

DFB (Care) Limited

Palm Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

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 provides accommodation for 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 27 people living at the service when we inspected, admissions had slowly increased following the last inspection as sanctions imposed by the local authority and a voluntary agreement by the provider until the service improved had been lifted.

At inspections carried out in September 2016 and June 2017 the home was rated Inadequate and placed and remained in special measures as there were continued breaches of Regulations. CQC took enforcement action in accordance with its procedures. 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 we followed up on breaches at an inspection in November 2017. At that time improvements had been made and although there was still a breach of Regulation 17 the home was rated requires improvement overall. We asked the provider to complete an action plan to show improvements they would make, what they would do, and by when, to improve the key questions in well led to at least good.

This inspection took place on 19 and 24 July 2018 and was unannounced. The registered manager had left their position in June 2018. 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. A new manager had been appointed and started in post on 2 July 2018. They had yet to apply for registration with CQC.

At this inspection we found the provider had not ensured effective leadership and direction at the service. Improvements made at the last inspection had not been sustained. There were continuing breaches of regulations. The new manager had spent their first two weeks in post assessing the provision of care and had a detailed action plan of the matters that needed to be addressed. Following the inspection, the local authority confirmed that although the suspension on placements had been lifted following the last inspection, a temporary placement break had since been agreed with the provider that meant there would be no further admissions to the service until safety concerns identified at this inspection had been met, and there was mutual agreement to start admissions again.

Significant health and safety matters were identified that had the potential to place people and staff lives at risk. These were in relation to fire and gas safety. East Sussex Fire and Rescue service were asked to visit the service to assess the situation. Further work has since been carried out to ensure the safety of the premises.

Although during our inspection we saw people were treated with respect and dignity, some people told us this was not always the case. We found two incidents of unexplained bruising that had not been reported to the safeguarding team for possible investigation. Although there were good systems to assess the needs of people who had behaviours that challenged, the actual advice on how to support people in heightened anxiety was less clear. There were no protocols for the giving of medicines prescribed on an 'as required' basis for agitation.

We identified areas of record keeping that needed to improve to document more clearly the running of the home. The provider's auditing systems had not identified areas of practice that needed to improve and their quality assurance and monitoring system continued to be ineffective. Investigations into concerns raised by relatives were not always carried out effectively.

Care plans contained detailed information about people's needs and wishes. However, due to the location of the care plans, staff did not refer to them regularly. There were plans to change the location of the care plans to increase accessibility. There were no effective systems to monitor the actual provision of some aspects of personal care such as oral hygiene and baths/showers.

Records to demonstrate staff had the skills and experience to meet people's needs were not accurate and up to date. The manager told us although training had been scheduled this had not happened as there was no provision to ensure staff were paid on the days they attended training. This was also the reason given as to why staff meetings had not been held.

Person centred activities were described in the activity folders but records that showed these were met were not effective. The manager had advertised for an additional activity coordinator and had lots of plans to expand the opportunities and experiences available to people. We made a recommendation to increase person centred activities.

People were supported to make choices where possible. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst DoLS applications had been made and the home was awaiting authorisations for some, the manager confirmed there were areas that need reviewing to ensure all restrictions requested were needed, for example in relation to bed rails.

The manager had introduced some new changes so birthdays were now celebrated with a special cake. Fruit pots were served in the mornings and tea was served after lunch each day. People told us they were happy with the new arrangements. Relatives told us they were very happy with the care provision. One relative told us, "It's so bright and airy. I have been very impressed with the care provided."

There were enough staff working in the home to meet people's needs safely and advertisements had been made to increase the staff complement further by recruiting an additional chef and activity coordinator. People were treated with respect and we saw lots of examples where people were supported discretely by staff to meet their individual needs at mealtimes.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant

improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures." Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We are now in a position to publish the action taken. Following our inspection, we took enforcement action and have applied positive conditions on the provider's registration requiring them to:-

Provide a monthly report to CQC of all new people admitted to Palm Court, setting out 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 is also required to ensure there is a suitably qualified, and competent person, to undertake oversight of medicines management at Palm Court and to provide monthly audits to the Care Quality Commission. Audits must address analysis of any errors or shortfalls in medicines management and details of who will be responsible for taking actions and timescales for completion.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Significant risks were identified in relation to fire and gas safety that had not been addressed in a timely manner and as a result placed people and staff at risk.

There were no protocols for the use of as required medicines for agitation. Systems to ensure the cleanliness of the service were not always effective.

There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Systems to ensure staff had the skills, knowledge and support to meet people's needs were not effective.

The manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager recognised further work was needed in relation to applications made for DoLS.

There were good systems to ensure people had enough to drink daily.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not always treated with respect and dignity.

Bedrooms were personalised and reflected people's tastes and personalities.

Staff talked to people in a way they could understand.

Is the service responsive?

Inadequate ●

The service was not responsive.

Records of complaints did not demonstrate they had been fully investigated.

There were not enough person-centred activities provided.

Care plans provided detailed information but were not easily accessible by staff and there was a lack of monitoring to ensure people's needs were met.

Is the service well-led?

The service was not well-led.

Systems for auditing the service were not accurate or effective and did not demonstrate matters raised were dealt with in a timely manner.

Record keeping was not always accurate and was not appropriately analysed to assess the quality of care provided.

A new manager had been appointed to the service.

Inadequate 

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 checked 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.

At inspections carried out in September 2016 and June 2017 the home was rated 'Inadequate' and placed and remained in special measures as there were continued breaches of Regulations. CQC took enforcement action in accordance with its procedures. The last inspection of the home was carried out in November 2017. There was one breach of regulation and areas of practice that needed to improve. The home was rated 'Requires Improvement.' Following our inspection, the provider sent us an action plan telling us how they would make improvements to meet the regulations.

