

DFB (Care) Limited

Palm Court Nursing Home

Inspection report

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Date of inspection visit:
26 November 2021
29 November 2021

Date of publication:
14 December 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Palm Court Nursing Home provides personal and nursing care for up to 53 people. There were 35 people living at the service when we inspected, most of whom were living with dementia. In addition to living with dementia people had a range of complex health care needs which included stroke and diabetes. Most people required help and support from two members of staff in relation to their mobility and personal care needs.

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

Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. However, there were areas of people's documentation that needed to be improved to ensure staff had the necessary up to date information to provide consistent, safe care. There was a lack of oversight at present as the improvements identified through audits were not prioritised and completed. For example, care plans, risk assessments and fire safety risk assessments.

Daily notes and care records were not completed consistently, Gaps were found in food and fluid charts meaning staff would not have an accurate overview of their food and fluid intake. Peoples' oral health was not consistently monitored to ensure good practice was consistently followed.

There were some people who did not have sufficient clear information documented regarding their care needs to keep them safe and promote their well-being. Areas of risk management of peoples specific health needs were not reflected in care plans and risk assessments leaving people at risk from uninformed staff. For example, diabetes, and wound care.

Areas of the management of fire safety needed to be improved. Bedroom doors were found wedged open which was not included in risk assessments and we found stairs were blocked by moving equipment, which would impede an evacuation in the case of fire.

People received care and support from sufficient numbers of staff who had been appropriately recruited and trained to recognise signs of abuse or risk. One visitor said, "There always seems to be enough staff, from what I've seen I think they are amazing with them. I've seen the care the staff provide – I think it's first class." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible.

The home was clean and hygienic. There were COVID-19 policies in place for visiting that was in line with government guidance. Families told us that they were welcomed into the home and that staff supported them with the lateral flow test and personal protection equipment (PPE). There were some areas that required review such as the storage of PPE, staff disposal of PPE and a dedicated area for visitors to change. We have signposted the provider to resources to develop their approach.

Referrals were made appropriately to outside agencies when required. For example, GPs, community

specialist nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred.

Feedback from families was very positive, and included, "I can sleep at night, I don't have to worry about them. Their clothes and room are always well cared for."

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 08 September 2020)

Why we inspected

This inspection was prompted due to information received of risk and concern to fire safety, cleanliness and management of risk which had impacted on care delivery. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The concerns raised were looked at during this inspection and have been reflected in the report.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led questions of this full report.

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.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

The service had a manager in post who is in the process of registering with CQC. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider was asked to complete a provider information in July 2021. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all this information to plan our inspection.

During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the manager, and seven further staff members. This included care staff, housekeeping, administrative, catering staff and maintenance staff.

We reviewed the care records of six people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with six relatives and four health care professionals and completed these discussions on 30 November 2021.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

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: Learning lessons when things go wrong

- Each person had care plans and risk assessments to meet their individual needs. The documents however contained little person specific information and did not explore peoples' specific health needs and how their health needs were to be managed safely.
- There was evidence of involvement of specialised health professionals. One person had been seen by a speech and language therapist (SaLT) regarding their swallowing difficulties. However, the SaLT directives were in the back of the file, and not transferred to the care plan or risk assessment, therefore staff were not following the latest advice which differed from the original plan.
- People who lived with diabetes had generic care plans and risk assessments with a target blood sugar of their normal levels. For one person their target was 7 mmols. However, their blood sugar records evidenced significantly higher blood sugars, up to and including 29 mmols over the two months. There was no record of action taken or evidence that this was known to all staff to monitor their health for signs of high blood sugars (hyperglycaemia) such as increased confusion, nausea and drowsiness. There was also information in the care plan that highlighted that this person had had multiple admissions to hospital due to low blood sugars, this significant change was not highlighted to the diabetic clinic or GP.
- Nutritional care plans for a person who lived with diabetes highlighted weight loss and low weight. They stated a normal diet fortified with cream, full fat milk, and other high calorie supplements, with no mention of how this would impact on the person's blood sugars and what symptoms staff should look out for.
- Some people's care plans had not included risk assessments in relation to their specific care needs. For example, some people who had difficulty in eating and drinking had no directives for staff to follow to assist them to eat and drink safely. For example, one person who was now very frail and needed assistance, still had a care plan that stated can eat independently with cutlery, however this person now required full assistance and was supported in bed.
- Food and fluid records were not completed consistently and there was no evidence that staff monitored daily intake at the end of a 24 hour period. One person who could not eat or drink independently had no record for the 26 November 2021. The weeks fluid records for this person varied between 400 mls and 600 mls, which may be sufficient or normal for that person but there was no evidence that this had been discussed with staff or monitored closely to prevent dehydration and prevent infection.
- Documentation for wounds was an area that required improvement. The care plans for one person, admitted to the service with an existing wound contained very little information. There was minimal information about the wound or the treatment required. There was tick box reference to the status of the wound such as appearance. However, staff had not followed the NICE guidelines to document the surface

area of all wounds in adults, use a validated measurement technique, for example, transparency tracing or a photograph.' Therefore, they could not monitor effectively the extent of pressure damage or if the treatment was effective at reducing risk of further damage. Wound care records were difficult to read, photographs of wounds were not labelled so were difficult to identify whether the wound was responding to treatment.

