooked on the premises.

Not all risks to people's safety had been assessed and managed appropriately. There were no covers fitted to radiators to minimise the risks of people burning themselves. There was range of other risk assessments in place for a variety of risks including pressure area care, falls, and nutrition. The assessments were comprehensive and where risks had been identified appropriate action had been taken to minimise the risk. For example, where people had been identified as being at risk from pressure sores, pressure relieving equipment was being used.

There was no evidence in any care records to confirm people or their representatives had been involved in planning their care or treatment. Staff told us people had been warned decorators would be coming into their rooms. However, there was no evidence people had been consulted about the work. There was no evidence that people had been consulted individually about CCTV cameras being used in their bedrooms. Placing a camera in someone's bedroom, not only infringes on the person's privacy, but on the privacy of anyone entering that room. This raises a number of issues, including privacy, consent, and how the personal information recorded would be used.

There were no alternative strategies for consulting with people who were unable to understand spoken or written language. For example, pictures or photographs were not available to assist people in making an informed choice. However, people told us "I'm absolutely happy here…it's my home and I wouldn't change anything..anything I want I just press the bell…everybody's very kind and considerate and I think they're wonderful"

People's comments varied when they were asked about complaints. One person said "It's brilliant. I have no complaints at all. They get on and do what needs to be done, whether it's haircuts, diabetic foot care or helping with getting funding. If I had any complaints I'd go to (the registered manager or deputy manager)…It's been a breath of fresh air since my (relative) came here". But another person said "I don't know who I'd complain to, you have to make an appointment to see any managers". The registered manager and deputy manager told us this was not the case and anyone could speak to them at any time.

People's experience of social interaction and activities was mixed. Social engagement was limited and irregular depending on where people spent their time. Staff told us there was little time to spend with people just chatting and interacting in their own rooms. We spent some time There were some organised activities on offer including music and art sessions that took place in the main lounge. We spent some time in the main lounge completing a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw that the majority of interaction was task orientated, for example, asking people if they wanted drinks or offering personal care. However, there were some good interactions with people and staff discussing how to say 'thank you' in different languages.

Summary of findings

We saw that a series of audits were being completed, but these did not always show that when issues had been highlighted, they had been addressed. However, some other audits clearly showed that action had been taken in response to identified issues.

People were protected from the risk of abuse because staff had the knowledge of how to identify and report suspicions of abuse. People were protected by robust recruitment procedures. The provider had a policy which ensured all employees and volunteers were subject to the necessary checks which determined that they were suitable to work with vulnerable people.

People were protected from the risks of unsafe medicine administration. People got the medicines they were prescribed, and on time.

Medicines had been stored safely and appropriately. People's rooms had been fitted with lockable medicine storage cupboards and their individual medicines were stored in these. People were protected from the risks of cross infection.

People's care plans were well maintained and regularly reviewed. They contained comprehensive assessments of the person's needs and detailed instructions for staff on how to meet the needs. For example, one person's care plan stated they liked to have a box of cards on their bed and they liked the TV on. When we visited the person we saw that these directions had been followed.

People benefited from a well-trained team of staff that were able to meet their needs effectively. Staff received a variety of training including moving and transferring, infection control, end of life care and safeguarding adults. They also received training in caring for people living with dementia. Staff treated people with kindness, affection and patience. Staff were skilled in speaking appropriately with people, including those living with dementia. People's privacy and dignity was upheld. All personal care was provided in private and staff took care to co-ordinate people's clothing choices and preserve their dignity. We saw people's nails were clean and hair was groomed. People's needs were met in a manner that was responsive to their individual needs. Staff told us about people's needs and how they met them. They were able to tell us about individuals' preferences. For example, that one person liked a fried breakfast every morning.

Health and social care professionals told us they felt the nursing care at the home was good and people we spoke with told us they received the medical care they needed.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and that people should always consent to their care. Staff were patient, kind and understanding in their approach. We heard choices being offered to people. We observed lunchtime for ten people in the ground floor dining room. They had a good choice of food, all cooked on the premises. There has been a recent change to the interpretation of the deprivation of liberty safeguards. The registered manager had made appropriate applications to the local authority in order to comply with the changes and ensure people were not deprived of their liberty without proper authorisation.