We visited the home on the 19 and 24 July 2018. This was an unannounced inspection. This inspection was carried out by an inspector, a specialist advisor and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at and reviewed all the current information we held about the service. This included notifications we received. Notifications are events the provider is required by law to inform us of. We did not ask the provider to complete a Provider Information Return as this inspection was brought forward due to its history. 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 considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home, this included two staff recruitment files, staff training, medicine records, accidents and incidents and quality audits along with information in regard to the upkeep of the premises. We looked at four people's care plans and risk assessments in full, along with risk assessments and daily records for another two people. We spoke with seven people and three relatives. Some people were not able to tell us their views of life at Palm Court so we observed the support delivered

in communal areas to get a view of care and support provided. This helped us understand the experience of people living there. We also spoke with the providers, manager, administrator, two nurses, three care staff, the activity coordinator, cook and laundry staff. Following the inspection, we received comments from two health care professionals and social care professional.

Following our inspection, we requested additional information from the provider. This included documentation relation to gas safety, fire safety, legionella testing, sluice equipment servicing and staff training. We received regular updates as progress was made in ensuring shortfalls highlighted were addressed.

Is the service safe?

Our findings

At our last inspection this key question was rated requires improvement and the provider was in breach of Regulation 17 of the Health and Social Act because they had failed to ensure accurate records relating to people. Following our inspection, the provider sent us an action plan telling us what they would do to meet the regulations by 31 January 2018. At this inspection we found the service was not safe and was not meeting Regulations.

A warning notice in relation to the canopy over the cooker had been issued in April 2017 by the gas provider. The provider told us the cooker was still safe to use but they had been told to ensure only four of the eight rings were used and the windows left open to avoid carbon monoxide readings getting too high. There was no written instruction from the gas company to this effect. The evening chef was not aware of this instruction. Given the numbers of people living at Palm Court this would not be practicable and not appropriate in the winter months. Following the inspection, the provider confirmed the risk assessment had since been updated and an instruction was placed on the wall in the kitchen. They also said work would be carried out as a matter of urgency to replace the canopy. Arrangements were made to have all gas appliances tested. This has since been done.

People had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. We asked if having completed the peeps, consideration had been given to the evacuation plan to make sure it was achievable. This had yet to be done. The manager confirmed their contractors for fire safety were coming to the home at the end of August to discuss the PEEPs, to look at the home's evacuation plan and to provide guidance and support. Whilst fire alarm tests were routinely carried out weekly, there were no records to show unannounced fire drills had been carried out. This left people at risk in the event of a fire. We were told there was a fault in the fire safety system so they could not reset the system. This was to be checked too at the end of August 2018. Given the problems also identified with gas safety we contacted East Sussex Fire Safety to let them know what we had found and they carried out a separate visit. As a result of the visit, an emergency call was made to the contractor used by the provider to service the equipment as a matter of urgency and a 24-hour staff watch was implemented until that was done. East Sussex Fire Safety also confirmed their intention to carry out a full audit of the fire safety arrangements. Since the inspection the provider sent us records of a fire drill carried out in February 2018. This showed 14 staff had been in attendance and although the drill was reviewed, the length of the drill was not recorded. Records showed one staff member had not acted in line with the procedure and this was addressed with them. There was no other follow up drill to reassess their performance. Fire safety training had been carried out in June 2018.

Systems to make sure regular and ongoing safety and maintenance was completed were inadequate and did not ensure people had a safe environment to live in. Water temperatures had not been tested since April 2018. Shortfalls found when the service was fully assessed in relation to Legionella in 2014 had not been addressed when the service was reassessed in 2016. We found no evidence these had been addressed since. Sluice equipment had last been serviced in 2014. Following the inspection, the provider confirmed they had

made arrangements for the water and sluice equipment to be retested as a matter of urgency. We did not see a business continuity plan. A business continuity plan provides detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data. However, the manager said they were in the process of putting this together. Following the inspection, the provider sent us their business continuity plan. The document needed to be updated in some areas.

We looked at the management of behaviours that challenged. There were a number of incidents for one person where it stated they had been agitated. Their care plan included advice that the person could be agitated in the morning, that they were able to say if they were in pain and they were very deaf, but refused to wear a hearing aid and as a result often did not understand what was said to them. Whilst the behaviour analysis was good the advice included the need to complete ABC (antecedents, behaviours and consequences) charts, but these had not been completed. ABC charts are a useful tool to assist in analysing why behaviours occur and in helping staff to review what was happening at each stage of the incident. This helps to assess if there are lessons that could be learned and if a different approach could be used to prevent similar incidents. On one occasion the notes stated the person was aggressive, hitting, kicking, spitting and pinching staff. There was as no information in the daily notes or incident reports that would have helped to establish the level of agitation or to assess how incidents had been managed. Patterns and trends were not reviewed and this did not demonstrate learning from incidents and accidents took place. This left the person and staff at risk of harm.

We looked at medicines prescribed on an as required basis. There were protocols for giving medicines for pain relief. However, there were no protocols for the use of medicines given for agitation. Protocols are an effective tool in advising the steps staff should take before giving these medicines to ensure medicine used is only used as a last resort. One person had been given medicine the evening before our inspection. Another person had been given two medicines for agitation daily one in the evenings and one through the day during the month before our inspection (except for three days for one medicine). On only three occasions it was recorded at the rear of the medicine chart the medicine had been given for agitation. Within the most recent monthly audit it had been noted staff were advised to record why PRN medicine had been given. We were told the numbers of incidents had decreased because the PRN medicines had been given but this had not been discussed with the person's GP to assess if the person needed this medicine on a regular basis. This would also indicate the medicines were given daily as a preventative (they were given at the same times daily) rather than as medicine that were needed when the person was agitated and this was not in line with the prescriptions. This had the potential to lead to over sedation and a higher risk of falls.

