DFB (Care) Limited

Palm Court Nursing Home

Inspection report

17 Prideaux Road
Eastbourne
East Sussex
BN21 2ND

Tel: 01323721911
Website: www.palmcourtnursinghome.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Palm Court Nursing Home is a residential care home providing personal and nursing care up to 53 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 40 people using the service.

People's experience of using this service and what we found
The service had recently implemented a new care planning and recording system which was not yet embedded into staff practice. Improvements were needed to reporting processes to ensure that accidents and incidents were correctly identified and investigated appropriately. People's care plans and risk assessments needed work to ensure they contained accurate information on how to support people safely.

People's daily records did not accurately reflect the care and support they were receiving or events that happened throughout the day. Recording was inconsistent, incomplete and there was a risk that information needed to keep people safe was being missed.

People were not always provided with person-centred care. Activities provided for people were not sufficient to keep people engaged. Staff did not always respond to people appropriately when people were upset. Guidance for how staff should support people if they became anxious or distressed was not clear. People and their representatives had not been given the opportunity to contribute to care planning and relatives wanted to be able to attend meetings at the home with other relatives.

There were enough staff to support people safely and staff knew people well. Improvements had been made to infection prevention and control processes as well as the environment. People were being admitted to the service safely. Some improvements had been made to governance and oversight.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 2 February 2023) and there were breaches of regulation. CQC served a Warning Notice to the provider following this inspection relating to concerns around safe care and treatment, person centred care and governance.

At this inspection we found that although improvements had been made in some areas, the provider remained in breach of regulations.

Why we inspected
We undertook this comprehensive inspection to check whether the Warning Notice we previously served in relation to Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement
We have identified breaches in relation to safe care and treatment, person centred care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Palm Court Nursing 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 3 inspectors. An Expert by Experience made calls to people's relatives after the inspection. 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
Palm Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Palm Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We spoke with the local authority market support team and safeguarding team who had visited the service recently. We used all this information to plan our inspection.

During the inspection
We spent time with people that used the service and observed interactions between people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 5 people that used the service and 15 people's relatives about their experience of care and support at the home.

We spoke with 15 members of staff. This included the nominated individual, registered manager, clinical lead, head of care, nursing staff, activity and maintenance staff, senior carers and carers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed records relating to 10 people's care and multiple medicine records. We looked at documents relating to quality assurance. We looked at two staff files in relation to recruitment.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

At the last inspection the provider had failed to ensure risks to people were safely managed. This was a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Concerns were found in relation to the safety and cleanliness of the environment and equipment people used, the management of people's risks and unexplained injuries.

At this inspection we found that although improvements had been made to the environment, the provider remained in breach of Regulation 12.

● Accidents and incidents had not always been responded to appropriately by staff. We found an incident in the staff handover sheet which had not been reported to the management team, investigated or reported to the safeguarding team. This incident involved 3 people and staff had not recorded any information about the incident in anyone's daily notes. We raised this with the registered manager who investigated and reported the incident to the safeguarding team.
● People's care plans contained conflicting information about their support needs which could put people at risk. Staff were in the process of transferring care plans onto a digital system. Care plans we looked at were inconsistent and lacked detail. For example, one person's care plan stated multiple times that the person was to have bed rails up at night, however their risk assessment determined the person was not safe to have bed rails. The same person's manual handling was incorrect and did not detail that staff were currently using a standing hoist to support the person to stand. This was corrected by staff during the inspection. Due to new and agency staff needing to rely on people's care plans to support people safely, this posed a risk to people.
● People at risk of leaving the building without support did not have enough information in their care plans to ensure they were being protected from this risk. Staff told us they regularly monitored people at risk of leaving the building but could not tell us at what intervals people were being monitored. Staff recording when they checked on the person was not consistent and did not demonstrate they were being checked at regular intervals.

The provider had not ensured care and treatment was being provided in a safe way for service users. This was a continued breach of Regulation 12 Health and Social Care act 2008 (Regulated activities) regulations 2014.

● Improvements had been made to the cleanliness of the home. The home was clean and hygienic, and staff recorded areas they had cleaned. Personal protective equipment (PPE) was being stored safely and staff were using this appropriately. The registered manager completed regular 'walk around' checks to ensure staff were adhering to good infection prevention and control practice.
● Improvements had been made to the environment. At the last inspection we found broken furniture and fixtures throughout the home which had not been identified by staff. At this inspection, we found improvements had been made and the home was in a good state of repair. Where improvements were needed to bedrooms and bathrooms, the maintenance staff were aware of what improvements were needed and was in the process of fixing things.
● Health risks to people were well managed. For example, where people lived with epilepsy and were prone to seizures, information on how staff should support the person in the event of a seizure was clear and detailed. Information was specific to the person and how it affected them. Staff were aware of people's epilepsy guidelines and could tell us what to do in the event of an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. For example, one person's condition stated staff were to ensure a medicine review was booked with the person's GP, this had happened.
● At our last inspection we found that bed rails were being used inappropriately. At this inspection, we found that the use of bedrails had been reviewed and significantly reduced ensuring that people were spending time in bed in the least restrictive way possible.
● Staff understood the importance of offering people choices. One told us, "We give people choices. We show them clothes and let them choose and same with food and drinks. Always try and offer choices."

