

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Palm Court Nursing Home provides nursing and personal care for up to 53 people, most of whom were living with dementia. There were 33 people living at the service when we inspected.

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

Following the previous inspection in February 2019, the provider sent us their action plan. This included information about the steps they had taken to make improvements at the home.

The home was clean and tidy and there were designated housekeeping staff. However, the provider had not ensured that Personal Protective Equipment (PPE) was being worn in accordance with current government guidance to help prevent the risk of Covid-19, this meant people and staff were at risk in relation to the spread of infection. This had not been identified through the audit system.

We have made a recommendation about staff understanding of how to report a safeguarding externally. We have made a recommendation to ensure the provider and registered manager continually update their knowledge of government guidance and best practice.

Quality assurance systems had been introduced and were continuing to be developed and improved. This included audits of medicines, accident and incidents, care documentation and charts completed for people's care and support needs and the environment.

The provider, registered manager and staff team had worked hard to address the areas for improvement following the last inspection in February 2019. Medicine systems had been overseen by the registered manager and improvements implemented to ensure medicine procedures were safe. As required (PRN) medicines were recorded including the reason for administration. Documentation was recorded in relation to people's individual risk. For example, skin integrity, pressure area and wound care. Information regarding behaviours that may challenge were included in people's care plans including appropriate charts completed to document when incidents occurred. Risk assessments provided guidance for staff about individual and environmental risks.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 14 June 2019). There were two breaches of regulation. Regulation 12, Safe Care and Treatment and Regulation 17 Good Governance. We told the provider to make a number of improvements. At this inspection, although significant improvements

had been made in a number of areas including care documentation, medicines and governance, the provider remained in breach of regulation 12, Safe Care and Treatment. This was because the provider and registered manager had not followed national guidelines in response to the Covid-19 pandemic.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 and 14 February 2019. Breaches of legal requirements were found for Safe Care and Treatment and Good Governance. We placed a condition on the provider's registration which meant that the provider was required to send a monthly report to CQC of all new people admitted to Palm Court Nursing Home. Information requested included the admission date, a brief summary of each person's care needs and the name of the person who carried out the assessment. The provider was also required to ensure there was a suitably qualified, and competent person, to undertake oversight of medicines management at Palm Court and to provide monthly audits to the CQC. After the last inspection the provider completed an action plan to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection, for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. 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 Nursing Home on our website at www.cqc.org.uk.

Enforcement

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. Please see then action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

Palm Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This was a focussed inspection to check whether the provider had met a breach of regulation in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

This inspection was carried out by two inspectors.

Service and service type

Palm Court Nursing Home is a 'care home'. People in care homes receive accommodation, nursing and 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.

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the home was displaying any symptoms of the virus and needed to know about the provider's infection control procedures.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. We carried out two calls with the registered manager prior to the inspection. These calls were used to clarify the provider's infection control procedures, ensure we worked in line with their guidance and to discuss how we would safely manage the inspection.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important

events the service is required to send us by law. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We requested documentation and records from the registered manager. We asked about the improvements that had been made since the last inspection. We also asked the registered manager to send some records for us to review. This included a variety of care plans, risk assessments and records relating to people's day to day care. We also reviewed documentation relating to Covid-19 and IPC.

During the inspection

We spoke with two people who used the service. We spoke with four members of staff including the registered manager. We spent a short time in communal areas, this allowed us to safely observe medicine administration and staff interactions with people as well as observe infection prevention control measures.

We reviewed a range of records. This included one person's care folder, medicine records and protocols and three staff files in relation to recruitment. We also looked at records relating to the quality assurance of the service, survey responses, staff meeting minutes, audits, accident and incident records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. This included further medicine and training information. Updates from the registered manager in relation to PPE systems in response to Covid-19 and training implemented following the inspection.