The manager told us non-prescribed creams used as homely remedies to prevent pressure damage were stored in people's bedrooms and applied by care staff following personal care. One person had a new chart started on 22 July 2018 but this had not been completed. This person was recovering from a sacral pressure sore they had on admission to the service. Another two people had charts started on 23 July but these had not been completed. A fourth person had a chart for the whole of July and neither of their two creams had been recorded as applied. Whilst staff located records for January to April 2018, records from April and most of July were not located. We could therefore not be sure people received their creams and this left them at risk of developing pressure sores.

We looked at the management of epilepsy. One person had guidelines, a treatment plan and a risk assessment. There were subtle differences in the guidance in all three. In one it stated to give PRN medicine after five minutes and if no response after three minutes to give a second dose. In the risk assessment it stated to give the PRN and if the seizure did not stop after 10 minutes to give another dose. The treatment plan referred to checking the person's airway and placing them in recovery position if possible. There was no

advice to wait until the seizure had stopped before placing the person in a recovery position. Moving a person during a seizure could cause significant harm to the person. Depending on which document was read, the treatment for the person would have been different. It was noted triggers for a seizure for this person included vomiting and/or urinary infection. The person had two seizures within the previous month. No analysis had been undertaken to determine if there was a reason for the seizures. This left the potential for further seizures.

People were not always protected from the risk of infection. 19 staff either did not have or were not in date with training on infection control. Hand wash gels were strategically placed throughout the building but we noted several did not have any gel. A shower chair was rusty in areas and was dirty underneath. There were two bars of soap in the shower room. This is not considered appropriate in terms of infection control and cross infection. Although we saw appropriate use of aprons in the dining room, we saw a staff member walking from a bedroom to a bathroom with soiled linen and not wearing gloves or an apron. Housekeeping staff knew the tasks they needed to complete each day but there were no cleaning schedules for bedrooms. Due to problems with the gas cooker windows needed to be opened at all times when the cooker was in use. It was noted that although there was a fly screen on the door the windows were open but there was no fly screen over the windows. The manager told us they were confident cleaning was happening but schedules needed to be implemented. Lockable boxes had recently been provided on the house keeping trollies to store cleaning products safely.

People were moved safely. However, there was one occasion where a person was moved but the move had not been planned so this meant the person was left in the air whilst staff sorted where they going to place the person. At least six staff did not have up to date training in moving and handling and there were no systems to ensure staff competencies in moving and handling were carried out. People told us they felt safe but one person said, "Not really safe, bang you about when you are being washed, I feel like I am going to fall."

The manager told us most beds had bed rails. Although there were risk assessments they were planning to do a more detailed person-centred risk assessment to make sure only those who needed them had them. Two people had razors in their ensuite bathrooms and there were no risk assessments to determine if it had been safe to have these there. We asked the manager if it was safe to have them in the ensuites and they said no and would ensure they were removed. This left the potential for people to be at risk of harm.

The above areas demonstrate the systems to ensure the health and safety of people were inadequate and left people and staff at risk of serious harm. People did not always receive safe care and treatment and these areas are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Except for the matters raised above all other areas of medicine management were assessed as safe. Medicines were stored and disposed of safely. People told us they received their medicines on time. The medicine's fridge broke down during our inspection and staff actively managed the situation following advice received from the medicine's provider.

All visitors entering the service signed a visitor's book at the reception area. There was an electrical appliance safety certificate. Portable appliance testing had been completed. There were certificates to show hoists and slings and other equipment used in the home had been tested at regular intervals to ensure their safety.

Equipment used to minimise the risk of skin damage such as pressure relieving mattresses and cushions

were checked daily by staff to ensure they were on the correct setting for the individual. We found all were correct and working.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable staff worked at the service. Checks included the completion of application forms, confirmation of identity, references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. We noted some gaps in people's employment histories. Please see the well led question. There were systems to ensure checks had been carried out on all agency staff used in the home. These included checks on identification, that DBS checks had been carried out and training had been completed.

There were enough staff working in the home to meet people's needs safely. In addition to the manager a new part time administrator had been employed. Staff levels had recently been increased to six care staff and a registered nurse in the mornings, five and a registered nurse in the afternoon and three carers and a nurse at night. An activity co-ordinator worked between 9 am and 3 pm five days a week. Ancillary staff included a chef, two kitchen assistants, two domestic staff, two laundry assistants and a maintenance staff member. Adverts had already been placed for an additional cook and activity co-ordinator. Care staff told us there were enough staff to meet people's individual needs. Nursing staff told us they needed another nurse to support the management of care plans and nursing care. We discussed this with the manager who confirmed that staff numbers would increase as the numbers of admissions to the home increased and dependent on people's changing needs.

Is the service effective?

Our findings

At the last inspection this key question was rated Requires Improvement because although new staff had received training 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 these areas. The home had also fallen behind with the provision of staff supervision.