Environmental improvements included new lighting and redecorations throughout and brown doors had or were being painted white. The corridors particularly in the dementia unit had pictures, photographs and some sensory collages on display on the walls. This meant the home was light and bright and provided people with a more suitable environment.

The registered manager and deputy were very open and approachable. The main office was located in a central position which enabled people to speak with them at any time. Staff told us they felt well supported and encouraged to do a good job. They told us they were very happy working at Palm Court. They typically said 'I love it here' when asked whether it was a good place to work. They told us they had confidence that the management would sort out any concerns they might have.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not safe.

People did not always have sufficient staff available to them in order to ensure their needs were met.

Risks to people's safety were not always managed appropriately.

People's medicines were managed appropriately.

People were protected from the risks of abuse because staff knew how to recognise and report abuse.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

People's nutritional needs were not appropriately monitored to ensure they had enough to eat and drink.

The environment still needed improvement to make it more suitable for people living with dementia.

People were supported to access a range of healthcare services.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005.

Is the service caring?

Requires improvement

Some aspects of the service were not caring.

People or their representatives were not fully involved in planning their care.

People's privacy and dignity was respected.

People's needs were met by staff who knew them well.

Is the service responsive?

Requires improvement

Some aspects of the service were not responsive.

People did not always feel their complaints were dealt with appropriately.

People's needs were not always met in a manner that was responsive to their individual needs, as there was limited time for individual interaction between staff and people.

Is the service well-led?

Requires improvement

Some aspects of the service were not well-led.

Quality assurance systems were not always fully implemented.

Summary of findings

Some concerns and breaches of legislation identified during this inspection had not been identified by the service's quality assurance systems.

People benefitted from an open and positive culture with the service.

People benefitted by being cared for by a staff team that felt well supported and were happy in their work.

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 20 March 2015 and was unannounced.

The inspection team consisted of two Adult Social Care (ASC) inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had particular expertise in the field of dementia care.

Before the inspection visit we gathered and reviewed information we held about the provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. We spoke with one person from the local authority who had commissioned placements for people living at the home.

During the inspection we spoke with nine people using the service, three visitors and 11 staff and the registered manager and deputy manager. We also spoke with the registered provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also looked at the care files for four people living at the home and three staff files. Records relating to the management of the home were looked at including complaints and the quality assurance system. We also spoke with two visiting health care professionals.

Following the inspection we spoke with two health and social care professionals and the visiting GP.

Requires improvement

Is the service safe?

Our findings

People were not always safe because there were not always enough staff on duty to meet their needs. Some risks to people had not been assessed or managed and records relating to medicines were not always completed as they should be.

Accommodation for people was provided over three floors, with the main dining room, kitchen, office and some bedroom accommodation on the ground floor. People living with dementia were accommodated on the middle floor there being bedrooms and a lounge on this floor. The top floor was for people with nursing needs and there was a large lounge overlooking the sea also on this floor. On the day of our inspection 30 people were living at the home. There were two registered nurses on duty and six care staff in the morning and two registered nurses and four care staff in the afternoon.

The service did not ensure there were always sufficient numbers of staff on duty to meet people's needs and keep them safe. During the afternoon of one of our visits no staff were available in the main lounge for over 15 minutes. During this time people were calling out asking to be taken to their rooms or to the toilet. There was no call bell system available in this area and staff told us that most people had been assessed as not being able to use call bells. They said people depended on staff monitoring the area in order to ensure their needs were met. We discussed the lack of staff presence in the main lounge with two staff members. They told us this was because there were not enough staff to allow them to do this. They said one staff member was allocated to the middle floor but several people there needed the assistance of two staff. Therefore staff had to leave other floors to help out on the middle floor. Both staff told us there were not enough staff available during the afternoon.

A registered nurse on the middle floor confirmed there were not enough staff on duty during the afternoon. They said "so many people want to go back to bed in the afternoons and several need two carers to assist". They said there were two registered nurses on duty "sometimes". They told us "it would be beneficial to have two on more often because medication rounds take some considerable time". Also, there were some people who had been prescribed medicines which needed to be given at different times from normal medicine rounds and an increasing number of people who needed more time spent with them when administering medicines. This meant that more time was being spent administering medicines so there was less time to spend on other tasks.

