

DFB (Care) Limited

# Palm Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 27 November 2017 and was unannounced.

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.

Palm Court Nursing Home accommodates up to 53 people in one extended and adapted building. Nursing care is provided to people who have nursing needs, some people were living with dementia. There were 22 people living at the service when we inspected, there had been no new admissions due to a sanction imposed by the local authority and by a voluntary agreement by the provider until the service improved.

At the last inspection on 6 and 15 June 2017 the service was rated 'Inadequate' overall and there were some continued breaches of Regulations. Following that inspection, we met with the provider and asked the provider to complete an action plan to show what they would do to meet the requirements of the regulations. We received the provider's action plan and followed up the breaches of Regulations at this inspection.

Following our last inspection the provider had prioritised some areas that needed immediate attention including: medicines; staffing levels; staff training, especially in moving people safely and updating care plans. At this inspection we found their medicines systems had been reviewed and changed; care plans had been updated; more staff had been recruited and staff had received additional training. The provider said they wanted to concentrate on the immediate priorities and now planned to move on to other priorities including supporting people's interests and hobbies and providing meaningful activities for everyone.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was a registered nurse and they had implemented some changes that had led to improvements including increased and more in depth checks and audits.

The service had been inspected five times since 2015. At the inspections in December 2015 and January 2016, June 2016 and September 2016 we found multiple breaches of regulations. At the inspection in September 2016 the home was rated as inadequate and placed into special measures. Following this inspection the CQC took enforcement action in response to the continued breaches of regulations. A further inspection took place in June 2017 and there were still breaches of regulations. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We returned in November 2017 to see if improvements had been made. We found that the service had improved; however, there were still breaches of the regulations.

At the last inspection the provider had failed to ensure that risk was managed safely and did not make sure people experienced person centred care that met their needs and reflected their personal preferences. At this inspection improvements had been made. Risks to people had been identified and assessed, however some assessments were contradictory and inaccurate and did not reflect the care and support that people were receiving. Some of the care plans were difficult to read and some had not been reviewed and updated to reflect people's changing needs. However, staff knew how to provide the care and support that people needed. Other care plans contained detailed guidance regarding how to support people. Accurate and complete records were not maintained for all people. People's confidentiality was respected and their records were stored securely.

At the last inspection the provider and registered manager had failed to make sure they had a system in place to effectively monitor the quality of the service they provided. At this inspection improvements had been made. Regular audits were carried out to identify any shortfalls and this had led to improvements in areas such as medicines management and staff competencies. Incidents, accidents and complaints had been looked at and analysed for any patterns but not all incidents and complaints had been included in the audits. Therefore it was difficult to pick up on any trends or patterns. Lessons had been learnt when things had gone wrong. The provider had sought feedback from people, their relatives and other stakeholders about the service. The provider had not informed every one of the results and of the action they planned to take in response to people's suggestions and comments. Staff told us that the service was well led and that the registered manager was supportive and approachable. The provider was building relationships with the local community.

At the last inspection people did not have enough meaningful activities to take part in. At this inspection there were some activities provided for people and these were improving. However, people said they wanted to do more and were sometimes bored. The environment was improving to support people living with dementia, however further improvements could be made.

There were sufficient numbers of staff on duty at all times. Staff had support from the registered manager and senior to make sure they could care safely and effectively for people. The registered manager and senior nurse were involved with supporting people and the staff on a day to day basis. Staff had received one to one meetings; however one to one meetings were not as frequent as they should be. The registered manager said they had fallen behind with one to one meetings. This was an area for improvement.

Staff received induction training when they first started work at the service however it was not clear how the training was carried out and when. There was no evidence that staff competency had been checked after they completed their induction. Staff said they shadowed established staff until they were confident to work on their own. At the last inspection the provider had continued to fail to ensure that staff had the skills and expertise to make sure people experienced safe care and treatment. Improvements had been made. There was a training programme in place and staff had received the training to do their jobs effectively and safely. Staff were checked to make sure what they had learnt was put into practice. We saw that people with mobility needs were consistently moved safely.

People received their medicines safely and when they needed them. There were robust systems in place to ensure that medicines were stored correctly and safely.

People were encouraged to eat a healthy diet. The cook knew people's preferences and choices. People enjoyed their breakfast and lunch. If people needed further support with their dietary needs, food was monitored and if required further advice and support from health care professionals such as a dietician was sought. The nursing staff monitored people's health needs and sought professional advice when it was

required. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards, and the relevant DoLS applications had been made.