At this inspection we checked two staff files. Within one staff member's file it was evident the initial induction had been ticked as completed but the staff member's induction had been extended as the care certificate had not been completed. The staff member had not been included on the first page of the training matrix and the second page included training that would have been completed before they started in post at Palm Court in February 2018. There were no training records on their file and they were now on sick leave. It was therefore not evident they had completed any training since starting in post. A second staff member's file was seen and this included copies of training certificates they had obtained before they started in post. The manager had yet to ascertain how many of the new staff needed to complete the Care Certificate. This meant there was no system to assess if staff had the skills and knowledge to meet people's needs and this had the potential to leave people and staff at risk.

Monitoring to ensure staff had the skills and knowledge to meet people's needs were ineffective. The training programme showed training that had been completed and scheduled. Scheduled training was due to have been completed in 2017. We asked the manager for confirmation that scheduled training had been completed. They told us apart from fire training completed at the end of June 2018 they had no records to provide evidence training had occurred. Staff had told the manager training had been arranged but staff did not attend as they were not paid for training days. In relation to the training information provided, this indicated that apart from moving and handling and fire safety at least half of the staff team required training in most areas. None of the staff team had received training in epilepsy. Only the provider and two staff were recorded as having training in the care and management of diabetes. Apart from medicine's competencies checks and a moving and handling competency assessment for one staff member received following the inspection, there were no records to check staff had the skills and knowledge to meet people's needs. However, we could not be confident the records provided were accurate. We were told training had been scheduled but because staff would not have been paid on the days they were to attend training they had not turned up. The local authority confirmed staff had been booked to attend training with the LA but had not turned up. The manager agreed to provide an up to date training programme. Following the inspection, a training programme was received but this was not up to date or accurate.

Despite the lack of up to date training, care plans around the care and management of diabetes were detailed. Despite conflicting information in one person's care plan about the management of epilepsy for the person, staff were able to tell us how they would support someone should they have a seizure.

We asked a staff member how they ensured equality and diversity was implemented in practice in the home. They confirmed they had not had training and were unable to give examples but said, "We are a family here, we are all equal. We look into people's eyes and ensure we make contact and then we make sure people

know what we are doing." We spoke with the manager about this training and they confirmed this needed to be provided. At least 19 of the staff team had not attended this training.

The manager told us contact had already been made with the tissue viability nurse, continence team, speech and language team and the falls team to request training. They told us although dates had yet to be set it was likely they would take place in September 2018. They also confirmed they had contacted the audiology clinic to request training for staff in the management of hearing aids. She was not clear from the records when staff had last had training in these areas so was going to get as many staff as possible trained.

Systems to ensure care staff had supervision and support were not always effective. Records showed nursing staff and senior care staff had attended a supervision meeting in March/April and again in June/July 2018. It was noted four of these meetings had been held in the days between our inspection. Records for the care staff were confusing as there were two different lists for the same period with some names different on each. Ten staff had attended a supervision meeting in March/April and three in June. At the time of inspection there were 13 care staff on the rota. Nine ancillary staff had attended a supervision meeting between March/April and one staff member had received a performance appraisal. There were no other performance appraisals for any of the staff team. Despite these records staff told us they were well supported and received regular supervision and training. One staff member said, "I am happy here, the staff are supportive, regular in-house training." They also said, "New manager is very good and very cheerful." Another said, "The manager is good for me. There is open communication." A third said, they had, "Supervision every month."

The above areas demonstrate staff had not always received the training they needed to ensure people's needs could be met and this is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Nursing staff had received specialist training in wound management, venepuncture and catheterisation to ensure they could meet people's individual needs in these areas. There were two notice boards that displayed information for staff about the key five questions that are examined on every inspection of the service.

One person told us, "I have a cough, I have asked three times to see a doctor but they won't get one and say I don't need to see one." An untreated and persistent cough could be a sign of serious illness. We raised this with the manager who said they were not aware of this and that they would speak with the person and staff and address this matter. Apart from the above comment we found people were supported to maintain good health and received on-going healthcare support from professionals. Staff supported people to attend a range of healthcare appointments. If people needed specialist advice and support or monitoring in relation to specific conditions for example diabetes, appointments had been made. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. Except for one person, people told us they regularly saw the chiropodist and hairdresser and their doctor if necessary. A visiting professional told us, "At the end of my visit the treatment is written up in the care plans and if anyone needs referring on to GP or dressings changed the nurses see that this is done, they will contact me immediately if they have any concerns, which gives me great confidence in them." Another professional told us handover sheets that included a summary for the visit and observations that day was given to the GP when they arrived and they found this practice was, "Good."

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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivations of Liberty Safeguards (DoLS). We checked whether the

service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were met. Referrals had been made for standard authorisations for those who required them. Keypad locks were in use to enter and leave the home. Staff were not able to tell us if people had specific conditions on their DoLS.

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. We asked if a record was kept of any restrictions in place. For example, if people were sitting in a recliner chair and could not request a move or move unless a staff member supported them. This had not been done. The manager confirmed most beds had bed rails. These had been assessed as part of DoLS applications. However, the manager confirmed their intention to review all these assessments to make sure only those who really needed them had them. This is an area that requires improvement.

Staff asked people's consent before providing support. Staff had assessed people's abilities to understand and make a variety of decisions. We saw staff gave people a choice about where they wanted to sit and what they wanted to eat and drink. Staff told us they gave people choices about the clothes they wanted to wear and respected their decisions.

People were offered a choice of drinks throughout the day. Staff were available to support and encourage people to eat their meals. People's nutritional needs had been assessed and reviewed and staff had a good knowledge of people's dietary needs. If a person was losing weight, additional supplements were provided. The manager said they would be looking to introduce smoothies and higher calorific foods for those who needed them.

