DFB (Care) Limited

Palm Court Nursing Home

Inspection report

17 Prideaux Road
Eastbourne
East Sussex
BN21 2ND
Tel: 01323 721911
Website: dfbcareltd@yahoo.com

Date of inspection visit: 15 June 2015
Date of publication: 10/08/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**

Overall summary

Palm Court Nursing Home provides nursing care, personal care and accommodation for up to 53 older people living with dementia. There were 23 people living at the home during the inspection; they were all living with dementia and required assistance with looking after themselves, including personal care and moving around the home. Some people were living with behaviours which may challenge others.

At the time of this inspection the local authority had an embargo on admissions to the home pending improvements to record keeping. We last inspected this service on 30 December 2014 and 12 January 2015. After that inspection we received new information with concerns in relation to people's safety and insufficient experienced staff. As a result we undertook a focused inspection 15 June 2015 to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Palm Court Nursing Home on our website at www.cqc.org.uk

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Following the inspection we were informed that the provider was submitting an application to be registered as manager of Palm Court Nursing Home.

The provider is at present working as the manager and registered nurse until an experienced manager and registered nurses are recruited.

People told us they felt safe. Visitors said that the staff were kind, caring and attentive. Staff told us they felt supported and had good training.

Summary of findings

There were enough staff to look after people. However we could not confirm that staffing levels were consistent and safe due to the lack of advanced planning of rotas and pending agency requests. We found that this is an area that requires improvement.

Staff had been safely recruited and were safe to work with people. Staff were effectively supported by the manager and colleagues. They received appropriate training to enable them to meet people's individual needs.

People were looked after by staff who knew and understood them well. Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. Risk assessments were in place to keep people safe. However, these did not prevent people who chose to take well thought out risks as part of maintaining their independence and lifestyle. The environment was safe for people who lived with dementia.

Medicines were managed safely and staff made sure people received the medicines they required in the correct dosage at the right time.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Palm Court Nursing Home was not consistently safe.

There were enough suitably experienced and qualified staff on duty to meet people's needs consistently and safely. However we could not confirm that staffing levels were consistent and safe due to lack of the forward planning of duty rotas.

Risk assessments that informed safe care were reflective of people's individual and environmental needs.

People were protected against potential risk and safeguarded from harm.

Staff were recruited in a safe way.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Requires improvement

Palm Court Nursing Home

Detailed findings

Background to this inspection

We carried out this focussed responsive inspection under Section 60 of the Health and Social Care Act 2014 as part of our regulatory functions. This inspection was undertaken in response to concerns raised to CQC in respect of risks to the safety of people, and to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 in ensuring people's safety.

This unannounced inspection took place on the 15 June 2015. We spoke with 9 people who lived at Palm Court, three relatives, the provider (also the acting manager), five care staff, and an agency registered nurse. We observed care and support in communal areas and looked around the home and people's bedrooms. We reviewed a range of records about people's care and how staff managed the care. These included the care plans for five people, both written and computerised. Not everyone we met was able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The inspection team consisted of two inspectors. Before our inspection, we reviewed the information we held about the home. This included complaints and concerns, notifications of deaths, incidents and accidents that the provider is required to send us by law.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and comfortable. One person said, "I don't have to worry about anyone here, I'm not worried about anything, the food is good, they ask what I want and bring it to the table." This person also told us, "The staff are nice people, I have no faults with this place." By using the Short Observational Framework for Inspection (SOFI) we saw that people were comfortable and relaxed with staff. One visitor told us, "I am happy with the care my relative receives, I have no complaints at all." Another visitor said, "Really nice staff, caring and respectful." They also said they were very happy with the care and the home.

Before our inspection we received information that the staffing levels were not sufficient to keep people safe. Additional concerns were made in respect of people's safety through lack of registered nurses on duty, lack of notifications sent to us in respect of incidents, accidents and deaths, window restrictors not being fitted, care plans and risk assessments not being reflective of people's needs.

At this inspection we were assured by the provider there were sufficient experienced and qualified staff on duty to keep people safe. The provider told us at present whilst recruiting new staff, the duty rota was being completed on a weekly basis. Staff we spoke with who were permanent employees did not have any complaints at this time with this process. There was agency staff usage to keep the staffing levels at the required levels. We spoke to the agency staff who said, "We are working here regularly so residents get to know us, we are treated as part of the team" We were also told, "Staff handovers are very good and we had an induction to the service so as to know the emergency procedures." However we could not confirm that staffing levels were consistent and safe due to the lack of advanced planning of rotas and pending agency requests. This is an area that requires improvement.