There had been no new people admitted to the service since the last inspection. There were policies and procedures in place to assess people to ensure their needs could be met before they came to live at the service.

Staff understood people's specific needs and had good relationships with them. Most of the time people were settled, happy and contented. Throughout the inspection people were treated with dignity and kindness. People's privacy was respected and they were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people. When people became anxious staff took time to sit and talk with them until they became settled.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. Care plans about the care and support people wanted at the end of their lives could be improved.

There was information available for people regarding how to complain and any complaints had been documented and investigated in line with the provider's policy. Staff had been recruited safely. Staff knew how to recognise and respond to abuse and any potential safeguarding issues had been reported to the local authority. The provider had notified us of important events that had happened in the service and had displayed their rating at the service, as required by law.

The staff carried out regular health and safety checks of the environment and equipment. This helped to ensure that people lived in a safe environment and that equipment was safe to use. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. People had a personal emergency evacuation plan (PEEP) in the event of an emergency.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. You can see what action we have asked the provider to take at the end of the report.

## 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 consistently safe.

Risks were assessed; improved guidance was needed to show staff what to do if a risk occurred. The environment was safe and people had access to all parts of the service.

Medicines were managed safely.

There were enough staff to meet people's needs and they were recruited safely.

People were safeguarded from harm and abuse. Changes had been made as a result of learning from incidents.

The service was clean and well maintained.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff had training suitable for their role. The registered manager agreed that induction training for new staff could be improved.

The principles of the Mental Capacity Act were followed.

People were supported to have enough to eat and drink and to remain as healthy as possible.

Staff worked with other professionals to make sure people had the support they needed.

The building could be more suitable for people living with dementia.

Assessments of people's needs were kept under review.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with kindness and compassion.

People were supported to be involved and air their views.

People's privacy and dignity was respected.

### Is the service responsive?

The service was not always responsive.

Care plans had not always been reviewed and updated.

People wanted more to do; people's hobbies and interests were not well supported.

Most complaints had been recorded and resolved. The complaints procedure could be more meaningful to people living with dementia.

Not everyone's wishes about the care they wanted at the end of their lives was recorded.

**Requires Improvement** 

### Is the service well-led?

The service was not completely well led.

The registered manager had prioritised areas in need of improvement and was working through an action plan. They realised there were some outstanding actions and further time was required to ensure improvements were implemented and sustained.

People and staff spoke positively about the management of the service.

Audits and checks had increased in frequency and quality.

People's views had been sought and some action had been taken in response. This action had not been publicised so people were unaware of the action taken.

The registered manager was developing links with relatives and other stakeholders.

The provider had notified us of important events that had happened in the service and had displayed their rating at the service, as required by law.

**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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We carried out this inspection to check whether improvements had been made and legal requirements met following our previous inspection in June 2017.

This inspection took place on 27 November 2017 and was unannounced. The inspection team consisted of two inspectors and an inspection manager.

Before the inspection, we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. We did not ask the provider to complete a Provider Information Return as they had already completed one in May this year. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We talked with or spent time with most people living at Palm Court. We met and spoke with a number of relatives and staff including the registered manager, the senior nurse, the provider, care staff, domestic staff and a director of the provider organisation. We received some feedback from the local authority that was responsible for paying for and reviewing some people's care.

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 also observed staff providing care and support to people including how staff supported people to move. We reviewed people's care plans and associated risk assessments, the recruitment and training records for three members of staff, quality monitoring audits and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. A relative told us "My (relative) seems happy here. I am confident they are safe and happy."

At previous inspections we found that there was not enough staff to spend time with people and to support people's interests and hobbies and people were not always supported to move safely. Since then training in how to move people safely had been refreshed for the majority of care staff and further training was planned. The registered manager or senior nurse had observed staff while they supported people to move to check their competency and additional staff had been recruited.

People told us that they felt safe when they were supported to move either by staff or with the use of a hoist. We observed people being moved by staff using a hoist on numerous occasions. On each occasion this was done slowly and carefully, staff spoke with people throughout giving them reassurance and telling them what to expect. People looked comfortable and at ease when being moved. Risk assessments and guidance about moving people had been reviewed and updated so staff could refer to up to date guidance. Staff knew how to move each person safely, they told us in detail how they did this and we observed staff putting this into practice.

Risks to people had been identified and assessed, however some assessments were contradictory such as a bed rails risk assessments for one person. Part of the risk assessment stated that the person was unaware of the risk of falling from bed and did not attempt to get out of bed; therefore it was deemed safe to use bedrails. It then went on to say that the person did attempt to get out of bed and therefore do not use bedrails. The person had bedrails in place. The senior nurse agreed that this was inaccurate and the person had not had any falls or injuries from the bedrails being in place. They said they would review the assessment as it was a recording error.