Where it had been assessed as necessary, the amounts people drank were recorded and totalled each day to check people were drinking enough. People's weights were monitored on a weekly basis and records showed weights had been stable. If people lost weight a referral was made to the local dietician for advice and support. Following the inspection, the provider sent us evidence that showed they had been in touch with Nutrition and Dietetics when they had concerns about a person's dietary intake.

Palm Court is a large converted house with gardens. The building had been adapted to meet people's needs including a lift and specialist equipment. Protective film had been installed on glass roof panels in one lounge area to ensure people's comfort to enjoy sunshine without getting too hot. Staff told us people had the equipment they needed to meet their needs. There were a number of hoists and slings available for use. The manager told us they had 15 slings and were working towards ensuring everyone had their own sling. Care plans clearly stated what size sling should be used. Some people had walking aids and some required the use of wheelchairs. One person had a large remote control for their television so they could press the buttons easily and independently.

Some parts of the service were not in use as the service was at less than half occupancy. We advised the provider should these areas be brought into use again we would want assurances about the actions taken to ensure they complied with the regulations. The areas of the service in use 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.

At the time of the last inspection the provider was developing an area that 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. No further progress had been made in developing these areas. However, a notice board had been introduced in the lounge area to ensure people were reminded of the date, day and weather.

Is the service caring?

Our findings

At the last inspection of the home this key question was rated 'Good.' At this inspection we received mixed views about the staff team and people gave us examples of when they were not always treated with respect and dignity. One person told us, "Some of the staff are kind and caring, some of them are not, I am not always treated with kindness and dignity, they don't listen to me and slam the door when they leave." They also said, "No they come if you ring twice then they shout at you." Another told us, "Some of the staff are kind and caring, some are respectful." They did not want to comment further. However, another person said, "The carers are very good, excellent, you can't complain about the care, yes, I am treated with dignity and respect, sometimes too much." A relative told us, "As far as I know they treat him with dignity and respect, I have called social services when I was not happy with his care.", "Some staff have been here a long time which is good for continuity." A visiting professional told us, "I have always found the staff very caring towards the residents ensuring they are comfortable and eating and drinking well with help."

One person told us, "I don't think anyone understands me or my humour." There was one person who did not have English as their first language. Staff told us they managed to communicate effectively with this person and there was one staff member who was able to communicate with them in their first language.

We asked people if they made decisions like what time they got up and went to bed. One person said, "Sometimes I can get up and go to bed when I like." Another person told us, "You can't get up or go to bed when you want; you go when it is your turn." Two people told us they could get up and go to bed when they wanted. Staff told us people always have a choice about when they get up and go to bed. We shared the above feedback with the manager who assured us they would carry out further surveys to determine people's views about the care and support they received and to ensure any concerns raised were addressed.

Despite this negative feedback, we also saw examples of good practice within the home. Pictures had been introduced throughout the building to make it more homely and each bedroom door included a photo of the person occupying the room.

During our inspection, people were supported by staff that treated them with dignity and respect. Within each care plan there was advice about ensuring people's privacy and dignity was maintained and ensuring people were encouraged to make preferences in how they were supported. Staff gave us examples of how they maintained people's privacy and dignity. For example, one staff member said, "When I take a person to the bathroom I make sure they are safe and wait outside until they have finished." Another staff member said they knocked on people's doors and waited for a response before they entered the room. When food was served to people this was done in a way that met their individual needs and maintained their dignity. For example, staff sat at the same level as people, maintained eye contact, and they spoke with people as they provided support. Mealtimes were not rushed. One visitor who supported their relative with their meal said they had been in the home almost daily since their relative had moved there and they were very happy with staff and had confidence their relative's needs were met.

During the mealtime we observed staff giving people choices with their meals and drinks. They encouraged people to eat independently and support was offered and if accepted, provided in a way that suited each person. For example, some people needed gentle prompts to remind them to eat. Others needed support to cut their food and some needed support to eat. When one person could not hear what staff were saying the nurse discretely checked their hearing aid to make sure it was working correctly. We saw a staff member checked a person was comfortable in their seated position before they started to assist them with their meal. People were encouraged to remain mobile and support was given based on people's needs and wishes. Where support was needed this was provided sensitively.

The manager confirmed since starting in post at the beginning of July, they had started to celebrate people's birthdays by ensuring a cake was made and each birthday was marked as a special occasion. Fruit was also now being served mid-morning and a choice of hot drinks were available after lunch. One person said they welcomed the fruit and the tea and were very happy with these changes. The manager also told us and this was confirmed by staff that they made sure people who were previously cared for in bed all day had opportunities to get up for part of the day.

Confidentiality procedures were in place and staff said they were very careful to discuss people's needs in privacy. Records were not stored securely. The manager was aware of the General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Plans were in place to condense documentation and to ensure they were stored securely and only available to those with a right to see them. This is looked at in more detail in well led.

Is the service responsive?

Our findings

At the time of the last inspection this key question was rated Requires Improvement. This was because care plans were not accurate and up to date, there were not enough activities provided and recording in relation to complaints were not detailed.

Most people told us they knew who to talk to if they were unhappy. For example, "I should think the staff know me. Yes, I would talk to the staff if I was unhappy." Another person said, "Yes, I would complain to the manager if necessary." One person told us, "I don't know who to talk to if I was not happy." A visitor to the home told us, "I would go to the manager or talk to the owner if I was not happy with (relative's) care. There have been issues that I have needed to discuss, they always respond appropriately." Despite this mostly positive feedback we found the management of complaints was ineffective.

