

Palm Court Nursing Home

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 17 and 20 March 2015. In December 2015 we received concerns in relation to the care provided to one person. We also received additional information that staff did not have time to meet people's personal care needs. As a result we undertook a focused inspection to look into these concerns. We inspected the service against one of the five questions we ask about services: is the service safe? This is because the concerns raised were in relation to this question and we needed to check whether the service was meeting legal requirements. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Palm Court Nursing Home on our website at www.cqc.org.uk.

Palm Court provides personal and nursing care and accommodation for up to 36 older people. At the time of our inspection, there were 33 people living at the service. People had complex care needs, including advanced dementia and some who were completely dependent on staff to meet their physical care needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We visited in the morning on 22 December 2015. We found staffing levels had been increased since the last inspection in March 2015 and staff had been deployed differently in order to work more effectively. We found no evidence to show people were receiving unsafe care. However, staff told us there were times when they were not able to meet people's care needs as effectively as they would wish.

Staff told us there were not always enough staff to meet the care needs of everyone living in the home, particularly in the afternoons. This was due to the level and complexity of needs of the people they were supporting; often requiring two staff to assist with personal care or moving. Staff told us they did not have concerns about people's safety, but they could not always spend as much time as they would like trying to persuade and encourage people to accept care. This meant there was a risk that people's care needs may not always be met.

We found that records for the application of prescribed creams were not always being kept, or were not accurate. This meant that the manager or nurses could not tell if people were receiving all of their prescribed medication correctly and people could be placed at risk of skin damage. However, we saw no evidence of this during the inspection and the deputy manager made immediate changes to improve recording systems in this area.

There was a range of risk assessments in place including pressure area care, falls, and nutrition. The assessments were comprehensive and clearly written. 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.

Despite the staff being busy, the home felt calm and we heard lots of laughter between people and staff. People responded warmly to staff and told us they were happy with their care. Where they could not tell us, we saw that people responded positively to staff; smiling and holding hands. This indicated that they felt safe. Relatives told us that staff were patient and kind and their relative was happy. They felt confident that their loved one was being well looked after.

We recommend that the service considers using a tool to determine suitable staffing levels and reviews staffing levels regularly to ensure people receive safe care and support at all times.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

There were enough staff to meet people's care needs. However, we have recommended the provider keeps this under review as there were times when staff found it difficult to meet people's care needs

Records were not always completed in relation to the application of topical creams.

Risks to people's health, safety and well-being were fully assessed and clearly recorded. Care was delivered in a way that indicated staff understood risks to individuals.

People told us they felt safe living at Palm Court and relatives were happy with the care their loved one received.

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the quality of the service.

We undertook a focused inspection of Palm Court Nursing Home on the morning of 22 December 2015. This inspection was carried out by two inspectors. Before our inspection we reviewed the information we held about the home, including the recent concerns raised with the Care Quality Commission and the improvements the provider told us they were going to make after the last inspection.

During the inspection we spoke with three people who lived at the home, three visitors and five members of care staff. We also spoke with two health and social care professionals who visited the home and looked at three people's care records

Is the service safe?

Our findings

At the previous inspection on 17 and 20 March 2015 we found there were not enough staff to meet people's needs. This was a breach in the regulations care homes must adhere to. At that inspection we found that people were not always safe because there were not always enough staff on duty to meet their needs. The registered manager sent us an action plan telling us that staffing levels had been increased and staff had been deployed differently in order to work more effectively. At this inspection we found people's essential care needs were being met. However, staff told us there were times when they struggled to meet people's care needs.

On the day of our inspection we saw the provider had made the improvements they said they would in relation to staffing. There were 33 people living at the home and on the morning of the inspection there was one registered nurse on duty as well as the deputy manager, a head of care and seven care staff. The deputy manager told us and the rota showed, that there would usually be eight care staff. On the day of the inspection there were seven because of unexpected staff sickness. This meant there was extra pressure on care staff who were sharing duties between them. There was also an 'auxiliary practitioner; a senior member of care staff who worked alongside the nurse on duty. Separate staff provided cooking, cleaning and laundry services.

We saw the way staff were organised had been changed. Staff had been split into three distinct care teams with each team covering one of the three floors. A registered nurse and auxiliary practitioner worked across all of the floors, morning and afternoon. Staff told us they preferred this new system because it allowed them to really get to know the people they cared for and to develop team work with colleagues. However, staff told us they still worked under pressure and although they usually managed, there were times when they found it difficult to meet people's needs. This was particularly in the afternoons or if there was any unexpected staff absence. Pressure was highest on the middle floor where people were living with dementia. Meeting people's needs here often required two staff to assist with personal care or to move or be re positioned as well as supervision in the communal areas.