People told us "They look after me well but recently they don't seem to have so much time…sometimes my call bell doesn't seem to work and the wait feels terrible, but other times it's OK", "I press the bell and it depends how busy they are, sometimes I have to wait ages and ages and I have to wet myself". The deputy manager told us that they were able to monitor the time taken to answer call bells and that there had been no increase in the average time taken to answer bells. However, they acknowledged that if a person needed the toilet the wait could seem a long time. Another person who needed help from two staff told us it could take a long time for the help to arrive. This was because the staff who initially answered bell had to find other staff to help and to get the right equipment. All of which led to delays that had sometimes resulted in the person being incontinent.

This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they had identified staffing levels needed to be improved and were recruiting staff in order to address this. The registered manager said that staffing levels were determined by numbers and needs of people living at the home. They told us that extra care staff had already been employed at night when it had been identified this was needed.

During the morning there were sufficient levels of staff to meet people's personal care needs. There was always at least one member of staff in the main lounge. There were enough staff to support people with eating at lunchtime. Staff did not seem rushed and remained calm and attentive to people's needs. Staff had time to sit and listen to people.

Staff told us the new staff that had started were 'going to be great', as during their induction they had shown they had the skills needed to meet people's needs. Staff knew the registered provider was recruiting more staff.

There were no covers fitted to radiators to minimise the risks of people burning themselves. The registered provider

Requires improvement

Is the service safe?

told us that risk assessments had previously identified there was no risk to people due to where the radiators were situated and the abilities of the people living at the home. However, the registered provider told us they now had plans to ensure all radiators were covered as part of their environmental refurbishments.

A range of risk assessments were in place for a variety of risks including pressure area care, falls, and nutrition. The assessments were comprehensive and where risks had been identified appropriate action had been taken to minimise the risk. For example, where people had been identified as being at risk from pressure sores, pressure relieving equipment was being used. One person had developed a pressure area. Treatment had been started by the service and the tissue viability nurses had been contacted for further guidance, treatment was on-going. Risks to people from ineffective and unsafe equipment were well managed as equipment was well maintained and serviced in line with the manufacturer's instructions.

People were protected from the risk of abuse because staff had the knowledge of how to identify and report suspicions of abuse. Staff were aware of different types of abuse and how to recognise any changes in people's behaviour that may indicate abuse was occurring. Staff told us they would feel free to go to the registered manager or deputy manager with any concerns or worries about abuse or the care they witnessed. Staff were aware of whistleblowing procedures and where to find relevant contact details for any external agencies they may need to contact.

People were protected by robust recruitment procedures. The provider had a policy which ensured all employees and volunteers were subject to the necessary checks which determined that they were suitable to work with vulnerable people.

There were arrangements in place in case of an emergency. The four care files we looked at contained personal emergency evacuation plans. These contained good directions to staff on how to safely evacuate people should the need arise, such as a fire.

People were protected from the risks of unsafe medicine administration. Medicines had been stored safely and appropriately. People's rooms had been fitted with lockable medicine storage cupboards and their individual medicines were stored in these. Other medicines were stored in a locked cupboard in the clinical room on the first floor of the home. Medicines that required refrigeration were being stored appropriately and fridge temperatures were recorded appropriately. Charts used to record the application of creams had been completed.

Staff were patient, kind and understanding in their approach to people when giving medicines. Some people required medicines at times other than usual medication times. Registered nurses gave the medicine at appropriate times to ensure maximum effect from the medicine. People said they were given all their medication on time and any pain relief when they needed it.

Medication Administration Record (MAR) charts did not include the amount of medication carried forward from the previous month. This meant that a full audit trail of medicines was not kept at the home for each person. However, when medicines were received by the service they had been signed in, dated and amounts received recorded appropriately. Hand written entries on MAR charts had been signed by two staff to ensure the correct information had been recorded..

People were protected from the risks of cross infection. Staff had received training in infection control. There were stocks of disposable gloves and aprons around the home and staff were seen using them appropriately. Hand sanitiser was available throughout the home. The home was clean and tidy and there were no unpleasant smells.

Requires improvement

Is the service effective?

Our findings

Improvements were needed to the way people's food and fluid intake was monitored and to the environment in order to make it more suitable for people living with dementia.