At this inspection there were records for two complaints in 2018 and four in 2017. In 2018, one complaint was from a visitor to the home saying their relative had not received personal care of choice. Records showed the provider had a discussion with night staff and they expected people to be treated with dignity. There was no record of the actual complaint or details of the investigation into the complaint. When we asked about records related to this we were given records for a meeting with the person's relative but this was a meeting before the January concern so this meant there was an additional concern that had not been documented in the complaints folder. Following the January concern, there were two other matters documented. One related to the same person's personal belongings and an item believed missing. The cost of this item was repaid to the relative. The other concern related to unexplained bruising. A letter was sent to the person's relative detailing how it was thought the injuries might have been sustained but the matter had not been referred to safeguarding and there were no details of the investigation. This would indicate this relative had raised at least four complaints since November 2017. The second recorded complaint in the complaints record from another relative was dated June 2018 and related to unexplained bruising. The provider had recorded they would investigate and report back to the complainant. There were no records of an investigation or response to the complainant. Later in the inspection the provider confirmed the person's GP had seen the area of bruising and reviewed their medication. The person's relative had been informed. Incidents of unexplained bruising should always be reported to the local safeguarding team for investigation.

The provider did not have an effectively operated system for identifying, receiving, recording, handling and responding to complaints. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The manager and the senior nurses said they knew the care plans needed further work to condense the volume of documents and to ensure documentation no longer needed was archived. Some documentation was duplicated with slight conflicts. For example, one person's night care plan said they could reposition themselves in bed. The handover sheet said they needed two hourly turns at night. Staff agreed the current location of the files meant they were not used by care staff daily. Whilst care staff told us they had read the care plans they confirmed their responsibilities in relation to completing daily charts and writing daily notes.

Handover, sheets included very basic information about people's diagnosis, mobility, diet and care needs. They did not include specific person-centred advice that was included in care plans.

We asked about the provision of baths and showers. We were told at handover at least four to five people would be allocated showers. Records showed from 1 July – 24 July 2018 there were ten days when no showers had been allocated. We looked at daily records for three of the people allocated showers and saw records showed people had been washed and dried but there was no record that people had been offered a shower. Records for those who had not been allocated showers on the same day were written in the same way. One person told us, "I have never had a bath or shower since I have been here." Another said, "I have never asked for a shower." A third person told us, "I wash every day, I could have a shower." We asked a staff member if people had a choice of a bath or a shower but they said people mainly had showers. A senior care staff member told us that if they had allocated showers, they presumed they had been done. There was no monitoring to determine if people actually had showers in line with their needs and wishes. The manager was not confident on touring the building with us that any showers had been carried out that day and agreed to monitor this closely. We looked in five bedrooms. Two people had no toothbrush and no reference to oral hygiene provision within their daily records. Another person had an old toothbrush that had been chewed. We therefore could not be confident there was adequate provision of oral hygiene for these people.

The provider had not always ensured care staff attended to people's assessed needs and wishes about the way they wished to be supported. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

People were not offered enough person-centred activities. There was an engagement folder that described each person's individual activity plan. There was also a tick list of what the activity coordinator had done with the person each day. For one-person activities included to encourage music of choice but there was no reference to what their preferred music was and this was not on the tick list. It also said to encourage the person to look at the aquarium and encourage the person to talk about the fish. This was also not on the list. There were similar examples for other people where although person centred activities were listed, there was no method of recording they had been done and if they had ticked an activity there was no space to record what the person thought of the activity or if they had enjoyed it. Whilst visitors were welcomed during the day and there were some activities on offer by the provider, there was a need to give more stimulation and individual activities to people over the course of the day. Lack of activity and stimulation can lead to boredom and lethargy. People were not consistently receiving person centred care that reflected their preferences and met their social needs.

Activities provided included music, chair exercise with a ball, decorating cupcakes for tea, flower craft, dominoes, chess and bingo. The activity coordinator told us hand massage helped to calm some people who had behaviours that challenged. One person told us, "I get bored in my room sometimes." Another person told us, "I'm always colouring. When we asked if they liked colouring they said "No". They told us they liked music and when we asked what type they said 'Abba'. We raised this with the manager who arranged to have the film Mama Mia shown in the afternoon. The person was seen to enjoy and sing along with the songs.

One person told us, "No I don't do activities, I have occasional visitors, and they are made welcome." A visitor told us their relative, "Likes playing ball, staff did his nails yesterday which was nice, he is not into activities, I bring him music with ear phones which he likes."

The manager told us an advert had been placed for an additional activity co-ordinator. It was hoped this

area would be developed further to ensure greater stimulation and choice of activities could be provided. Pet Therapy was being investigated. An empty lounge was planned to be used as a proper activity room to aid stimulation and interest for people. One person enjoyed music in their room and plans were being made to put raised beds in the garden so people could participate with growing flowers and vegetables. The manager was very keen to help people maintain their hobbies and interests.

We recommend the provider seeks nationally recognised guidance to ensure people's activities are person centred and based on the needs and choices of people living with dementia.

At least 19 of the staff team had not received any training in human rights and diversity. The manager told us that some staff attended courses independently to improve their English as English was not their first language. One person had a large sized remote control for their television. The manager told us there was no other technology used in the home. They said they would look into options such as video calls to assess if there was anyone who would be able to stay in touch with relatives or friends in this way.

With the exception of the areas mentioned above we found care plans contained detailed information about people's needs in relation to personal care, mobility, skin integrity, nutrition, health and personal preferences. There was guidance for staff about how to support people with their mobility, this included the use of a mobility aids or the support of staff. There was specific information in support plans about how each person liked to be supported and if they had any particular preferences. For example, in one care plan it stated the person liked a shower twice a week and a bath daily after breakfast sometimes before. Whilst it was not documented this happened the advice to staff was clear about the person's preferences. On admission to the service, each person was issued with a service users guide that gave them information about the service, staff and activities. Due to changes in the staff team, this document required updating.

