

E&F Enterprises Ltd

# Palmerston House Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The Inspection took place on the 3 and 4 August 2016.

Palmerstone House Care Home provides accommodation and personal care without nursing for up to 22 older persons some of whom may be living with dementia. At the time of our inspection 22 people were living at the service.

The service had a registered manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager had made appropriate referrals to the local authority.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including GPs and district nurses.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to in a timely manner.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards and to drive it forward.

# Palmerston House Care 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 inspected Palmerstone House Care Home on the 3 and 4 August 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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 spoke with ten people, three relatives, four members of care staff, the cook, and manager. We reviewed four people's care file, four staff recruitment and support files, training records and quality assurance information.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. One person said, "I am very happy here, staff are very kind." Another person said, "I feel very safe here, you don't have to worry about anything, you hear terrible stories about other places but not here."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "It is our job to keep people safe not just in the environment, if I had any concerns I would report them to the manager." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One member of staff said, "If I was not happy how a concern was dealt with I could go to the CQC or to the owner." The manager clearly displayed information on an independent helpline for staff, people or relatives to call if they had any safeguarding concerns. The manager knew how to report safeguarding concerns to the local authority and were willing to work with them to investigate fully and resolve any issues.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, use of bedrails, nutrition assessments and prevention of pressure sores. In addition where some people wished to have access to the kitchen to assist with kitchen duties or making drinks this had also been risk assessed. Staff were trained in first aid, should there be a medical emergency, they knew to call a doctor or paramedic if required. One member of staff said, "If somebody became unwell I would assess them and depending on the issue would call for an ambulance or call a doctor." The service carried out regular fire evacuation drills and each person had a personal evacuation plan in place to assist staff or the fire service in the event of a fire.

People were cared for in a safe environment. The provider employed a maintenance person for the on-going repair and maintenance of the service. In addition the manager ensured that there were regular checks of equipment used such as hoists and wheelchairs, and certificates were in place for the maintenance of the lift and fire equipment. The manager arranged for the on-going redecoration of the service internally and had recently had the roof repaired. To assist people moving safely around the service the manager had also had sensor lights fitted in some corridors and bathrooms so that as people walked into them the light came on automatically. In the event of a major emergency that affected the running of the service the manager had an emergency contingency plan in place. The manager had also put together a folder to assist staff in an emergency showing for example how to turn off the water or access the fuse box.

There were sufficient staff to meet people's needs. One person said, "There is always enough staff around to help you, they are always popping in to check I am okay." Another person said, "If I use my buzzer they come pretty quick." Staff told us that they felt there was enough staff on each shift and that they had time to spend with people without feeling rushed. The manager used a dependency tool to calculate how many staff were needed each shift and they adjusted the staffing levels when needed. The manager employed permanent staff and also used regular bank staff for consistency of care.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). A member of staff told us, "I saw the job advertised on a website, so rang up and spoke to the manager. I completed an application then came and had an interview."

People received their medications as prescribed. One person told us, "The staff give me my medication, I take painkillers." Senior carers who had received training in medication administration and management dispensed the medication to people. The service used a computerised system to dispense medication through electronic medication administration records (MAR). The manager told us that this worked well as it automatically highlighted when people were due their medication and meant medication could be re-ordered directly through to pharmacy when required. We observed part of a medication round staff wore a 'do not disturb' tabard whilst dispensing medication. Staff checked with people if they required any additional medication such as for pain relief, and we saw that protocols were written for these in people's records.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication. □

## Is the service effective?

### Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. From records we saw staff training had been updated in key areas to support them with their role. Staff told us that they thought training was very good at the service, one member of staff said, "I am a dementia champion, I completed extra training so that I can talk to staff about dementia and teach them more about it."