People's nutritional needs were not appropriately monitored to ensure they had enough to eat and drink. Several people required their nutritional and fluid intake to be monitored each day. Records indicated some people had not had enough to eat or drink. These people were at risk of becoming dehydrated and malnourished and the only way to check they had enough to eat and drink was through records. Staff had assessed and recorded that one person required a total of 1800mls of fluid each day. Records showed they had not always received this amount. A food intake chart for the same person showed no entries for 13, 14 or 17 March 2015. This lack of effective monitoring meant vulnerable people were at risk of not receiving sufficient amounts to eat and drink. A weight record chart for one person indicated the person should be weighed weekly. The record was not being completed weekly. One healthcare professional we spoke with said this was their main concern about the service and that they had raised the poor recordings with the manager. Poor record keeping in relation to people's care and treatment means that staff cannot judge if the care and treatment they are providing is effective.

This was a breach of regulation 14(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed lunchtime for ten people in the ground floor dining room. They had a good choice of food, all cooked on the premises. It was brought quickly and efficiently from the adjoining kitchen, so it was hot and people seemed to enjoy their lunch. After being brought into the dining room, people did not have to wait long to be served their meal. When people had finished their meal they were quickly taken back to the lounge or their rooms.

At our inspection in April 2014 we found that improvements were needed to the environment to make it more suitable for people living with dementia. The registered provider told us that they would have made the improvements by early 2015. At this inspection in March 2015 we found that some improvements had been made, some were on-going, but that improvements were still needed.

Work had been carried out on the top floor lounge which was previously doubling as a staff recreation area but had been changed to an area where visitors could make tea and coffee. Other works included new lighting and redecorations throughout and brown doors had or were being painted white. The corridors particularly in the dementia unit had pictures, photographs and some sensory collages on display on the walls. This meant the home was now lighter and brighter. However work was still needed to ensure the environment was suitable for people living with dementia. There were plans to individualise bedroom doors to enable people to identify their rooms. Signage had been used to identify toilets and bathrooms. However, there was some confusing signage. On the top floor we noted a door identified as 'Toilet' which was a store cupboard and a door marked 'store cupboard' was in fact a toilet.

This was a breach of regulation 15(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 (1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of the on-going environmental work CCTV cameras were being installed in communal areas and individual bedrooms throughout the service. The only exception being bathrooms. The registered provider told us that they had consulted with people and their representatives and that the response had been positive. However, there was no recorded evidence of this. They told us people could choose not to have the cameras switched on in their bedrooms.

Before carrying out surveillance, a provider must carry out an impact assessment in line with the Data Protection Act 1998, and the more sensitive the information is, the greater the impact on people's privacy will be. Placing a camera in someone's bedroom, not only infringes on the person's privacy, but on the privacy of anyone entering that room. This raised a number of issues, including privacy, consent, and how the personal information recorded will be used. Following our inspection we asked the registered provider to send us evidence that all these matters had been considered. The registered provider has written to us and

Is the service effective?

told us they are not planning to turn on the cameras until all the requested evidence can be provided and they are confident they are complying with legislation and guidance relating to the use of cameras in care homes. They have agreed to inform the Care Quality Commission before they turn on the cameras.

We asked people if they thought staff had the skills needed to meet their needs. One person told us "The new ones (staff) aren't properly trained and you just have to put up with it". We found no evidence to support this and other people felt most staff were well-trained. Staff received a variety of training including moving and transferring, infection control, end of life care and safeguarding adults. They also received training in caring for people living with dementia. Training was provided to staff in a variety of formats, including e-learning and face to face sessions. There was a system in place to identify when any training was due to be updated. One staff member who had worked at the home for three months told us they had received a comprehensive induction before they worked with people unsupervised. Staff were skilled in meeting people's needs and offered good care.

Staff told us they received regular supervision. Records showed notes were taken regarding the discussions, but any actions that were needed had not been highlighted and carried over to the next session. This meant any actions that were needed were not always followed up to ensure they had been addressed.

Staff we spoke with had undertaken Mental Capacity Act 2005 (MCA) training. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

Staff understood the principles of the MCA and that people should always consent to their care. Staff were patient, kind and understanding in their approach. We heard choices being offered to people. Staff told us how people might indicate by their behaviour if they did not consent to something. However, they may not be able to consent to more significant decisions, such as medical treatment. We asked staff how people had been consulted and if they had consented to having decorators in their rooms. They told us people had been warned decorators would be coming into their rooms. There was no evidence people had been consulted about the work, but no-one complained to us about the work.