Nurses and senior care staff wrote care plans. Short term care plans were used when people's needs changed and a new plan was needed. These were reviewed and updated regularly and information was then added to the main care plan as needed. Short term care plans were stored in the clinic room and reviewed weekly whilst general care plans were kept in the nursing office and reviewed monthly. They were held separately due to the volume of the files. When asked how carers were able to access the information within the care plans it was stated that a very good handover ensured all the carers understood the care needs of people.

We discussed end of life care with the manager. At the last inspection not everyone had a written plan to show how they wanted to be supported at the end of their life. At this inspection there was no one in receipt of this type of care. Care plans included reference to this area and to people's wishes and preferences. One person who had recently been admitted did not have an assessment of needs and preferences but his had been identified as an area still to be completed. There were only six staff who had received training in this area. The manager told us this would be an area that would be given priority.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to use hearing aids and glasses when needed. For some people the importance of using simple short sentences was emphasised. For example, for one person it stated, 'Use simple short sentences, summarise what has been said to check understanding and to help memory.' We noted when staff supported a person using a hoist they reassured the person

throughout the move and told them what they were doing.

Is the service well-led?

Our findings

The home has been inspected at regular intervals over the past four years and this key question was rated Inadequate on two occasions. At the last inspection of the service some improvements had been made and the home was rated requires improvement for this key question with a requirement notice served. This was because the provider had failed to keep accurate records in relation to people. Following our inspection, the provider sent us an action plan telling us what they would do to meet the regulations by 31 January 2018. At this inspection we found the provider was still not meeting regulations. Systems for good governance were inadequate.

People, visitors and staff had mixed views about the service. One person told us, "Owners not very good at looking after their staff, it went downhill at Christmas due to staffing levels." A relative told us, "Changes are being put in; it is continuing to improve here, particularly with numbers of staff. The quality of care is exemplary; I have no criticism of the care she gets." A staff member told us, "I cannot approach the owner, nothing gets done."

At the time of our inspection the registered manager was no longer working in the home but had yet to apply to cancel their registration. A new manager had been appointed and had started working in the home on 7 July 2018. They told us they were awaiting their DBS and would then apply for registration.

The new manager and administrator told us they did not have job descriptions for their roles. The administrator told us they had been told their role initially was to keep care plans up to date. We asked the providers about their role and expectations for their new manager. They told us they would ensure the manager had full responsibility for the management of the home and they would be withdrawing gradually to enable this to happen. We reiterated the importance of clear job descriptions detailing expectations on both sides. We also stated staff needed to be clear about lines of accountability and who made decisions about people's care and support needs. The provider confirmed the manager would be given a budget to manage the home.

Although there were systems to monitor the running of the home these were not effective. A range of documentation could not be located and a number of the audits to assess the running of the home had action plans to identify shortfalls that had not been identified throughout the audit process. These actions plans were then repeated at subsequent audits. Health and safety concerns had not been addressed in a timely manner.

As stated in the safe domain a warning notice had been issued by the gas contractor for the service in April 2017 in relation to the canopy over the cooker and the risk of high carbon monoxide readings if there was not adequate ventilation. Action to address this matter was not taken in a timely manner and the measures to address the problems were not robust. At the time of inspection, the providers told us they had quotes for the work to be done but there was no timescale for this. An updated risk assessment was sent to us following the inspection. We were told the matter would be addressed urgently. However, the lack of action since the warning notice placed people and staff at significant risk of harm. Following the inspection, the

provider confirmed in writing and provided pictorial evidence that this work has since been addressed.

Although there was a health and safety audit this had not identified water temperatures had last been recorded in April 2018. There was no reference to the shortfalls in the last Legionella risk assessment and the most recent documentation could not be located. The provider agreed to send this to us after the inspection. The last certificate in relation to servicing of sluice room equipment was dated 2014. The provider told us this was an annual contract and the certificate would be sent to us following the inspection. The annual gas certificate could not be located. The provider sent this to us after the inspection but this referred to the boiler room only. We have requested further information in this respect.

No staff meetings had been held in 2018. The provider told us dates had been set for meetings but staff had not turned up. The manager told us this was because staff were not paid to attend meetings. The management of record keeping related to recruitment was not always effective. There were gaps in two staff members' employment histories. There was no effective monitoring to ensure staff had the training they needed to fulfil the duties of their roles within the home. There were a number of shortfalls in staff training. Again, we were told dates had been set for training but staff did not turn up because they were not paid when they attended training. The provider had no effective system to ensure they accurately knew the shortfalls in staff training and had not been proactive in addressing this matter.

Systems to hear the views of people, relatives, staff and visiting professionals were not effective. No relatives' surveys had been requested since 2016. There were no records to indicate when the last staff or professionals' surveys had been completed. There were four feedback postcards from 2018 from relatives. Three were very positive with comments like, 'All staff very professional and caring.' 'Excellent facility, very impressed with the care,' and 'All good.' One postcard was neither positive nor negative. It stated, 'No particular feedback.' However, 'fair' was ticked for atmosphere and staff being helpful during the visit. The provider had no effective system to seek and act on feedback from people, relatives and professionals as a way of evaluating and improving the services provided.