The manager was very keen that staff were kept up to date and received regular training. Staff received training face to face as well as using workbooks. Staff told us that they felt very supported to complete training to higher levels, one member of staff said, "I have just completed an NVQ level 2 and I am about to start my level 3 in care." Another member of staff said, "I felt like I needed extra support with moving and handling so the manager did another practical session with me to help my confidence." New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they completed their training then worked 'shadowing' more experienced staff. This gave them an opportunity to get to know people and how to best support their needs. The manager told us they met regularly with new staff during their probation period, to check how they were performing and to see if they required any additional support or training. In addition the manager had enrolled all new staff and current staff into completing the Care Certificate. These are industry best practice standards to enable staff who are new to care to gain the knowledge and skills required to support them within their role. In addition staff had regular supervision, staff meetings and yearly appraisals.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. For example staff knew when people liked to get up in the mornings and where they liked to spend their time during the day. One member of staff told us, "People are able to make their own choices and decisions, we help them if needed through best interest assessments." People at the service mostly had the capacity to make their own decisions, care plans were in place for staff to follow and focussed on giving people choice and in supporting them to make their own decisions. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. This told us people's rights were being protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the Act and had followed these applications up with the local council to ensure they were being processed. This told us people's rights were being safeguarded.

People said they had enough food and choice about what they liked to eat. Everyone we spoke with was very complimentary about the food at the service. Comments included, "The food is lovely." Another person said, "The food is good, I have never had to send anything back." We saw that the menu was clearly displayed for people to see. All the food was cooked fresh each day at the service by the cook. The cook told us that if people did not wish to eat what was on the menu they would prepare for them an alternative of their choice. We saw from minutes of meetings that people were asked for their feedback about the food and were asked if they wanted anything added to the menus. In addition the manager did a food survey every three months to gather feedback from people on the food.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. We saw people were encouraged to drink plenty of fluids throughout the day and have snacks. Everybody had drinks available and for people who remained in bed these were within reach for them. Staff made sure that special diets were catered for if people needed these; such as soft diets, fortified diets or diabetic controlled diets. Staff also monitored people's weight monthly for signs of loss or gains and made referrals where appropriate to other healthcare professionals.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, palliative care nurses, mental health nurses, chiropodist and GPs. The manager told us that district nurses attended the service at least twice a week to offer support to people such as reviewing pressure areas to help prevent sores developing. The service also acted as a step down facility for people who no longer required hospital but were not quite ready to go home. As part of their rehabilitation the hospital community team visited people and reviewed their care at the service. One person told us, "I am just here while I have alterations done at home, the care has been great." We spoke with two healthcare professionals who told us, the staff were very good at following instructions and supporting people while they were at the service to ensure their rehabilitation needs were met.

## Is the service caring?

### Our findings

People told us they were happy living at the service. One person said, "Staff are very kind and helpful, they will do anything you want." Another person said, "I am being well looked after, I give them top marks." A relative told us, "Staff are fantastic here we are really pleased with the care."

The service had a very calm and relaxed environment. We saw that staff were open and friendly with people, throughout our inspection and showed a genuine fondness towards people. Staff were unrushed in their interaction with people and took time to make sure their needs were met. We observed that staff stopped and talked to people making eye contact and adjusting themselves to the person's eye level to see if they could give them any assistance. One person told us, "The staff have been brilliant here, all really good, they make sure I am okay." A relative told us how much they felt that their relative had improved since living at the service due to the care and support provided. The relative explained that since their relative had been at the service staff had arranged for them to attend hospital appointments and had managed to arrange for new hearing aids, which previously their relative had refused. We observed this person happily interacting and joining in with conversation as they could now hear.

Staff knew people well including their preferences for care and their personal histories. The service had 'This is me' documentation in people's notes which told the story of their life and described what is important to them and how they liked to be supported. Staff knew people's preferences for carrying out everyday activities, for example when they liked to go to bed and when they liked to get up. Each person had a key worker, this is a named carer who takes special interest in supporting them and attending to all their care needs. We saw that people had a photo of their key worker in their room with a short synopsis of their preferred care routines. People we spoke with knew their care worker by name and told us that they supported them with anything they wanted.

People's diverse needs were respected. People were supported to have their religious needs met this included attending church and having individual religious support at the service. On the day of our inspection a multi faith service was due to be held however unfortunately the church that provided this was unable to attend. We saw that the service went ahead with people and staff singing hymns and playing the piano. Another person told us how they had been a vegetarian and Buddhist for most of their life and that the manager had supported them by providing the diet they had requested.