Some people were at risk of choking. There were guidelines for staff to follow about how to prevent people from choking, including, cutting up people's food up and 'make sure they are sitting in a good position'. Risk management plans relating to the risk of choking had been reviewed and updated. Staff followed the guidance and during lunchtime staff made sure that people were comfortable and sitting correctly, in line with the guidance, and that food was cut up or mashed if needed.

We observed times when a person was coughing while eating and staff responded promptly as they were sitting close by and the person told us they were 'fine'. Although staff acted promptly and took the right action some records needed improving to inform staff what to do if people did actually choke. People's needs varied, some people were mobile and some people were frail and could not stand or walk about so the intervention they would need if they choked varied. With some new staff on duty it was important for risk assessments to show what to do if a person actually choked and the provider agreed to add this information.

Equipment that people used including hoists and pressure relieving cushions and mattresses were checked



to make sure they worked properly. One person had been assessed as at risk of developing pressure sores. Their risk assessment noted that to mitigate this risk the person should always sit on a pressure relieving cushion. The person was in the lounge throughout our inspection and was not sitting on a pressure relieving cushion. The person told us that they were comfortable and they looked comfortable in their armchair. The nurse in charge confirmed that the person did not have sore skin or any pressure areas. Pressure relieving equipment, including cushions and mattresses should be used proactively to prevent skin breakdown so we recommended the provider reviews the use of pressure relieving equipment and the nurse in charge agreed to ensure people at risk had the correct cushions in the future.

Although improvements had been made, the provider failed to maintain accurate records in respect of each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were living with epilepsy and were at risk of having a seizure; there were guidelines about what might trigger a seizure and what to do if the person had a seizure. People and their loved ones had been involved in writing these guidelines. Staff told us what they would do if a person had a seizure and this tallied with the guidance. There were incident reports of when people had seizures which showed staff acted promptly and appropriately and in line with the guidance provided to ensure people's safety.

Some people were at risk of losing weight or not drinking enough. Records were kept of what people ate and drank and people were weighed regularly to make sure they maintained their weight. The tool the registered manager used to assess risks related to eating and drinking was now completed correctly and guidelines provided by health professionals including Speech and Language Therapists were in people's care plans and were being followed. People were weighed regularly. If people lost more than two kilograms of weight they were routinely referred to the dietician, and their diet was reviewed. Visiting professionals told us that they were satisfied that people were being weighed regularly and any weight loss was acted on. People were offered drinks throughout the day and had drinks nearby. The chef was aware of any special diets and changes had been made so that only people who needed extra calories were given this.

The staff carried out regular health and safety checks of the environment. This helped to make sure that people lived in a safe environment. Regular maintenance checks were made on systems like the electrics and gas supply. The hoists which were used to support people to mobilise had been serviced to make sure they were in good working order. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. The checks for the fire alarms were done weekly and other fire checks were completed monthly. People had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure they can be safely evacuated from the service in the event of an emergency. The PEEPS had specific detailed personal information about how each person needed to be supported in the event of an emergency and what support they would need to evacuate the building safely.

There continued to be mixed views about the staffing levels. People told us that staff were there when they needed them, some relatives were concerned that at times staff were rushed, for example at lunchtime they reported there had been occasions when staff did not have time to support people to eat and people's meals went cold while they waited for support. We observed the breakfast, lunchtime and tea time period. No one was rushed, it was relaxed and staff supported people when they needed it. At lunchtime meals were not served all at once but were staggered until staff were free to help people so no one's meal got cold. Hot food was kept in a heated trolley until people had the support they needed and food was served hot. We observed staff sitting with people chatting and looking through books. In the afternoon staff organised some activities including an art and craft activity that some people joined in with and seemed to enjoy.

The registered manager worked out how many staff were needed on each shift to meet people's needs. The rota showed a consistent number of staff on duty seven days a week.

A relative told us "The number of staff around has improved." Another relative told us "Since (the registered manager) has been here things have improved and staff levels have too." Some people raised concerns about the turnover of staff saying "Staff come and go so quickly." The registered manager was aware of this concern and was working with the provider to reduce staff turnover.