Staffing and recruitment
● Although staff were recruited safely, records needed to be reviewed to ensure the correct checks were present in each person's files. The provider carried out checks such as references from previous employment, employment history, registration information for nurses and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● There were enough staff to support people safely. People did not have to wait for call bells to be answered and there was good staff presence throughout the home. Where needed, people were provided with one-to-one staffing.

Using medicines safely
● Improvements were needed to some records relating to medicines. Although people were being given medicines that helped people to calm down appropriately, records did not demonstrate this. People's care plans and PRN protocols did not contain enough information to inform staff what techniques and strategies

should be tried to support the person before administering their PRN medicines.
● Where PRN medicines had been administered, it was recorded on the MAR that the person was anxious, however, people's daily notes for the same period said they were content or happy. Improvements were needed to recording to ensure staff could evidence people received their PRN medicines appropriately. This has been discussed further in the well led section of the report. Following our inspection staff told us they had arranged for people's PRN medicines to be reviewed by the GP to check if a least restrictive option could be used for people.
● Other aspects of medicines were managed safely. Staff were in the process of putting a weekly check into place to ensure any discrepancies were identified quickly so they could be addressed efficiently and effectively by the management team.

Systems and processes to safeguard people from the risk of abuse
● People seemed comfortable around staff. Relatives told us their loved ones were safe. A relative told us, "They are safe, absolutely. The staff are fantastic and doing a fantastic job with them."
● The registered manager had reported safeguarding concerns appropriately. Safeguarding concerns were discussed in staff meetings to keep staff up to date and identify any changes to staff practice or people's support.
● Staff were able to tell us how they would raise a safeguarding. A staff member told us, "For safeguarding we have training in house and online. I'd tell the nurse and if they didn't act, the registered manager or the safeguarding team."

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At the last inspection the provider had failed to ensure people were receiving person-centred care. This was a breach of Regulation 9 person-centred care of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found although improvements had been made to the admissions process, the provider remained in breach of Regulation 9.

● At the last inspection we found people were not provided with sufficient engagement and activities and spent significant periods of time disengaged. At this inspection we found activities were still not effective. People spent long periods of time without interaction or engagement from staff. Relatives we spoke to felt there were not enough activities for their loved ones. One told us, "There are limited activities, there's a singer occasionally and they sometimes play scrabble with [them]."
● Staff did not always respond to people who were anxious or distressed appropriately. Although some staff demonstrated good practice and a caring attitude towards people, we saw other staff who did not respond appropriately to people when they were upset. Some staff ignored people and didn't interact with them, other staff repeatedly told a person to sit down when they tried to stand up.
● People's care plans did not contain enough information to guide staff on how to support someone if they were upset. Care plans instructed staff to reassure the person but did not give examples for what reassurance worked for different people. People's daily notes did not record when people were upset or anxious. This meant it would not be possible to identify trends and themes in the person being upset.
● People and their relatives had not been given the opportunity to review their care and support in order to ensure people's care plans contained up to date preferences and views. One relative told us, "I have had no care plan involvement." The registered manager told us they had planned to do this once the new care plans had been completed on the digital system.

The provider had failed to ensure people were receiving person centred care. This was a continued breach of Regulation 9 person-centred care of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

● At the last inspection we identified issues with processes to admit people to the service safely. Improvements had been made to processes to ensure that people that had recently moved in had the

appropriate risk management strategies and staff support in place.
● The nominated individual told us about their plans for making activities more person-centred and to create small social circles where people with similar interests, backgrounds and abilities could engage in activities together and form friendships.
● The registered manager had led staff to make improvements to the support people received with personal care. Staff were regularly reminded to replenish people's toiletries if they ran low and the registered manager conducted a walk around to check that people were being provided with appropriate personal and oral hygiene support.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Staff were aware of and considered people's individual communication needs. Information was available in different formats if people needed it such as an easy read complaints policy.
● The registered manger told us about people whose native language was not English. The registered manager was able to converse with two of these people in their native language. For another person for whom staff did not speak their native language, the registered manager told us they were in discussions with the person's relative to make some videos of them speaking and explaining things to the person.

