

Palm Court Care (Dawlish) Limited

Palm Court Nursing Home

Inspection report

7 Marine Parade
Dawlish
Devon
EX7 9DJ

Tel: 01626866142

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Ratings

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

Summary of findings

Overall summary

Palm Court Nursing Home is a care home providing nursing and personal care for up to 39 older people. At the time of the inspection there were 33 people living at the home with some rooms currently being used for visiting and COVID-19 testing. The building was over three floors right on Dawlish sea front with stunning sea views from the lounge and front rooms.

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

Palm Court had a person-centred culture which ensured that staff in all roles were motivated and offered care and support that was compassionate and kind.

There was a good ethos within the service of treating people with dignity and respect. People were at the forefront of the service delivery and the provider was committed to providing a good quality service. We received generally positive feedback from people, staff and relatives. Any issues were already known by the service and were being addressed. For example, ensuring that individuals were receiving adequate engagement and leisure activities through improved recording and auditing. The feedback reflected staff were kind, caring and committed. A relative said, "The staff are as near to perfect as you can get. They bring [person's name] doughnuts. I feel I can go home and know [person's name is ok]." People complimented the continuity of care provided by regular staff, especially during the pandemic, which contributed to the building of meaningful relationships.

Care and support plans were reviewed and changed as people's needs changed. The service worked closely with healthcare professionals. People were supported to maintain good health and to meet their nutritional needs.

Staff told us they were supported by the management team. The manager and management team provided supportive leadership and had developed a dedicated staff team who were committed to the vision and values of the service.

The provider had effective quality assurance systems in place which were used to drive improvement.

People living at Palm Court who were able to communicate effectively told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns.

The provider had safe recruitment and selection processes in place. Risks to people's safety and well-being were managed through a risk management process.

There were sufficient staff deployed to meet people's needs.

Medicines were managed safely, and people received their medicines as prescribed.

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.

Rating at last inspection

The last rating for this service was requires improvement (published 9 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

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, Effective and Well Led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Palm Court on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

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

This inspection was carried out by one inspector.

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 did not currently have a manager registered with the Care Quality Commission. However, the previous registered manager had recently left employment at Palm Court and a new manager was in place who would apply to us to be registered in due course. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave short notice of this inspection due to the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and received feedback from two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, new manager, deputy manager, clinical lead nurse, head of care, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records. We also received feedback from a further six staff.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff understood peoples' needs well and knew how to meet their individual needs. Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. For example, one person had detailed records of how to manage their epilepsy and oxygen use, including where emergency medicines were kept and how to use them.
- People's risk assessments included areas such as their mobility, nutrition and medicines. Staff were familiar with and followed people's risk management plans and could access them easily. There was an electronic care planning system and one health professional had commented that, "Your care plans are fantastic, meaningful and I could read them clearly. I would know how to care for each person." The manager was reminding staff how to ensure that daily care records, which were sometimes brief, could be improved to cover wellbeing and activities.
- The provider had a system to record accidents and incidents which were monitored monthly. The accidents log showed appropriate action had been taken and any patterns noted. For example, staff on the top floor now received shift handover first as people were living with dementia and at increased risk of falling. Staff only left the floor when the new staff shift were in place.
- People's safety was maintained through the maintenance and monitoring of systems and equipment. There were new laundry machines, for example, and the laundry assistant had made a video for staff showing them how to use them safely.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to and supported in a timely manner and staff were not rushed. There were two activity co-ordinators and work was being done to audit how they spent their time with people to ensure peoples' social needs were met more effectively for individuals. Staff were also allocated tasks during each shift such as monitoring food and fluids, health professional visits and one to one time with people.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- There was an electronic administration system which sent alerts to prevent any missed medication and used a clear stock taking process which had stream lined present stock. There had been few medicine administration errors since its introduction. Any medicine errors had been managed well and ensured there was learning and training if necessary. Topical creams were well managed, administration recorded, body maps and opening dates in place.
- People received their medicines as prescribed and the service had safe medicine storage systems in place.

- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. A medicine alert form was in place to update staff following GP input.
- Where people received medicines 'as required' (PRN) there was information to show staff how and when this should be given.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives all told us they felt safe living at Palm Court. One relative told us, "I feel I can go home and know [person's name is ok]."
- People were supported by staff that knew how to raise safeguarding concerns. There was a safeguarding staff notice board with contact details and the process to follow.
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Learning lessons when things go wrong

- The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- Discussions with staff showed there had been learning following any issues identified during audits. For example, managing falls and increasing staff sickness.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our inspection in November 2019 the provider had failed to ensure the premises were clean and properly maintained and the provider had not ensured the premises were maintained hygienically. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection all areas had been addressed.

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

- A lot of work had been done and was ongoing to ensure the premises met people's needs, in particular promoting people's independence, especially for those people living with dementia. For example, plans were in place to improve orientation by completing memory boxes and room identification. There had been extensive new flooring, furniture, laundry and linen. Laundry had now returned to being done in-house. There were no longer any malodours throughout the premises. There was plenty of direction signage, large clocks and calendars for orientation. The manager said, "The provider is responsive and will listen if we need anything."
- People had been supported to personalise their rooms to reflect their personalities and tastes. For example, one person had their room full of their hobbies and interests with posters and items displayed how they liked them.
- The layout of the service gave people options of where they wanted to spend their time. There was now a large dining room as well as tables in the main lounge, which enabled social distancing. The front entrance could also be used as a conservatory and had stunning sea views.