- Risks associated with the environment had not been fully addressed. Bedroom doors were very heavy making it difficult for people with mobility needs, lack of strength or mobility aids to open or close their door. This could also act as a deterrent for some people to leave or return to their room and could cause injury. Staff would also have to manually close doors in the event of a fire. This was not reflected in peoples' environmental risk assessment, personal emergency evacuation plan (PEEPS) or in the premises fire safety risk assessment.
- Two-bedroom doors with people in their rooms were found wedged open. This could delay closure of doors in the event of a fire.
- On three occasions during the inspection we found equipment, such as an electrical hoist, walking frames and wheelchairs stored at the bottom of a stairwell, blocking the exit. We were also told by staff that furniture was also used at the bottom of the stairs to prevent one person who enjoyed walking to climb the stairs. This would block an escape route in the case of a fire.
- A yearly fire risk assessment for the premises had been completed by the provider. However, we were not assured that the fire safety risk assessment was suitable and sufficient as it was not thorough and did not cover all areas of fire safety, for example, emergency lighting, fire doors and emergency exits.
- Accidents and incidents were documented and recorded as they occurred in the accident and incident book. However, lessons were not always learnt as there was a lack of investigation and follow up to prevent a re-occurrence.
- One persons' skin tear had been found on the 11 November 2021 and recorded on an accident record but was not recorded in wound file until the 16 November 2021. This skin tear was not reflected back into the persons' risk assessment or the cause investigated. It was documented that it may have been caused by the use of the slide sheet, but no further directives given to prevent a re-occurrence, such as staff training.
- Not all unwitnessed bruising was documented in the daily records or care plans. One person had a large bruise which was not recorded or investigated and staff were not aware of the cause.

The provider failed to provide safe care and treatment to people, including failing to assess and mitigate risks. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had identified in September 2021 that the care and risk assessments were not meeting peoples' health needs and was introducing new care plans and risk assessments with the support from the registered nurses.

During the inspection process we were informed that the provider had booked a professional company to undertake a fire risk assessment. We were also informed that door guards were being installed. A fire drill has been undertaken and all staff will have further training and drills to ensure all staff are confident in the procedures.

- Feedback from relatives was positive about the care their loved ones received. Comments included, "'I feel that my loved one is 100% safe at this home. Before they moved in, we had been visiting homes but hadn't found anywhere we were happy with. They were admitted here on an emergency basis and I have to say, as soon as I walked in, I knew they had the right care for them,'" and "They eat well, they offer them choices and they gets what they want. I think the food is very good." "There were concerns about their nutrition and weight prior to moving in but they have put on weight and really enjoys the food. I think the

chef is really good."

- Despite the issues identified above, we saw some areas of risk that were well managed. For example, there was guidance for people with fragile skin on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were in place. We also saw that people's pressure relieving mattresses were checked daily and were set correctly according to people's weight.
- The environment and equipment were adequately well maintained, decorating was on-going. Staff told us if they found an issue, they wrote it in a diary and the maintenance team dealt with it. This was confirmed by records.
- People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.
- Health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. There was a contingency plan in the event of a major incident such as fire, power loss or flood.

How well are people protected by the prevention and control of infection?

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning records were not robustly kept. However, we saw the cleaning staff cleaning frequently touched areas and the home was clean. Cleaning schedules were immediately recommended.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff were wearing PPE in line with government guidance. Staff had received training in how to safely put on and take off PPE and management staff completed competency checks to ensure that staff were doing this correctly. However, we have asked the manager to review how staff dispose of their PPE and how they store plastic aprons in people's rooms.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. There were systems in place for visitors and agency staff to follow. However, there was no designated area for visitors to put on and take off PPE and handwashing.
- We were assured that the provider was admitting people safely to the service. People admitted or returning from hospital were supported to self-isolate for 14 days in their bedrooms. If the isolation was impacting negatively on the person a risk assessment was undertaken and the staff would support the person to take a walk or spend time in a communal area with the necessary precautions.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff had received training in infection prevention and control. People had risk assessments in place to assess whether they would be at increased risk from COVID-19.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date. Staff had risk assessments in place to determine whether they would be at increased risk from COVID-19. Infection control audits were completed regularly, and actions taken as a result were clearly recorded.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Using medicines safely

- We asked people if they had any concerns regarding their medicines. One person said, "I don't think I have many pills." Another said, "Staff make sure I have my medicine"
- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.