Where people were not able to make significant decisions, an assessment of the person's capacity to make the decision had been undertaken. If the person was assessed as not having the capacity to make the decision other people had been involved to determine what decision would be in the person's best interest. This procedure had been followed where one person needed to have their medicines administered without them knowing they were taking them. The person's care plan was detailed and informative. It showed the process followed and how health care professionals had been involved in the best interest decision making process.

The MCA also introduced a number of laws to protect individuals who were, or may become, deprived of their liberty in a care home. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and in a person's own best interests. People did not have free access to all parts of the home or outside the home. This meant that people were being deprived of their liberty. There has been a recent change to the interpretation of the deprivation of liberty safeguards and the registered manager had made appropriate applications to the local authority in order to comply with the changes and ensure people were not deprived of their liberty unlawfully. Two people already had a relevant authorisation to deprive them of their liberty in place. Staff acted in accordance with the details contained within the authorisation.

People we spoke with told us they received the medical care they needed. The GP that visited the service on a regular basis said staff were always very clear in their communications with them and as far as they were aware, always followed any instructions they gave. Health and social care professionals told us they felt the nursing care at the home was good. They gave examples of how staff had identified where people had developed specific medical conditions. They told us staff contacted GPs and other healthcare professionals as needed. Comments

Requires improvement

Is the service effective?

included “keep on top of health issues” and “Generally no concerns as they take very poorly complex people”. People told us they had all the medical care from outside professionals that they needed.

We recommend that before any CCTV cameras are turned on, the registered provider contacts the Information Commissioner’s office and reads both the Code of Practice on the use of CCTV and the CQC guidance on the use of surveillance. You should also carry out an impact assessment in line with the Data Protection Act 1998.

Requires improvement

Is the service caring?

Our findings

At our inspection in April 2014 we found that improvements were needed to the way in which people or their representatives were involved in planning their care. At this inspection we found that improvements were still needed.

There was no evidence in any care records to confirm people or their representatives had been involved in planning their care or treatment. Assessments stated 'staff must be aware any changes or choices should be made in consultation with the person or their representatives'. There was no evidence that where changes had occurred these had been discussed with the person or their representative had been consulted. However, representatives did tell us staff quickly informed them of any changes in needs.

There were no alternative strategies for consulting with people who were unable to understand spoken or written language. For example, pictures or photographs were not available to assist people in making an informed choice.

This was a breach of regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in April 2014 we found that improvements were needed to the way people's dignity, privacy and independence was respected. At this inspection in March 2015 we found that improvements had been made.

Staff treated people with kindness, affection and patience. Staff were skilled in speaking appropriately with people, including those living with dementia. Staff spoke clearly and gave people time to process information and respond to it. Staff responded to people kindly, bent down or kneeled to ensure they could make eye contact with those in wheelchairs or who were seated.

People's privacy and dignity was upheld. All personal care was provided in private and staff took care to co-ordinate people's clothing choices and preserve their dignity. We saw people's nails were clean and hair was groomed. Everyone had their own bedroom and had been encouraged to personalise their rooms. However, none of the bedroom doors had been fitted with locks. Staff told us if people wanted a lock fitted they could ask and one would be fitted.

People told us "I'm absolutely happy here…it's my home and I wouldn't change anything..anything I want I just press the bell…everybody's very kind and considerate and I think they're wonderful" and "They get me up in the morning and feed me all day..I just poured juice all over myself (I can hear but I can't see) when I'd just been showered and dressed, and if I was on my own I'd have jumped out the window, but one of the boys came flying up and he says: don't worry, I'll give you a hand, and he stripped me off and got me into more clothes".

Visitors were welcome at any time and relatives were coming and going throughout our inspection. One relative told us "It's wonderful here, the carers can't do enough for her…they treat her just like their own Mum…they're marvellous…I come in by bus every day and they feed me as well..a carer brings her lunch and feeds her and they bring mine too. I'm getting ham and chips today".