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

- People's needs were assessed and documented prior to them moving into the service, to ensure staff at the home were able to safely and effectively meet their needs. All people had a very detailed computerised care plan. A care needs summary also made it easy for staff, especially new and agency, to access important care information. The management team were particularly thorough when assessing possible admissions since the last inspection and ensuring they had any information, including from GPs and relatives. They made sure equipment and support was in place first. One relative said, "The staff are as near to perfect as you can get." Staff were looking at sourcing a longer bed for one person.
- People's individual equality and diverse needs were considered during the assessment and the care planning process, such as age, disability and religion. This included how people's dementia affected them individually.

Staff support: induction, training, skills and experience

- Staff were positive about the changes in the home and the support they received. One staff member said, "There a nice friendly atmosphere and a warm welcome for everyone who comes in."
- New staff received a thorough and supportive induction into their role and staff received ongoing training to meet people's needs. This included dementia care, pressure care, falls prevention and end of life.
- Staff felt supported with their performance and wellbeing through regular supervisions and appraisals. One staff member told us, "The staff are caring and dedicated. We all look after each other."
- People and their relatives spoke positively of the staff and the support people received, using words such as , "Helpful", "Friendly", "Caring" and "Good".

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

- The manager and staff were working to reassess how they could ensure pleasant and homely meal experiences and conducting meal experience audits. This was to check people were happy with the new food provision company. Meals were an event with laid tables and an unhurried atmosphere. People were able to help themselves and make choices as much as possible to maintain independence. The manager was ensuring people liked the food as some staff were concerned about the quality. However, the new food company provision was also supplemented by home cooked items. The manager said they would keep an eye on what foods people liked to eat.
- We observed people enjoying the meal-time experience and staff supported and encouraged people to eat and drink. Peoples' weight was monitored and managed well. Some people were living with dementia and pictures or plates of food could be used to further support peoples' choices. People were seen being offered various choices. The cook and staff knew peoples' preferences and diet requirements, which were clearly documented in the kitchen.
- People were offered regular drinks and could help themselves to snacks throughout the day. Food and fluid charts were completed as necessary and people's nutritional status was monitored.

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

- People and their relatives told us staff at the home were good at helping them to access other healthcare services when needed. Relatives commented on how responsive staff were. We saw a detailed care plan relating to eyelid care, for example, to ensure one person was prepared for an eye procedure.
- People's health was closely monitored by staff. The manager gave lots of examples of how they monitored people's medication and support, assessing and changing if necessary, for people's benefit. They did research on people's medical conditions and discussed ideas with the GPs, with whom there was a close relationship. People were regularly reviewed and included on the weekly GP round. For example, one person had significantly improved during their time at Palm Court and were now being prepared to go home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought and documented people's consent to their care and treatment in line with the principles of the MCA. Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records had been completed, for example for pressure alarm mats and stair gates.
- DoLS applications and authorisations were effectively monitored and managed. These also included regularly reviewing medications to minimise overuse.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection the quality assurance and governance systems had not fully addressed the issues found such as malodour and maintenance in a timely way. The provider and registered manager had immediately addressed these issues at the time of the inspection, and we saw there was a robust system in place with a continuing maintenance and refurbishment programme. There was lots of evidence of investment to improve the environment.

- Staff felt well supported, especially during the pandemic. Along with treats and communication, all staff had received a COVID-19 bonus. The manager said, "We want staff to feel valued and be confident to say things to us. They are a long standing good team and have been amazing over the pandemic." One staff member said, "Over the last five years, I have found the management team and care staff friendly to work with. Certainly in the time I have worked there I have never heard anything but praise from the residents or their families about the whole team."

- People told us they thought the service was well run. A person centred culture was promoted and staff knew people well to ensure their needs were met. A relative said, "They [the staff] are all pretty good. [Person's name] lights up when they see staff."

- There was a clear leadership structure which aided in the smooth running of the service, supported by the provider and management team. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided. Some staff commented that there could be better activities. The previous registered manager had recognised through audits, for example, where there could be improvement and the current manager was continuing with improving activity recording for individuals and the provision of activities.

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

- Staff were complimentary of the support they received from the manager and provider and felt the service was open and honest. Staff had been able to access wellbeing and counselling services and had felt valued for their hard work during the pandemic.

- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood their responsibilities.

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

characteristics

- Surveys were regularly conducted. The results from the latest survey were currently needing to be analysed to ensure comments were acted on to drive improvement. People and their relative's views were also sought through meetings and an open door policy. The provider and staff had worked hard to enable safe visiting to take place as much as possible, including supporting relatives to become 'essential care givers'.
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings. One staff member said, "Generally I think Palm Court is a lovely home and I am enjoying my job very much." They mentioned an issue with staff sickness, and we heard from the provider how this was being monitored and managed.
- Information was also shared with staff at handovers and briefings. Handovers were available on paper and electronically.

Continuous learning and improving care

- The manager referred to good practice sources to obtain further training, for example, the Social Care Institute for Excellence (SCIE) or The Skills Network and Skills for Care and was open to any advice to promote good quality lives for people at Palm Court. For example, the home was part of the Infection Prevention and Control Champions 12 week training scheme and there was emphasis on wellbeing for people and staff with an information board called 'Calm Port'.
- Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions. The manager ensured they knew the most effective learning methods for staff. The manager also listened to staff in staff meetings and there was ongoing work on team building between night and day staff and looking at staff deployment and quality of individual social activities and engagement.

Working in partnership with others

- Records showed the provider and manager worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care. A recent report following a visit from the local authority quality and improvement team said, "There are strong, honest and open relationships with each other and the professionals teams surrounding them. Advice is sought to allow for early intervention and clinical judgement and knowledge is respected by the external professionals."