- Staff who administered medicines had relevant training and competency checks that ensured medicines were handled safely. When poor practice was identified, a performance review was held with the staff involved and a plan put in place to monitor to improve practice.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine.
- The medicine audit had identified that the recording of topical creams needed to be improved. This was a work in progress.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe here," Relatives told us, "Staff seem knowledgeable and are very good, I have no worries about my relatives safety, "It all works as it should, I think the staff know their job and know people." We saw that people were relaxed and comfortable with staff and the engagement between staff and people was positive.
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- A staff member said, "We have had safeguarding training, it's all on line, but we can ask for help if we need it," Another staff member said, "I would go to the manager."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Staffing and recruitment

- Comments from people and visitors about staffing included, "Whenever I visit, I see staff with people and have no concerns," and "I think they all work as a whole team. It's very impressive. Even the chef and the laundry person know them I've seen the chef dancing with people, it's not just the care staff caring."
- Rotas were difficult to read and this has been reflected in the well-led question. Rota's however confirmed staffing levels were consistent, with agency staff filling in when required.
- The manager acknowledged staffing had produced challenges over the past three months. They shared their plans for recruiting new staff, which was underway.
- Staff shortfalls had been planned for and regular agency staff booked. There was an agency file that contained information in respect of their training and Disclosure and Barring Service (DBS)- which are police background checks. The registered manager told us "It's always difficult when we use agency and new staff, but we do try to get the same agency staff for consistency."
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.
- New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a DBS check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.
- Registered nurses are required to be registered by the Nursing and Midwifery Council (NMC) and are given a unique registration code called a PIN. We saw that all nurses PIN numbers were checked prior to

employment and updated yearly to ensure they were fit to practice.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

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

- The manager had been in post since September 2021. They had started the process to be registered as manager with CQC. They have undertaken an audit of the service and compiled a service improvement plan, which had identified some of the issues found at this inspection. However, there was no system to implementing improvements and there was a need to prioritise the improvements needed. For example, frail peoples care plans, fire safety and infection control measures.
- Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. However, improvements to record keeping, including care plans, needed to be completed, fully implemented and embedded into everyday practice to ensure people received safe and consistent care. Discussions with the manager showed they understood that further work was needed.
- We found records relating to individual care delivery were not all complete and up to date. For example, food and fluid charts were not all consistently completed for those people at risk of weight loss and dehydration. There was a need for staff to clearly document that people were offered drinks but declined, and that they had a fortified drink or food.
- Wound care records were in place but were not all legible, making it difficult for staff to follow the instructions, the status of wounds and monitor the healing process. Not all records were commenced at the time of the injury.
- There was a lack of specific detail in meeting peoples' health needs within care documents which meant there was the potential of people receiving inconsistent unsafe care. For example, moving and handling and diabetes.
- The staff rota was not accurate or up to date, which could be an issue if there was an emergency situation and could be misread and not identify the need to book alternative staff. There was no indication of who was the fire marshal or emergency first aider on shift in case of an emergency. It was also discussed the need to ensure the managers hours were reflected on the duty rota.
- Oral hygiene was not being undertaken in a consistent way. We found evidence that people were not always offered the opportunity to brush their teeth and could not see that that staff revisited if someone had refused.
- Whilst we found the home clean, it was difficult to ascertain whether infection control measures were followed by staff due to the lack of cleaning schedules and audits.

The provider had not ensured that there were effective systems to assess and quality assure the service and had failed to maintain accurate, complete and contemporaneous record in respect of each service user. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We used the Short Observational Framework for Inspection (SOFI) during this inspection and saw that staff engaged with the people they supported in a positive way. Staff sat with people or walked with them keeping them occupied and calm. For example, a baking session was being facilitated in the main room (Atrium) by the Activities Coordinator. People were asked if they wanted to join in, the baking table was in the same room so everyone could see the activity. People were keen to join and were supported to get to and sit at the table and offered aprons to wear. The Activity Coordinator chatted with people and there was friendly interaction and active facial expressions.
- There had been no relative and service user meetings since the pandemic and lockdown due to restrictions. The provider has used the website to keep families informed and staff confirmed that spoke to families on the phone and at arranged visits. Family and visitors confirmed that they received updates and news of their loved ones from staff.
- Staff confirmed that staff meetings take place and that receive group supervisions. They used these to discuss care delivery, training and how the service was progressing.

Working in partnership with others

- The provider was working with external professionals from health and social care services to improve and develop the service. This included the Continuing Health Care (CHC), local authority and the medicines optimisation for care homes team to make and embed improvements in the home.
- One health professional told us, "The staff have been open and transparent and works alongside us." Another health professional said, "The staff ring us for advice when required."

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; Continuous learning and improving care:

- The provider understood duty of candour, working openly and honestly with people when things went wrong. The manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.
- Relevant statutory notifications had been sent to the CQC promptly.
- The manager told us they used complaints and safeguarding as learning tools to improve the service. This was confirmed by the introduced by the manager and from the staff we spoke with. Staff told us, "We know there is a lot to do, we are working hard to improve. We feel supported now and we will work as team to improve things," and "The manager keeps us well informed of safeguarding's and complaints so we can improve."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people.</p> <p>The provider had not maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care provided.</p>