Staff told us they thought there was enough staff and the provider had recruited some new care staff and nurses recently. Some staff told us that it would be good to have extra staff on duty in the mornings as this was a busy time especially as the nurse on duty had to concentrate on giving people their medicines. We arrived before 9am and observed that there were staff around in the lounge area who responded when people needed support. The atmosphere was quiet and relaxed with people getting up in their own time and some already having breakfast. The provider agreed to review staff deployment at busy times.

Visiting professionals told us, "I observed staff to take time to meet residents' needs and to listen to their requests" and "There were adequate staff on duty on each of my visits" and "I observed staff to take time to meet residents' needs and to listen to their requests."

Another visiting professional told us "There were adequate staff on duty on the days I visited and when a staff member left the floor either for a break or to go to a resident in their room, they let the other staff on the floor know where they were going."

Recruitment checks continued to be carried out. Staff were checked before they started working on their own with people. Staff completed an application form, had an interview, gave two references and completed a police check. We sampled three staff files and found the checks in order. Two new staff told us about these checks and told us that they had the opportunity to visit the service and meet people as part of the interview process. The provider was waiting for one reference for one new member of staff and they followed this up during our inspection, in the meantime this staff member was not working unsupervised.

People continued to be safeguarded from harm and abuse. People said that they felt safe with the staff and with the other people who lived at Palm Court. People looked relaxed and comfortable, some people were walking around with staff and others chatted to staff and their visitors. The atmosphere was very relaxed, no one was rushed. Staff had time to spend with people doing things at their pace. Some people could get anxious or angry; staff told us confidently how they supported people. Staff said they gauged people's moods and went back to them later if needed or swapped with other staff members until people were calmer.

The provider had a safeguarding policy for staff to refer to. Staff knew about different types of abuse and could tell us who they would report any concerns to including to the Care Quality Commission and the local authority. The registered manager was clear about what constituted abuse and knew how to follow correct procedures to raise concerns and to report abuse. People's money was safeguarded. Any money held on people's behalf was checked regularly and receipts were kept if any money was spent.

Incidents and accidents continued to be recorded and acted on. We looked at the overview of this year's incidents and accidents. There was a monthly summary so that any themes or trends could be noticed more easily. Not all incidents and accidents had been included in the monthly summary therefore it was difficult to pick up trends or patterns that may lead to changes to reduce the amount of incidents. The registered manager agreed to review this in future so all incidents and accidents were captured and reviewed. Lessons

had been learnt when things went wrong. The registered manager had highlighted sections of the last CQC report and shared this with staff. There was an action plan to address the issues found at the last inspection. The registered manager had reviewed daily records to make sure staff were recording more thoroughly including how much people were drinking each day and whether this was enough or not. They had also introduced a checklist for staff for when they left a person in their room including making sure their call bell was in reach.

The service looked clean and smelled fresh. Cleaners were employed and were working on the day of our inspection. Relatives told us the service was generally clean, one relative said they had raised issues about the cleanliness of their relative's room and it was cleaned at once. Visiting professionals told us "The home is clean and smells fresh."

There were written procedures in case there was any outbreak that needed strict infection control procedures. Relatives praised one of the laundry staff describing them as 'especially good.' but said this staff member only worked two days a week and it would be good if the laundry was a good standard for seven days a week. The laundry staff said they took great pride in their work and ensured clothes were labelled and always returned to the right person. The provider agreed to review the laundry system to make sure it was effective seven days a week.

Medicines continued to be managed safely. A relative told us "(My relative) gets all their medicine and tablets. I am confident that staff are doing this properly."

The registered nurses gave people their medicines. There were reminders in the medicines room about best practise and about the accountability of the nurses when giving people their medicines. The nurses were observed regularly to make sure they were competent and safe to give people their medicines.

Medicines were stored in a locked room and were administered from a medicines trolley. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the medicines administration records (MAR). The medicines given to people were accurately recorded. The senior nurse told us, if people decided they did not want to take their medicines then their wishes were respected. Staff went back within half an hour to ask if they had changed their mind and their medicines were offered again. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

Regular checks were carried out on the medicines and the records, to make sure they were given correctly. If any shortfalls were identified the registered manager or senior nurse took immediate action to address them. The staff completed records accurately and consistently when people had creams and sprays applied to their skin to keep it healthy and intact. People had body maps so that staff knew where to apply people's creams. Some people were given medicines on an 'as and when basis'. These medicines were given to people if they were experiencing any pain or if they had seizures. There was written guidance for each person who needed 'as and when' medicines in their care plan. If people were receiving medicines such as a course of anti-biotics for an infection, the nurses checked that the medicines had been effective and a record of this was kept. People were referred back to their doctor if the medicine did not work as expected.

