

Palm Court Care (Dawlish) Limited

Palm Court Nursing Home

Inspection report

7 Marine Parade
Dawlish
Devon
EX7 9DJ

Tel: 01626866142

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Palm Court Nursing Home ("Palm Court") provides personal and nursing care for up to 36 people aged 65 and over. At the time of the inspection, 30 people were receiving care on day one and 31 on day two.

Palm Court accommodates people in one building over three floors. The third floor accommodates people mainly living with dementia.

People told us they were cared for by staff who were kind, compassionate and responsive to their needs. The feedback we received from people and relatives was very positive. They said they were involved in their care planning and, felt staff responded to them in a personalised manner.

However, we found the provider had not always acted on feedback to ensure people's living environment was at a standard acceptable for people to live in.

People were cared for by enough staff who were caring and treated them with respect and dignity. Staff knew how to keep people safe from harm and from becoming unwell. Health needs were met, and health and social care professionals were involved as needed. Medicines were safely managed and how people's care was planned was personalised.

We identified gaps in the recruitment process which was acted on after the inspection. The same with some issues with infection control and related care plan records.

We found the registered manager was keen to hear any ways they could improve the service during and following the inspection. Any feedback was immediately picked up and work started to further improve the service. Complaints and concerns were also responded to and fully investigated. Learning was taken from events such as falls and medicine areas and shared with staff to improve practice.

A professional told us, "If we consider Palm Court in terms of whether we would want our family placed there: Palm Court would be my first choice. Palm Court is well run, full of staff who are compassionate and interested in what they do, it exudes an atmosphere of warmth and fun and people appear to be genuinely well cared for."

Rating at last inspection

The last rating for this service was Good. The report was published 12 May 2017.

Why we inspected This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Palm Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was completed by one inspector, one assistant inspector, one specialist nurse advisor and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Palm Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with 16 members of staff including the provider, registered manager, care workers, nurses and the chef. 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 reviewed a range of records. This included six people's care records and 10 medication records and records of how staff apply people's prescribed creams. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with a GP.

After the inspection

We received clarification from the provider to validate evidence found. We looked at training data. We received written feedback from seven relatives and six professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was a safe place to live.
- Staff knowledge of safeguarding was good, and records showed staff had received up to date training.
- Staff told us they felt people were safe at Palm Court as any concerns would be picked up and acted on by management.
- Staff said they felt safe to blow the whistle if needed.

Assessing risk, safety monitoring and management

- People told us they felt safe in staffs' care; they felt staff understood their needs and kept them safe from coming to physical harm.
- People were supported to take an active role in assessing the risks they faced and looking with staff at ways to resolve this.
- Staff understood people's needs well and expressed how they could then meet individual needs.
- People had some risk assessments in place to support staff on how to keep them safe. These were then clearly linked to people's care records and up dated.
- The service had transferred to electronic records since the last inspection; the risk assessments were added in and updated as needed. We identified choking risks were not assessed however, a new risk assessment that had been added to the electronic records system was identified and these assessments were completed during the inspection.
- We also noted that all staff did not necessarily understand how they would put training in respect of choking into practice. This was fed back to the registered manager who advised this would be followed up with all staff.
- We identified six air beds were not set correctly. This was put right during the inspection. Maintenance reporting was in place to repair the beds, but not picking up earlier that something was wrong. We have been updated to state that this has been improved. People now have checks in place to check their beds are set correctly throughout the day.
- Personal emergency evacuation plans were in place to support people to leave the building safely in an emergency.
- Other equipment was checked to ensure they were well-maintained.

Staffing and recruitment

- During the inspection, there were enough staff. The service had struggled to maintain staffing levels due to planned staff absence by several staff. Recruitment was underway and agency staff used to keep numbers at

assessed levels.

- We received some mixed feedback about staffing levels from people. For example, one person said "When it's fully staffed, yes [there are enough staff]. You get people from outside [agency] helping." Relatives commented, "They get in agency staff. Sometimes they are a little bit low, but I'm not aware of it affecting [name]" and, "The home is short staffed now and again."
- One other relative cited the weekend was sometimes an issue. The registered manager and senior management team were now ensuring management were on duty, following feedback from relatives.
- Staff did not feel there were any staffing concerns.
- The registered manager had systems to measure dependency and a recent check had shown a deficit of 1.5 hours a day. This had been addressed using agency staff while staff were recruited.
- We discussed the systems around how staff were recruited during the inspection as the records were inconsistent and demonstrated a robust process was not in place to ensure recruitment was fully safe.
- Interviews, for example were not recorded. A written history of staff work record had only recently been introduced and, new staff had sometimes started working before all checks were available. The registered manager advised the new staff member did not work alone, however other checks were not always evident.
- We have received feedback following the inspection from the registered manager. The system of recruitment has been updated and now includes a reviewed policy and new interview process. We have received reassurances that the recruitment of staff is now robust.