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 the provider had failed to ensure risks to people were safely managed. This was a breach of regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements to medicines, skin integrity monitoring, pressure area care and wound care. However, a new concern was identified in relation to Infection Prevention Control (IPC). The provider has remained in breach of regulation 12 Safe Care and Treatment.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- IPC is currently incorporated into all inspections to ensure the provider is meeting and following current government guidance to mitigate the risk of Covid-19.
- The home was clean and tidy, and there were designated housekeeping staff. All staff had access to adequate supplies of Personal Protection Equipment (PPE) however, PPE was not being worn in accordance with current government guidance to help prevent the spread of Covid-19.
- Staff were seen in communal areas providing people with drinks and support within a two metre distance. This included hands on care where staff were assisting people to move and supporting them, holding their hands without wearing PPE. Staff did not wash or use antibacterial gel on their hands between contact with people. This meant there was increased risk of cross contamination.
- Staff were seen walking around the building, assisting people with support and entering people's rooms. Staff were not wearing appropriate PPE. This included housekeeping staff, who were entering people's rooms and maintenance staff who were accessing staff and resident areas.
- Staff were not socially distancing, and no measures had been implemented to support people to socially distance in communal areas. For example, people were sat closely together at tables and during activities. Visitors to the home were able to see people in the garden and had been advised to access this area by a side entrance, without entering the home. We saw one visitor who removed their mask whilst sat in the garden and was seen to support their relative from closer than a two-metre distance. This was not seen by staff. We raised this with the registered manager who spoke to the visitor.
- Measures had not been implemented to prevent the risk of infection from equipment used. For example, hoist slings used for moving and handling were hung together in the corridor and hoists were not cleaned with antibacterial wipes between usage.
- We raised concerns with the registered manager during the inspection and they took immediate action. Risks to people were mitigated as staff were informed to wear the correct PPE immediately and visitors were advised to maintain social distancing.
- Following the inspection the registered manager told us they had accessed Covid-19 testing for people living at the home and staff.

There were no IPC concerns identified at the last inspection in February 2019 however concerns identified are a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At the previous inspection in February 2019 we found people were at risk as medicines were not managed safely and consistently. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found the provider had made improvements and medicines were safely managed.

- At this inspection we found medicine administration records (MAR) had been completed and guidance was in place for people who had been prescribed 'as required' (PRN) medicines, such as pain relief and medicines prescribed for agitation. PRN protocols were in place, these included guidance for staff including why the medicine had been prescribed and when to give these medicines. For example, when analgesia should be given.
- Pain charts were in place to help staff identify when pain analgesia was needed. This was particularly used for people who were unable to tell staff they were experiencing pain, due to dementia or communication issues.
- When PRN medicines were given this had been recorded on the back of the MAR chart. When PRN medicines had been given for agitation or anxiety it had been recorded on the MAR chart and in daily records, including whether this had been effective. For people who could become distressed and anxious, care plans and charts were completed to document any incidents which occurred. Daily records included any actions taken by staff before giving medicines. For example, use of distraction technique or allowing a person space to help alleviate their anxiety.
- Regular medicines stock checks were completed, and monthly medicine audits had been introduced. Where shortfalls were found, any actions taken had been recorded and fed back to staff, for example any gaps in MAR charts.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

At the previous inspection in February 2019 we found people were at risk due to unsafe practices in relation to skin integrity monitoring, pressure area care and wound care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made to address these risks and care documentation was safely managed.

- Skin integrity care plans and pressure ulcer risk assessments were completed. These included guidance for staff and any equipment required to maintain people's safety.
- People who required pressure relieving equipment had this provided. Daily checks were completed by staff to ensure pressure relieving mattresses were set in accordance with people's weight.
- Risks were reviewed and updated regularly by the registered manager to respond to any changes in a people's health or when new wounds/concerns were identified. The service worked closely with the local Tissue Viability Service (TVN) to help support people safely.
- Accidents and incidents were recorded. The registered manager had oversight of these and carried out a monthly review to identify trends or themes and any lessons learned were communicated to staff to help reduce risk.
- The registered manager had referred concerns to the local authority and The Care Quality Commission (CQC) when needed.
- Staff had received safeguarding training and updates. Staff told us they would raise any concerns with the

registered manager, however, staff were not aware how to escalate concerns externally. In the absence of the registered manager, staff were unaware of the process of how to raise a safeguarding concern directly with the local authority.

We recommend that the provider seeks guidance from a reputable source about staff competency, training and to assess that staff are aware how to refer concerns with Adult Social Care directly should that be required.

Staffing and recruitment

At the previous inspection we found recruitment files had gaps in relation to people's employment history and suitable references were not always clearly recorded. This is included within the well-led section of the report. At this inspection we found improvements had been made to address these risks and recruitment was safely managed.