On the first day of inspection we observed care in the first floor lounge for over an hour. There were few staff available to spend time with people. The only interaction people had was when staff offered them a cup of tea. People were mostly sat staring into space or playing with their clothing.

On the second day of our inspection we also spent some time in the first floor lounge. An outside entertainer had been encouraging people to sing and use musical instruments. People enjoyed the session and there was some chatter while deciding on songs to be sung. When the session had finished we conducted a Short Observational Framework for Inspection (SOFI). Staff interacted with people well , there was some discussion about how to say 'thank you' in different languages and some general chatter about chocolate and the music session. A member of staff noticed that one person was beginning to look uncomfortable and very warm, they asked the person if they wanted to change their clothes to something cooler. The staff member took the person to their room and brought them back in lighter clothing.

Requires improvement

Is the service responsive?

Our findings

Improvements were needed to the way in which complaints were dealt with. People's needs were not always met in a manner that was responsive to their individual needs, as there was limited time for individual interaction between staff and people.

A complaints file recorded any complaints that had been received. A complaint had been received in August 2014 and there were details of how the complaint had been addressed. However, the same concerns had been raised previously by the same person and also contained information that the complaint had been addressed. This showed that although the service addressed complaints they did not always learn from them.

The entrance area displayed some basic information for people on how to raise concerns. However, but little effort had been made to encourage feedback or comments. For example there was no suggestion box.

People's comments varied when they were asked about complaints. One person said "It's brilliant. I have no complaints at all. They get on and do what needs to be done, whether it's haircuts, diabetic foot care or helping with getting funding. If I had any complaints I'd go to (the registered manager or deputy manager)…It's been a breath of fresh air since my (relative) came here". Another person who was waiting to return home said "I have complained once or twice to (registered manager) about staff when I don't think they're helping me enough. They have come and apologised, but they've also explained that I have to be able to be independent before I can go home, so I understand why they were doing it". Most people said the registered manager and deputy manager were very approachable, but another person said "I don't know who I'd complain to, you have to make an appointment to see any managers". The registered manager and deputy manager told us this was not the case and anyone could speak to them at any time.

People's experience of social interaction and activities was mixed. Social engagement was limited and irregular depending on where people spent their time. Staff told us there was little time to spend with people just chatting and interacting in their own rooms. There were some organised activities on offer including music and art sessions that took place in the main lounge. There were displays of craft work around the home that had been done by people when the art activity person visited each week. One person told us "I join in singsongs twice a week..they're the old songs my mum and dad used to sing". One staff member asked a person if they would be interested in talking books, but the person declined the offer.

A music session took place in the top floor lounge provided by an outside entertainer. People were encouraged to join in singing and playing musical instruments. After the entertainer had left there was little interaction between people and staff. Most interaction centred on tasks such as asking people what they wanted to drink and offering personal care. However, there was some good chatter about how to say 'thank you' in different languages and the benefits of eating chocolate. All interactions were respectful and staff took care to ensure people understood what was being said, often patiently repeating the sentence.

Staff told us about people's needs and how they met them. They were able to tell us about individuals' preferences. For example, that one person liked a fried breakfast every morning. One person who was taking longer than others to eat lunch was not hurried and was able to take as long as they needed to finish their meal. One or two people had a glass of wine or sherry with their lunch and others were encouraged to have a soft drink.

A relative gave an example of the registered manager going 'above and beyond'. They told us how the registered manager had accompanied the person to hospital and ensured they had obtained prescribed medication, prior to returning to the service well after their shift should have ended. The relative said "That was above and beyond the call of duty".

A number of people were at the home for rehabilitation. One person had required a special diet when first admitted to the service. Staff had worked with them and the person was now able to have a normal diet. They has visited their home several visits times to prepare for the permanent move. However, another person had been at the home for several months awaiting social services funding to return home. The registered manager told us specialist equipment needed to be installed in the person's home before they could leave and this was causing the delay. This person was very unhappy and told us "I hate it here. I want to go home. I have complained and I've had a few tiffs with

Requires improvement

Is the service responsive?

the carers". We discussed this matter with the registered manager who told us there had been several issues with the person's care that were being addressed with the person and their care manager.

People's care plans were well maintained and regularly reviewed. They contained comprehensive assessments of the person's needs and detailed instructions for staff on how to meet the needs. For example, one person's care plan stated they liked to have a box of cards on their bed and they liked the TV on. When we visited the person we saw that these directions had been followed.