In the mornings and afternoons two care staff were allocated to the ground floor to look after nine people. On the middle floor three care staff in the morning and two in the afternoon looked after thirteen people. Eight of these people required two people to assist them to move and deliver personal care. Staff numbers were the same on the upper floor, where eight of thirteen people required two people to assist them to move and deliver personal care. This meant that, particularly in the afternoons, on the middle and upper floors, there was the risk of people being left without supervision. Although we saw people's essential care needs were all being met during the inspection, care staff were still working late into the morning to assist everyone to get up, washed and dressed.

Staff said that if someone did not want to be helped with their care they tried to encourage them; but if this did not work they had to move on to someone else as people were waiting for them. Sometimes they were not able to spend as much time as they would like in trying to persuade and encourage people to accept care. They said they did not have concerns about people's safety, but would like to spend more time with

people. One person had dirty fingernails. Staff said they knew they weren't attending to these issues as they should. This meant there was a risk that people's care needs might not be met at all times.

We received information that staff were under extra pressure in the afternoons. This was because laundry staff went off duty at 2 p.m. and care staff were then responsible for helping with laundry duties.

We spoke with the registered manager who said they were trying different recognized tools to work out the correct level of staffing for the home, but had not yet found one that was suitable for Palm Court due to the complexity of people's care needs. They said work was ongoing in this area.

We looked at whether the home was following the prescribed instructions in relation to the use of creams for protecting people's skin. The records for the application of topical creams were kept in people's care files. Clear instructions for application had been completed but records were not always completed and there were considerable gaps. In three people's records it was clear they had been prescribed creams to prevent dryness and as a barrier to protect skin due to incontinence. These records showed no record that creams had been applied over several days or only once a day when prescribed more frequently. For example, one person was prescribed creams three times a day, but there were no records of any application for four days in December. This meant people may not be receiving their prescribed medication and may be at risk of skin damage. We spoke with the deputy manager and they told us creams were being used as prescribed, but records were not always completed as they should be. A specialist nurse who visited the home, told us they believed skin care was well managed, including the application of creams to protect the skin, but that staff did not always have time to record what actions they had taken. At the end of our inspection we were told prescribed creams would be added to the MAR charts to ensure records were completed consistently.

People living at Palm Court had complex care needs. Some people were living with advanced dementia and some were completely dependent on staff to meet their physical care needs. All documentation relating to people's care needs and how these needs should be met was comprehensive and easy to read. This meant staff had clear guidance about how they should care for people. There were risk assessments relating to the development of pressure ulcers, poor nutrition, moving and transferring and falls as well as the risks associated with health conditions such as Diabetes, Parkinson's disease and dementia.

The assessments indicated what signs and symptoms staff should look for, such as red areas on people's skin, or strong odour or cloudiness to someone's urine. This enabled staff to alert the nurses or health care specialists to prevent deterioration in the person's condition. We saw that where necessary staff had sought advice from health care specialists to assist in managing the risks to people's health and welfare. For example, one person had been referred to a dietician because they were not eating or drinking well. We saw advice had been given about using a particular type of cup to help this person drink independently and this advice was being followed.

Where risks had been identified, plans were in place to show how these risks would be minimised. For example, one person had a pressure ulcer and needed their position to be changed frequently during the day and night. Staff knew how often their position needed changing and records indicated they had been repositioned as required. We saw a pressure relieving mattress was being used and staff regularly checked to make sure the setting was correct. Specialist nurses had been involved in monitoring their care. Their recommendations were documented and were being followed by staff. There were also plans in place which gave staff clear guidance about where creams should be applied to protect the skin from further damage. The person said they felt comfortable and warm and we saw them smiling and talking with staff while they assisted them to change position.

Despite the staff being busy, the home felt calm and we heard lots of laughter between people and staff. Staff were working as a team; talking with each other to agree what they were doing and who they would be assisting next. We overheard staff talking to people in the lounge areas and in their rooms and they were friendly and respectful. People responded warmly to staff and told us they were happy with their care. One person said "I am very happy here. Staff do everything I ask". Where people could not tell us their views due to their dementia, we saw that they responded positively to staff; smiling and holding hands. This indicated that they felt safe. All the relatives we spoke with were happy with the care their loved one was receiving. They told us that staff were patient, caring and friendly and they felt confident that their loved one was being well looked after. One relative said "I cannot praise staff highly enough" and "they are kindness themselves".

We recommend that the service considers using a tool to determine suitable staffing levels and reviews staffing levels regularly to ensure people receive safe care and support at all times.