Checks were done by the nursing staff to make sure people had received all the medicines they needed at the correct times. The senior staff did a weekly audit on medicines and the head of care did a monthly audit.

There were robust procedures in place to make sure no mistakes were made when giving people their medicines. If an error had occurred the checks made sure it was identified and rectified quickly.

## Is the service effective?

### Our findings

People told us that the staff were good and knew what they were doing. A relative said, "The staff are brilliant. I am here every day. (My relative) gets everything they need".

A visiting professional told us "Staff training was taking place but there were still five staff members on the floor, plus the manager" meaning they thought there was enough staff to meet people's needs even though the training was taking place.

At the last inspection training for staff had increased but some staff were not putting their training into practice. For example, although staff had been trained in how to move people safely we observed some poor moving and handling practice. Since then, the majority of care staff had attended refresher training in how to move people safely and further training was arranged. The registered manager or senior nurse had observed staff in practice to check their competency and had given staff feedback. Throughout the day staff supported people to move on several occasions. Staff took their time and offered people reassurance and people looked comfortable and at ease. People told us they felt 'quite safe' when staff were supporting them to move around. Some people were not very steady when walking and staff walked around with them holding their arm for support.

The registered manager had arranged additional training for staff as well as refresher training to make sure they had the knowledge they needed. This included training related to people's needs, including dementia awareness. Staff could tell us about different types of dementia and about how they supported different people in different ways. For example, one person was often reluctant to take their medicines so staff took it in turns to go into the person's room to offer them their medicines. Staff said this worked well and 'a different face each time' helped the person to take their medicines. A relative told us "There always seems to be some sort of training going on." Another relative said "They have good training, I cannot fault that."

The induction for new staff continued to consist of a checklist with ticks and dates. For some new staff training subjects were ticked but no date was included. There was no record of how this training had been carried out for example, face to face, a work book or on line training and no record of how the staff member had been assessed as competent and confident in those areas. This is a further area for improvement.

New staff shadowed more experienced staff to get to know people and their choices and preferences. Staff met with their supervisor during their probation period to assess their progress and address any concerns they may have. One member of staff who had been working at the service a short while said that they received the support they needed during their induction. They said they were offered support and training in essential areas and was not asked to do anything they did not feel confident about. They said they worked alongside more experienced staff most of the time.

Staff had the opportunity to meet as a staff team and to meet with a line manager on a one to one basis. Staff told us they felt supported and they thought the registered manager was approachable. However, the registered manager agreed that staff supervision 'could be better.' They said they had a plan in place to

increase the frequency of supervision; they said "We have fallen behind with that." We saw the plan which was displayed that showed nurses and senior staff as well as the registered manager being responsible for meeting with staff on a one to one basis to talk about their development and any support they might need. There was opportunity to improve the induction training of new staff and to improve the frequency of staff supervision and the provider agreed.

Chefs were employed and the meals were served from a heated trolley. Some people chose to sit at dining tables to eat and others ate in the lounge at small tables. Staff sat and engaged with people and people were given the time they needed and encouragement to eat. We were told that there had been occasions when meals had been served and left in front of people and they had gone cold while people waited for support to eat. We observed that meals were served at different times so no meal was left to get cold. One person told us "The meal looks nice and tastes very nice."

People said they could choose what to have for eat and we heard staff asking people during the morning what they would like for lunch. People were given napkins to cover their clothes and staff offered choices to people, we heard staff say "What would you like for breakfast? Would you like tea?"

We observed breakfast being served to people as and when they were up and ready, the lunchtime hot meal and tea. People were asked what they wanted and were given choices. In between meals people were offered snacks and drinks. Staff who cooked and prepared food for people had attended food safety training. The provider had been awarded a five star rating (the highest available) in December 2016 from the local environmental health officer.

People's preferences relating to what they liked to eat and drink were recorded and supported. If people needed to gain weight they were offered foods with additional calories and if they needed to lose weight they were offered foods with fewer calories. The chef they had a good understanding of people's nutritional needs. The amounts people drank were recorded and totalled each day to check people were drinking enough. A relative told us, "(Our relative) was losing lots of weight, staff have stabilised their weight."

No new people had moved into the service since the last inspection so the registered manager had not completed any new assessments of people's needs. Existing assessments had been reviewed to ensure they were accurate and up to date including risk assessments relating to the risk of people losing weight or becoming dehydrated which were based on current best practice including the National Institute for health and Care Excellence (NICE) regarding diabetes and nutritional needs.