We received mixed views from people about the quality and quantity of food available. For example, "Food could be better, I can be hungry.", "Food can be rubbish here" and, "The food is not good, I hate pasta and they serve it three times a week, sometimes enough to eat but not at supper time." In contrast others told us, "Food is quite nice, not too bad a choice, yes thank you I get enough to eat and drink." Another person told us, "Food is quite good, we get choices, and yes I get enough." A visitor told us, "Food is excellent, good choices, always an alternative," and that their relative, "Gets more than enough to eat and drink." Another told us their relative, "Is always critical of the food and quality - Is offered enough but not always willing to eat, plenty of drinks." The food on the day of inspection was presented well and people were seen to complete their meals. We shared the response from people with the manager who confirmed they would ensure a food survey was completed and plan menus based on people's choices.

There were no menus. The manager told us the providers did the shopping and the chef prepared a choice of meal based on what was in the cupboard. From 5 July to 21 July there were no records for seven days. Every Friday the choice was fish pie or fish and chips. On all other days the choice was chicken, beef or lamb cooked in various ways. There were no records related to vegetables. We looked in the storage cupboard. There were stocks of potatoes, pasta and rice. There were three cabbages and a variety of frozen vegetables. Supper time was often a choice of sandwich or tinned spaghetti or ravioli on toast. We received mixed comments from people about the quality and quantity of food served. A meal-time audit carried out in June 2018 stated the manager should review meals and enhance eating and drinking as an enjoyable experience. The timescale set was December 2018. Record keeping was not sufficiently detailed to assess if people received varied and nutritious diets.

A wide range of audits had been carried out in relation to the running of the service but these were not effective. A cleanliness audit was carried out in June 2018. Regular spot checks had also been carried out. It was noted on three spot checks there was reference to walls needing to be repainted. Records did not show progress made so it was not possible to determine how many walls needed repainting, how many had been done and how many were still to do.

A care plan audit carried out in May 2018 had no shortfalls identified. A further audit was carried out in June 2018. The audit did not detail the specific shortfalls found and therefore this would make it difficult to follow up on. For example, in response to a question, 'does everyone have a completed care plan,' it stated yes but not fully. There was no indication of which care plans were incomplete. The action plan included to explore end of life pathways, improve staff levels, stop using agency carers and increase stimulation for people. However, these areas had not been identified as having shortfalls as part of the audit so it was not evident what the action plan was in response to. There were no systems to monitor actual care provision in relation to showering/bathing, oral hygiene and provision of creams. Daily records were not detailed, were task orientated and not always legible. One person who was recently admitted to the home had been assessed as having a pressure sore on admission and needed two hourly turning. There was no turn chart to demonstrate they were turned throughout the night.

Dignity and dementia audits had been carried out monthly since March 2018. Actions highlighted and repeated monthly had not been addressed and dignity and dementia champions had yet to be appointed. The action plan for the medicines audit referred to staff being alert, 'staff to write up damages and record broken items in a book. Staff to use equipment carefully.' There was nothing in the audit that referred to any of these areas so it was not clear what the action plan referred to.

Infection control audits were completed monthly. Since March 2018 the action plans referred to the need to provide details for pest control or to contact pest control. There was no reference to any shortfalls related to pest control. We asked the provider if there had been a pest control problem and they confirmed there had been no problem. We asked why the action plans all referred to the issue of pest control. They said they were being proactive in ensuring these details were present. The audit had not identified there were no cleaning schedules in bedrooms or any of the matters we found related to infection control stated within the safe key question.

Accidents and incidents were recorded and it was noted there had been nine in May and six in June. We looked at some of the records and found they were often hard to read. One referred to an incident where a person was agitated. We asked the manager to assist in reading the writing, but we could not determine if it referred to the person hitting the carer or self-injuring. No investigation had been carried out to investigate these incidents or accidents. As a number of the incidents/accidents were difficult to read and had not been investigated, there were no robust systems to learn from them. Within complaint records there were two incidents of unexplained bruising. Neither of these two incidents had been reported to the local safeguarding team for investigation.

Systems to monitor the safety of the building, the accuracy of record keeping and the quality of the care provided were inadequate and are a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The manager told us they were working on the culture of the service. They had spent the previous two weeks getting to know people and staff and assessing systems and processes. They had an action plan that included a long list of shortfalls along with ideas of what needed to be done to address them. Key among the list was a need to meet with staff regularly and to ensure that all staff had their say through regular supervision. They told us they had discussions with the provider about the need to pay staff on the days they

were attending meetings and training. However, a decision had yet to be agreed. There were mixed views about the culture. Two staff members were very worried about talking to us and although they shared positive and negative experiences about working in the home they were very worried that their negative comments might be attributed to them. Another two staff felt the owners made all the decisions regardless of who was managing the home. One person also told us, "The owner makes a lot of the decisions." We discussed decision making with the owners and they told us they would give the manager free reign to manage the home. One staff member told us, "We are a family here and we work together to make sure people receive good care." Another staff member told us, "I have received very positive support since coming to the home. I like it here."

The manager told us that since starting in post they had begun the process of making contact with other agencies and professionals. They had requested training from a number of agencies and they had started a list of contacts to ensure staff knew who to contact for advice and support as needed.

The manager had an understanding of General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. However, as they were still very new in post they said that a lot of work was required to make the changes required under this legislation. They were reviewing the storage of people's personal information to ensure it was protected and available only to those with a right to see them.

From April 2015 it is a legal requirement for providers to display their CQC rating. The provider was displaying their rating, however, there was no advice about how to get a copy of the latest CQC report.

We spoke the local authority who told us they were working with the provider to support them in making improvements. Staff told us they were upset with the continual changes of management. They liked the new manager and felt they were making positive changes for the people living at Palm Court. Staff said they were updated about people's care and support needs during handovers at the start of each shift.