Improving care quality in response to complaints or concerns; End of life care and support
● There was a complaints policy in place which staff were following. The registered manager kept a log of complaints which showed what action had been taken in response to complaints. Complaints were also discussed in staff meetings.
● People's relatives told us they understood how to make a complaint to the service and felt confident to make a complaint.
● Although staff were not providing end of life care to anyone during our inspection, staff understood the type of care required by people at this stage of life. Staff had received training on what good end of life care should involve.
● People had end of life plans in place which took in to account people's wishes and religious needs.

Requires Improvement

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had not ensured good governance at the service. This was a continued breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found although some improvements had been made, the provider remained in breach of Regulation 17.

- People's records did not accurately reflect how they spent their time or support they received from staff. Staff did not record when people were upset or distressed or details of how they may have supported someone who was upset. This meant that staff were unable to demonstrate that medicines that help someone to calm down were being used appropriately.
- Governance processes were not always effective in identifying concerns. Although some improvements had been made to audits, further work was needed to ensure audits were effective in identifying issues at the service. For example, medicine and care plan audits had not identified that staff were not recording evidence to support the use of PRN medicines. This had been identified as an issue at our last inspection.
- There were no systems being used to monitor staff's recording whilst getting to know a new computer system. Staff were not always recording information about accidents and incidents in people's care plans or daily notes. This meant there was a risk accidents and incidents would not be investigated or reported appropriately.
- Records did not demonstrate that people were receiving care and support in accordance with their care plans. Where people's care plans and staff stated that people needed to be monitored at regular specified intervals, these had not been recorded by staff.
- Improvements to records had not been made when raised by a health professional. Where people's care plans stated they needed to have their food intake recorded, records showed only generic terms for food such as 'pudding' and did not detail how much the person had had to eat. We received feedback from a health care professional that this had been raised as a concern with staff previously and again at this inspection.

The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each person. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

● Following our inspection, the registered manager told us about checks the local authority market support team had provided for them to monitor staff inputting information on the daily log system. Nursing staff had recently been allocated additional time to focus on writing care plans.
● Since the last inspection, improvements had been made to environmental audits and processes. Staff were aware of areas of the home that required fixing and decoration and addressed concerns appropriately.
● The registered manager had implemented a weekly walk around checklist. This was used to identify any issues with people's care, infection control and the environment. This had been used effectively to address issues with staff practice and had improved the registered manager's oversight of the home.
● The registered manager had a service improvement plan which was being used to log issues identified and record actions taken to address issues. The service improvement plan showed what steps had been taken to reach some of the improvements we found since our last inspection and how this would be embedded through the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Relatives, people and staff had been sent surveys to comment on the care provided and the home. Responses had not yet been returned but the registered manager told us these would be analysed and used to make changes to the service.
● Relatives we spoke to wanted other ways to provide feedback such as relative meetings and care reviews. A relative told us, "There have been no meetings whatsoever. We should have more input into care, and I would like to discuss things with other relatives." This was discussed with the registered manager who said they would put these into place.
● People were invited to regular meetings to express their views. People were encouraged to comment on the environment, care and support they received as well as mealtimes.
● Staff were invited to meetings to discuss best practice and any issues at the home. In a recent staff meeting, staff had been reminded to make sure they recorded people's care accurately on the care planning system.
● Staff told us they felt supported. One said, "I feel supported so much. The manager and head of care and other carers will remind you to do certain things and we work as a team."

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; Working in partnership with others
● We identified several safeguarding concerns which had been investigated and reported to the local authority but had not been reported to CQC. The registered manager sent these notifications retrospectively and agreed to review what notifications CQC required. Other notifications had been sent appropriately by the service.
● The registered manager understood their responsibilities under duty of candour and the importance of apologising if something went wrong.
● Throughout our inspection, the registered manager was open to feedback and honest about the issues we found. The registered manager was currently engaging with the local authority market support team to receive support with care planning, recording and audits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People seemed relaxed in the company of staff. One person told us, "Staff couldn't be more helpful." Another said, "Staff always look after me."

● People's relatives were mostly positive about the atmosphere of the home. One told us, "They make it a nice environment for them. There is always a nice atmosphere and that's why we decided to keep [them] there."

● When staff spoke to people, they were kind and respectful. We saw staff supporting people with their meals. Staff engaged people's attention, told people what they were eating and made conversations with people whilst supporting them. The registered manager completed regular mealtime audits to ensure staff were supporting people appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that people's care and treatment was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people were receiving safe care and treatment. This was a continued breach of regulation 12 health and social care act 2008 (Regulated activities) regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each person. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.