People told us that staff called their doctor when they were unwell and records supported this. People's mental and physical health needs had been assessed and recorded. Staff knew about people's health needs when we asked them and they had attended training in subjects including dementia and diabetes awareness. The nurses closely monitored people's health and took action if people were unwell or needed clinical intervention. Investigations such as blood tests were recorded and followed up quickly. When people had problems with their skin there were short term care plans in place which documented the wound on a body map which was updated and checked at regular intervals until the wound had healed.

Staff had worked with various professionals to support people's well-being including doctors, care managers, the local mental health team and dieticians. Professionals had been visiting to review people's care and support to ensure they were safe and well cared for. A relative told us about their loved one being unwell; they said "Staff sought medical advice immediately and listened to our wishes." Another relative told us, "The optician came in and (my relative) has new glasses now."

A visiting professional told us "There is a good atmosphere in the home with staff spending time with residents. When I visited in January (one person) did not come out of their room and stayed in bed all day. With reassurance from staff they now spend the day in the lounge with other residents. I observed staff being considerate to residents' needs – when one person showed signs of losing patience with another resident staff asked if they would like to be moved and if so where they would prefer to be".

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 much 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.

Staff understood their responsibilities under MCA. They told us how they enabled people to make choices and decisions about their care and support, such as when they got up and went to bed and where they spent their time. Staff asked people what they would like to eat and drink or how they wanted to spend their time. Staff knew that if people lacked capacity a best interest meeting would be held with their loved ones and others to make a decision in people's best interest and this had happened on occasions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to make sure the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty being met. The registered manager understood their responsibilities regarding DoLS and had applied for authorisations appropriately. Some DoLS had been authorised and any recommendations or conditions were being followed.

Palm Court was a large converted house with gardens. The building was adapted to meet some of people's needs including a lift and specialist equipment. Some parts of the service were not in use as the service was at less than half occupancy. Parts of the service being used were suitable for people's needs. People told us they had comfortable rooms and some overlooked and had direct access to the garden. Each room was numbered and had a photograph of the occupant to remind people where their rooms were.

The provider was developing an area which was going to be set up like a post office and tuck shop so people could go and visit to get cards and sweets. There were plans to develop the environment further so it was more friendly for people living with dementia, such as, providing more signage. We will follow this up at the next inspection.



# Is the service caring?

## Our findings

At the last inspection the caring domain was rated as 'Requires improvement' as staff did not consistently treat people with dignity and respect. Improvements had been made.

People told us that the staff were kind and caring and we saw this for ourselves. Staff were kind and considerate and spoke calmly to people, getting down to their eye level and giving people the time they needed. We observed numerous kind exchanges of staff touching people's arms and shoulders or holding their hands to give reassurance and support. One person told staff that they were worried about something, the staff member knelt down by the person and said quietly, "Don't worry, we can sort it out. Come with me my darling."

People told us they were treated with compassion and respect. Relatives told us "Staff know (my relative) really well, better than I do!" and "We have no qualms at all about this service, we have no need to worry about (our relative), they are safe."

Staff engaged with people as they went about their duties saying 'good morning' and 'how are you?' as they passed people. The atmosphere was warm and relaxed and staff did not appear to be rushed and had time to sit and chat to people. Staff knew about people's likes and dislikes, they told us about people's preferred routines including where they liked to eat and what time they liked to go to bed and get up. Staff told us that some people liked to spend time in their rooms, staff knew people's preferences and said "When you go in please introduce yourself as (person) likes that." Staff we spoke with knew about people's backgrounds so they could talk to them about it.

Previously, there were concerns about how some overseas staff communicated with people. The provider had sourced some courses for staff whose first language was not English. We heard staff talking to people and to each other in English which we could understand and people appeared to understand. Staff noticed when people needed supported and discreetly stepped in to support them. For example, staff noticed that a person looked uncomfortable and went over to them and asked if they could help them to get more comfortable. Another staff member noticed a person was having difficulty eating their lunch so they asked if they would like some help, which the person accepted.

Relatives and friends told us they could visit throughout the day and that they were made to feel welcome. Visitors came and went throughout the inspection. We spoke with several relatives and the consensus was that the service was improving and that relatives had confidence in the registered manager. One relative told us "Staff treat people second to none. Staff are always cheerful to us and make us feel welcome."

Staff showed people respect and protected their dignity. We heard staff talking respectfully to people, using people's preferred names and greeting people as they went around the building. People were supported to be as independent as they wanted to be. We saw staff walking around the building with people holding onto their arms for support and staff supported people to eat their meals encouraging people to use their cutlery so they could feed themselves. Staff supported one person to move from their wheelchair to an armchair.