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. We saw that people took pride in their appearance and staff supported them with this, one person said, "If I was to spill even a drop of anything on my clothes the staff will help me change straight away."

People were supported and encouraged to maintain relationships with their friends and family. The service provided wifi so that people could skype their relatives if they wished. The manager told us that they had used this to support one person to remain in touch with a relative abroad. The staff also supported people if

they needed help to use the telephone to talk with their relative. The service did display visiting times, however these were flexible and were more aimed at protecting people's meal times.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported to have individualised care, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. The manager encouraged people and their relatives where possible to come and view the service before they made a decision about coming to live there. Once it was agreed a person would be moving to the service a care plan was formulated to support their needs and a key worker identified to allow for a smooth transition to the service. People received personalised care that was responsive to their individual needs. We saw that care plans were very person centred outlining how people preferred to be supported and what staff could do to assist people maintain their independence. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Each month staff completed a synopsis of people's records to summarise how they have been over that month. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's needs. For example making sure people's changing care needs can be catered for such as involving the falls team when people have had issues with becoming unsteady when walking. The aim being to help people maintain their independence but to be supported to do this safely. In addition the manager told us that they had a new thermostatically controlled electric shower installed at a relative's request. This had not been an easy task as it meant undertaking electrical rewiring to facilitate the shower however it was now in use for the person.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. The service employed an activities person to support people with social activities and hobbies. One person told us, "I like reading and knitting." Another person told us, "I like spending time in the garden, or playing the piano." The activities person spent time doing individual activities with people as well as group activities. We saw them support one person to go for a walk in the community, and spent time with people doing individual art and craft activities. In addition the activity person was writing a daily blog of people's activities and creating a weekly newsletter of what was happening in the service as well as everyday news and items of interest. People were also supported if they wished to carry out everyday activities such as assisting with washing up and helping at meal times. One person also fed the services adopted cat every day and reminded staff to feed the service's rabbit. They also told us how they had planted the hanging baskets that were in bloom in the garden and were currently growing tomato plants.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the manager. We saw where complaints had been raised these had been dealt with quickly and effectively. Staff knew how to support people with making complaints and if people wished there was a suggestion box they could use.

The service also received a number of compliments, one we saw said, "You are the most caring team."

## Is the service well-led?

### Our findings

The service had a registered manager, who was very visible within the service. People and staff told us that the manager was 'always around'. The manager had a very good knowledge of all the people living there and their relatives. We saw that people and relatives had a very good relationship with the manager and noted many friendly exchanges. A relative told us, "The manager is always here and they can see everything that goes on."

Staff shared the manager's vision and values at the service, one member of staff told us, "We want people to feel comfortable and happy living here." Another member of staff said, "We want it to be a friendly and homely environment." This vision was reflected in the comments we received from people about how happy they were living at the service, one person told us, "We are all like a family here."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We have a good team, we all work well together and are supportive to each other, we communicate well and know what each other is doing." Staff had regular supervision and meetings with the manager to discuss people's care and the running of the service. One member of staff said, "We have supervision and talk about any training or support we need and we have staff meetings, to talk about the care and how we do things." Staff felt the manager was very supportive to their roles and listened to their opinions. For example, staff told us how their ideas to help the service run better would be tried, they had recently changed the start time for one care worker to start at 6 a.m. This was because more people had started to request to have assistance with a bath in the mornings before their breakfast. Staff said that this change had been working well for people. This told us the management listened to staff opinions and acted upon them. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that had happened and used a communication book to share information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service not only through meetings, but on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors, staff and other stakeholders. Feedback gathered from these surveys was then used to make changes for example feedback from the catering survey was used when discussing menus. People were also consulted on the environment and how their rooms were decorated and furnished. We saw people were able to bring in their own furniture if they wished and that they could personalise their rooms. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans,

medication management, accident and incidents and the environment. In addition the manager completed 'best practice' audits based on the fundamental standards to ensure the service was performing to all the required regulations. With regards to people's healthcare the manager also monitored any hospital admissions, chest infections, weight and urinary tract infections and used this information to work with other healthcare professionals to ensure people were receiving the support and treatment they required.