However, the care plans were large documents and it was difficult to find the most relevant up to date information about the person. The registered manager showed us new care plans that had been completed for some people. These contained much more information about the person as a 'whole'. The plans contained a life history that gave staff information about the person that would enable them to interact on a more personal level as well as information about the physical care needs. One staff member told us they had learned about one person's past life playing professional football and was now able to chat with them about it.

Requires improvement

Is the service well-led?

Our findings

At our inspection in April 2014 we found that improvements were needed to the systems in place to monitor the quality of care at the service. At this inspection in March 2015 we found there were quality assurance procedures in place but these were not always fully completed or actions followed through in a timely way. We also identified concerns and breaches of legislation during this inspection that had not been identified by the service's quality assurance systems.

Not all of the issues identified at our inspection in April 2014 had been addressed. For example, people or their representatives were still not fully involved in planning their care. We identified at this inspection in March 2015 issues relating to the recording of food and fluid charts that had not been picked up the service's quality assurance processes.

We saw that a series of audits were being completed, but these did not always show that when issues had been highlighted, they had been addressed. For example, the infection control audit highlighted issues of odour control, but there was no evidence this had been addressed. The care plan audit identified that the care plan reviews had said there was no change to people's care needs when there had been. There was no evidence this had been addressed.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, some other audits clearly showed that action had been taken in response to identified issues. For example, an audit of accidents and incidents identified most accidents occurred at night. Night time staffing levels had been increased and accidents had reduced. A regular audit of staff training highlighted when training was needed and this was sourced for staff. For example, training in mental health issues, dementia care and the Mental Capacity Act had recently been provided.

The registered manager and deputy manager told us about the Quality Improvement Plans (QIP) they had implemented following the inspection in April 2015. The plans were intended to highlight areas for improvement, who was responsible and when the actions should be completed. This system had highlighted how to help one person when they became distressed.

Quality assurance questionnaires had been sent out in December 2014. We saw returned questionnaires that highly praised the service. Comments from relatives included 'Would like to thank each and every member of staff at Palm Court for looking after and caring for our (relative) as if (they) were their own' and 'My (relative) seems to be quite content and much happier than I have seen (them) for some time'. Another comment was 'Staff are lovely, they are very professional and do not seem to mind giving lots of loving care at any time'.

The registered manager and deputy were very open and approachable. The main office was located in a central position which enabled people to speak with them at any time. Staff told us they felt well supported and encouraged to do a good job. They told us they were very happy working at Palm Court. They typically said 'I love it here' when asked whether it was a good place to work. They told us they had confidence that the management would sort out any concerns they might have. One staff member said "I love it, we work as a team. I'm a trained nurse and I worked with special needs people all my life…now I've been here two years. When I first came I shadowed a member of care staff for four weeks and I have all the training I need. I have appraisals and if I had any problems or saw anything I was concerned about I would go straight to (registered manager), but I don't have any. The only thing that's a shame is the turnover of staff, a lot of the young ones don't stay long and the older generation don't relate to them so well". Staff told us that the team had been stretched recently due to staff shortages and one said they felt they were all getting very tired. However, the general feeling was also that things were improving.

Staff said they felt able to make suggestions about people's care and gave examples of how care plans had been changed in response to their suggestions. For example, staff member had been able to share how they helped one person when they became distressed. This information was now recorded on the person's care plan so all staff could use the technique.

Staff told us there were regular staff meetings where information was shared about any changes in working practices. For example at a recent meeting the new

Requires improvement

Is the service well-led?

key-worker system had been discussed. Staff were able to tell us about their individual roles and responsibilities. For example, registered nurses, senior carers and carers, knew what their responsibilities were and who they needed to report any issues to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **There were not sufficient numbers of staff available at all times. Regulation 18(1).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People's food and fluid intake was not effectively monitored to ensure they had enough to eat and drink. 12(2)(b).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There was no record people were involved in planning their care and treatment. Regulation 17(2)(c).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Quality assurance systems were not effective. Regulation 17(2)(b).**

Regulated activity	Regulation
	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Action we have told the provider to take

The premises was not entirely suitable for people living with dementia. Regulation 15 (1)(c).