- Staff recruitment files included all relevant information. New staff were checked to make sure they were suitable to work at the service. This included obtaining references, checking identification and criminal records checks with the Disclosure and Barring Service (DBS). Any DBS queries or gaps in employment history on people's application forms, were discussed and documented.
- The registered manager used a dependency tool to identify the level of people's needs so that safe staffing levels were in place.
- There were enough staff on duty to meet people's needs. Staff told us they were able to meet people's needs and we saw that call bells were responded to promptly.
- Agency care staff were rarely used. Agency staff profiles were in place should the service require them. This was part of the providers Covid-19 contingency plan.
- People were supported and responded positively to staff. One told us "They are good here."

Learning lessons when things go wrong

- Significant changes had been implemented by the provider and registered manager since the last inspection to ensure adequate documentation was in place regarding people's care and support needs. Changes had been reviewed and analysed and learning taken forward to further improve future practice. For example, medicines documentation was regularly checked.
- The registered manager completed a number of monthly checks. All findings and actions identified were fed back to staff during regular meetings to ensure learning was taken forward. This included a staff performance matrix, where a different topic was covered each month. Topics included moving and handling, privacy and dignity.

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 in February 2019 this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider failed to have effective systems and processes to assess and monitor the quality of the services provided and ensure records remained accurate, complete and were kept under continual review. This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how they would address this.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of the regulation. However, more time was needed to fully embed the changes made into practice and ensure the provider was continually updating themselves and implementing changes based on government guidance and current best practice.

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

- The provider, registered manager and staff were not aware of the current government guidelines to mitigate the risk of Covid-19 infection in the home. This has been fully discussed in the 'Safe' key question of this report. There was a quality assurance system in place, and this included a number of audits and checks. However, this had not identified that current government guidance was not being followed.
- The registered manager took immediate action once these concerns were brought to their attention. We recommend the provider implements a system to ensure they continually update their knowledge of government guidance and best practice.
- The registered manager had been appointed since the last inspection in February 2019 and had registered with CQC in November 2019. During this time, they had implemented significant positive changes to improve the day to day running of the home. This included new care and risk management documentation and medicine procedures, improved staff recruitment processes and files and systems to assess the monitor the day to day running of the home.
- At this inspection we found improvements had been made to the provider and registered managers oversight of the care provided and records. There was now a quality assurance system in place, and this included a number of audits and checks. This included care records, weights, medicines, environment, staffing levels and health and safety. Where shortfalls were identified these showed the action taken. Work identified on audits had been marked when completed, for example, accidents and incident analysis had identified one person should not be sat in an armchair as this was a risk due to their high risk of falls and a recliner chair was now used instead.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager was aware of the statutory Duty of Candour, which was their legal responsibility to be open and honest with people when something goes wrong. There was a clear process in place which demonstrated how the service responded to incidents and concerns in line with their legal obligations. ●
- The registered manager worked in partnership with other services and organisations such as, health professionals, GPs and the local authority market support team to access help and support when needed.
- The registered manager was aware that accidents, incidents or concerns need be referred to the appropriate agencies when needed. And we saw evidence that this had been completed in recent months.
- Advice by health professionals was used to ensure the safety and wellbeing of people was maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Detailed pre-admission assessments had been completed. During the Covid-19 pandemic these could no longer be completed face to face and had been carried out by telephone. The registered manager spoke to relatives to gain as much relevant information about people, their care and support needs. This information was used when writing care plans and risk assessments.
- Staff had access to relevant information about people's life history, employment and relevant past events which would enable staff to communicate with people effectively and enable positive interactions with people with dementia or memory loss.
- Regular staff meetings took place. Meetings were used to discuss all aspects of care and support provided to people including medicines, care documentation, safeguarding and any other issues related to the running of the home.
- Staff spoke highly of the registered manager and the improvements that had taken place at Palm Court. One staff member told us, "She makes sure we do things the way they should be done, if something is not done, she will speak to you. She's very good, the home is a nice place to work." And, "We have good staff chemistry".
- Relatives feedback had been sought and these had been used to facilitate further ongoing improvements. The survey outcomes from October 2019 and relatives meeting from January 2020 were displayed in the home. This included predominantly positive feedback including, 'My uncle is very happy at Palm Court every member of staff is very welcoming to me and my family. I have no worries at all about his care. And, 'Organisation and effectiveness of all staff has improved regularly which is all we can ask. I have great respect for the staff's patience and understanding with my mum.'

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured they were assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. 12(2)(h)