Staff spoke to the person throughout the transfer, reassuring them. The person looked at ease and smiled at staff and said "I like you" and kissed the staff member on the cheek. The staff member smiled back and responded saying "Thank you, I like you too."

If people were able they were involved in planning their own care and support. If people had family then their views and opinions were sought. Some people did not have relatives who could support them. The staff told us they accessed independent advocates to support people who did not have any one to speak up on their behalf. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Relatives told us that the provider spent time and the service and was approachable and involved with people. On the day of the inspection the provider sat with people chatting to them and checking that they had everything they needed. The provider sat with one person reading them poetry as this was what the person enjoyed doing.

Some written information was produced in larger print and the registered manager agreed to develop this further so that written and other information was more meaningful to people living with dementia. Information about people and staff was stored securely to protect confidentiality.

## Is the service responsive?

### Our findings

At the last inspection people's needs were not always properly assessed and care plans did not always contain accurate information. Activities were limited and complaints not always dealt with properly. Improvements had been made.

People told us that staff responded to their needs when they needed them. One person said "I love it here. The staff are the 'best' they help me an awful lot, don't know what I would do without them."

Each person had a care plan outlining their needs. A visiting professional told us, "Care plans are detailed, person-centred and robust. In my view care could be provided to meet residents' needs from reading the plan."

The provider had introduced a short summary of people's needs so staff had a quick over view of the care and support people needed on a daily basis. It included information about people's diagnosis, mobility diet and care needs. Staff said this was helpful and if they were unsure about anything they could refer to the main care plan. The registered manager and the senior nurse said they knew the care plans needed further work and were in the process of improving the guidance and information in the care plans.

Some of the care plans were difficult to read and some had not been reviewed and updated to reflect peoples changing needs. One person's mobility plan stated that they needed a walking aid to mobilise and for a staff member to walk with them. At the inspection staff told us that the person's mobility had deteriorated and they could now only walk a few steps and needed a wheelchair. The care plan had not been updated to reflect this. However all staff we spoke with were aware of this change. Other care plans contained personalised information on how to support people. Specialist teams from East Sussex County Council (ESCC) had been involved in assessing and developing positive behaviour support plans for some people. This was done with the person and the staff team. People's behaviours had improved as a result of this intervention and they were receiving consistent care and support from the staff team. Staff had learnt to care and support people in the way that suited them best. The provider told us the specialist team were returning to the service in February 2018 to review people and work with the staff team again.

Care plans did contain personal information about people and how they liked to receive their care and support. They included information about what people could do for themselves and when they needed support. There was person centred information, for example, when people liked to wear make-up and how they liked it applied. One person said that the staff helped with their makeup every day and always painted their nails. They said, "It makes me feel so much better."

There was information about how to support people to choose their clothes and what they preferred to be called and what they liked to eat. When people had problems with their eyes and could not see very well there was specific instructions on where and how to place their drinks and food so they would be able to be independent when eating and drinking. When peoples care was reviewed relatives were invited to attend so that everyone could be involved. One relative said, "They always let me know what's happening."

Not everyone had a written plan to show how they wanted to be supported at the end of their life. This had been picked up in an audit carried out by the provider earlier this year. The registered manager said they were aware of this shortfall but had prioritised other areas to concentrate on and that end of life care plans were something they were working on to improve. We will follow this up at the next inspection.

There continued to be a lack of activities on offer and people said they would like more to do. The provider had employed an activity coordinator but they had been on sick leave. The provider had employed another staff member to focus on activities and they had just started working at the service. The registered manager said they were keen to develop the activity programme, and they had arranged a Christmas party, but had been focussing on other priorities since the last inspection. One person said "I sit here waiting for things to happen. I would like to have more to do" and "It would be nice to go for a walk around the grounds."

On the day of the inspection there were no activities planned. Staff sat with people and looked at magazines and had a chat during the morning. In the afternoon staff sat with people at a dining table for art and craft activities. We signposted the provider to resources and information about activities and recommend that the provider develops activities to ensure people's hobbies and interests are supported. A hairdresser visited on a regular basis, a relative told us their loved one appreciated this, they told us "(Our relative) always had pride in their hair so it is good that it always looks nice."