We looked at staffing levels. Staffing levels had increased on the 8 June 2015 by three care staff in the morning and two in the afternoon. This meant that in addition to the trained nurse there were eight care staff on in the morning and seven care staff on in the afternoon to meet the needs of 23 people. The increase of staffing had not extended to the night time staff numbers, of one registered nurse and two care staff. This was because dependency levels, accident records and individual needs of people had not identified night staffing levels were insufficient. Staff told us that the staffing levels at night were sufficient because people enjoyed their lie in and no one was got up until the day staff arrived, unless they wanted to. Daily records for individual people confirmed this. We saw that staff levels enabled staff to engage with people during the inspection. People who were in need of reassurance due to being agitated or just wanting company were given time by staff. We saw staff take time to sit next to people and reassure them. There was no rushing of people to complete tasks. People were seen to be content and relaxed.

Sufficient numbers of skilled and experienced staff contributed to the safety of people During the inspection, we observed that people received care in a timely manner and call bells were answered promptly. People were dressed appropriately and their personal needs had been attended to. Staff sat with people whilst they had drinks and when they had snacks and meals. Staff told us the recent increased staffing levels had been really beneficial in promoting a more person centred approach to care delivery. One staff member said, "People choose when they get up, it's their choice, we don't rush people. We saw one person get up late enjoy a breakfast whilst other people had lunch. This was the person's individual choice and staffing levels were flexible enough to meet such individual needs. One relative said "In the past meal times were a concern because staff couldn't help everyone because so many people need help, it's really improved recently and there are staff available all the time."

Staff at Palm Court, told us that staffing levels were 'really good at the present time'. One staff member said "We have had to rely on agency and bank staff as staff have left and moved on to other homes, but we are more stable now and the agency staff, if we use them, have knowledge of the residents and how we deliver care." Another staff member said, "The staffing levels have been increased over the past two weeks and we are very well staffed."

The manager demonstrated how staffing levels were usually worked out. They told us, "Our staffing levels are based on the needs of people. When needed, I've increased staffing levels to provide one to one or if we have a resident with complex care needs." People and staff we spoke with commented that they felt the home was sufficiently staffed. Two relatives told us, "Good amount of staff around," and "I think the staffing levels are good, I am here most days and not had any worries."

Requires improvement

Is the service safe?

We looked at accident records and audits to see if there were any trends or certain times that people may be at risk of falls. There were no identified trends noted that indicated there were insufficient staff on duty at any specific time to keep people safe. Documentation we saw in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Risk assessments for the environment were in place and we saw that window restrictors had been installed in areas which required them. The provider told us that maintenance checks were being done daily to ensure that the environment was safe for people. We saw the documentation to support this. The personal emergency evacuation plans (PEEPS) were in place but had not been updated to reflect the recent changes to staffing levels and this was discussed. This was to be updated immediately by the provider.

Potential risks to people's health, safety and well-being were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, mental capacity assessments, mental health assessments, skin damage, nutritional risks and moving and handling. The care plans also highlighted health risks such as diabetes, challenging behaviour and visual deterioration. These risks had been updated since the last inspection in December 2014 and demonstrated that changes to people's health and well-being were being monitored. For example, changes to one person's mobility reflected how staff were to ensure their risk of falls was minimised by discreet monitoring and the provision of a walking frame. One person had behaviours that were challenging. This had been documented and there was a management strategy and plan in place along with a chart that staff completed if a situation occurred. The chart included how the situation arose and how the staff managed it. There was evidence of the management strategy being reviewed regularly to ensure the actions taken by staff were appropriate and working.

The manager was in the process of changing the care plan and risk assessment format. We looked at both the computer generated and hand written care plans. All care plans we viewed were up to date and evidenced regular review.

In respect to on-going recruitment the manager added, "We are continually looking for staff, a lot of staff have moved on to new jobs and we are currently recruiting for nurses, care staff and a manager. We have had successful candidates and they will be in post soon."

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the home. Staff files showed there was appropriate recruitment and appointment information. This included references and police checks. Nursing and Midwifery Council pin checks for registered nurses had been recorded and demonstrated they had the appropriate qualifications for their job.

There was a robust medicine procedure. Medicines were stored, administered, recorded and disposed of safely. We observed medicines being given at lunchtime, these were given safely and correctly as prescribed. Some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. PRN care plans were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. Care plans were personalised and included information about how the person liked to take their tablets, for example one at a time. Not everybody who experienced pain was able to express this verbally, the PRN guidance included information about how this may be shown, for example restlessness or agitation. Prior to administering PRN medicines the nurse asked people if they had any pain or required any pain relief. Where appropriate they asked staff who had been caring for the person if they had displayed any signs they may have been in pain.

Some people had their medicines administered covertly. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. There was evidence within the person care plans that this had been discussed with the persons GP and Mental Capacity assessments were in place to demonstrate why this was appropriate for the person.

The care plans within the MAR files contained detailed information and guidance for staff to ensure people received the appropriate treatment. For example some people had health needs which required varying doses of medicine related to the specific test results.