There was a complaints procedure that was displayed at the service. The complaints procedure was not produced in way that was meaningful to people living with dementia. The registered manager said that there were plans to put together a welcome pack and this would include the complaints procedure. The registered manager said they tried to address complaints at an early stage therefore not all complaints had been recorded. People told us that when they had complained the registered manager had responded and tried to put things right. Without a record of all complaints it was difficult to pick out any trends or patterns. The registered manager agreed to record all complaints in future. The complaints that were recorded showed an investigation and resolution. A relative told us "We are extremely happy, we have no complaints." Another relative told us they had made complaints in the past and their complaints had been addressed.

## Is the service well-led?

### Our findings

At the last inspection there were continued breaches of regulations and although quality assurance processes had improved further improvement was needed. The registered manager had made improvements but recognised there was more to do and was working through an action plan. More time was needed for the changes to be embedded and sustained.

People said positive things about the registered manager; they had confidence in them and said that things had improved since the last inspection. A relative told us "(The registered manager) is wonderful, they respond to the concerns I have and is very friendly."

Accurate and complete records were not maintained for all people living at the service. Risks relating to some people's care and support had been assessed and documented, but some information was not accurate and contradictory. There was not always full guidance for staff about how to mitigate risks to people. Some care plans were not easy to read and had not always been reviewed and updated to reflect people's changing needs. Staff induction to the service was not clearly and accurately recorded.

The provider failed to maintain accurate records in respect of each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the provider and registered manager had failed to make sure they had a system in place to effectively monitor the quality of the service they provided. At this inspection improvements had been made. The frequency and quality of audits and checks had improved. The audits carried out by nurses of the medicines were particularly thorough. The registered manager kept a record of all incidents, accidents and complaints and looked for any patterns but agreed that not all incidents and complaints had been included in the audit and agreed to review this.

The registered manager was working through an action plan to make improvements to the service. They had prioritised staff training, care plans and medicines and were moving onto to other areas, including improving activities, as the other improvements were made and signed off.

The registered manager had been registered with the Care Quality Commission since April this year and had experience in managing adult social care services and was a registered nurse. The audits and monitoring had increased and improved. A senior nurse had been appointed in July 2017 and they were working with the registered manager to review and improve the quality of the service provided. Improvements had been made to the safe administration of medicines. They were in the process of improving the care plans. The registered manager and senior nurse were checking to make sure staff were trained and competent to undertake their roles.

The registered manager worked alongside staff to observe their practice and had worked early in the morning, at night and weekends to work with and observe most of the staff team. There had been team meetings and the registered manager used these to feedback to staff about their performance and to

remind staff what was expected.

The registered manager worked from a glass office that overlooked the main communal area so they could see out and staff and people could see them. Relatives told us they knew the registered manager and found them approachable. Relatives told us "If we ask for something, it gets done. We have noticed improvements." Another relative told us "We get a quick response to our emails from the manager. There seems to be good leadership."

Staff told us they thought the registered manager was supportive and approachable. Staff worked together well throughout the day communicating with each other respectfully and working together to give people the support they needed. A relative told us "Since (the registered manager) has been here we know what's going on, they keep us informed. They are very good at communicating, always makes time for us, nothing is too much trouble."

The registered manager had organised meetings for people and relatives to discuss the last inspection report and the previous inadequate rating and gave opportunities for staff to make suggestions and share ideas about how to improve. What 'good' looks like had been highlighted and shared with staff then displayed on notice boards as a reminder. A relative told us that relative's meetings were held every couple of months. They said "We bring up issues and get feedback. They ask us about the food and the menu, there are general discussions and they tell us about new staff."

People and relatives had been asked for their views about the service by way of questionnaires. A relative told us "We get regular questionnaires, about twice a year I think." The provider had collated the responses and drawn out some actions from the comments. The provider had not informed every one of the results and of the action they planned to take in response to people's suggestions and comments. We recommended they do this and the provider agreed. Staff meeting were held so staff give talk about their ideas and suggestions to improve the service.

The registered manager was building partnerships with other stakeholders and professionals including relatives, community teams and care managers. One visiting professional told us "All staff have been polite, friendly and eager to help with any questions". The staff team had been working with the local social services 'In reach team' to try to improve activities and engagement for people.

Care managers from the local authority had been visiting to carry out reviews of people's care, they told us "All relatives are very happy with the level of care provided and feel that (name) is a good manager, who is approachable and takes time to listen. General atmosphere in the building is positive, with carers being polite and helpful at all times to residents, family and myself". A relative had sent a compliment letter to the registered manager saying, 'the love and care the staff showed was incredible.'

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating for Palm Court at the service and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good Governance,</p> <p>The provider failed to maintain accurate records in respect of each person.</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>