Using medicines safely

- People's medicines were ordered, stored, recorded and administered safely.
- The way the service recorded people's topical creams was very good.
- We identified the provider's policy was not in line with current guidance and was not well organised. For example, it had no contents page or page and paragraph numbers to aid quick reference. We have been advised by the service following the inspection that this is being addressed.
- The community pharmacist visited every month and reviewed a floor at a time of residents' medicine records. This checked people were on the correct dose of each medication and the recording and administration processes were correct.

Preventing and controlling infection

- When we inspected the service it was just 72 hours clear following an outbreak of diarrhoea and vomiting (Norovirus).
- The service had acted to keep people safe. We discussed the need (in line with guidance) to complete a root cause analysis of the recent outbreak to see if any learning could be gained. We also discussed how care planning for people who were ill could have been improved.
- We reviewed the provider's infection control policy which again, required review to bring it up to current guidance from the Department of Health/Health Protection England and NICE.
- An infection control audit was carried out on a regular basis which meant the service was reflecting on its practice.
- Systems were in place to ensure staff cleaned equipment such as commodes and urinal bottles.
- Care plans did not always tell staff their role in respect of infection control. Evidence of this has since been received showing this was put in place. This will ensure better management of stomas and catheters, for example.

Learning lessons when things go wrong

- We found the registered manager and lead nurse were very responsive to the inspection and acted to ensure any issues were addressed straight away.
- Systems were in place to learn from accidents and errors and was linked to staff training and competency.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The third floor of the building which was where people living with dementia resided had an all-pervading strong smell of urine. We were told the flooring needed replacing. This had been made known to the provider some time ago, however this had not been addressed.
- A relative said, "The only thing that bothered me was the smell of urine in the air upstairs. It sometimes needed fresh air. It was fine in [my relative's] room but the main room was overpowering at times."
- A sluice room also had flooring that had been removed some time ago and not replaced. The provider had again been made aware, but this flooring had not been replaced.
- Four rooms on the third floor had stairgates in place as a means of preventing other people wandering into their rooms. These had not been risk assessed to ensure they could be used safely.
- Alarm cords were not always sited where people could access them. Cords were not long enough to reach the floor so people who had fallen could use them to call for help. Several bathrooms and toilets were cluttered with various equipment and one bathroom (that was not in use) contained a sofa. As well as making the rooms crowded, the items being stored prevented easy access to alarm cords.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We requested the provider take immediate action to address the concerns about the third floor and the sluice room.
- During the inspection the bathrooms and showers were de cluttered and the not in use bathroom locked.
- During and immediately following the inspection, we were advised contractors were booked to measure for new flooring on the third floor.
- The week following the inspection, we were advised the sluice room flooring had been replaced and, alarm cords dropped to the correct level; five extra cords were also needed and would be purchased from the service's supplier.
- We spoke with the registered manager about the décor on floor three and requested they review current guidance in respect of people living with dementia. Following the inspection, we were advised this was in process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to live at the service. Initial discussions identified what was important to them and how the service could best meet their needs.
- Initial care plans and risk assessments were put in place quickly, so staff were then informed promptly, and the person did not need to repeat themselves about their needs.
- Staff were supportive of people moving into the service which meant they had their practical and emotional needs met. People were made welcome by a named staff member who knew they were coming. Staff checked with people often to ensure they were happy.
- The kitchen and activity staff were introduced to people new to the service, so they could have their likes, and dislikes identified, and their needs met.

Staff support: induction, training, skills and experience

- Training was planned and tracked by the deputy manager.
- Staff received core training and there was update training planned in the future. Some training needed to be reorganised due to the norovirus outbreak.
- Staff had been trained in dealing with choking incidents and first aid following an event last year. The registered manager was following this up with the training provider to ensure staff understood how to describe what they needed to do (as highlighted in the safe section).
- Staff felt they received the training required for their role and responsibility. Staff were supported to take further qualifications in care if they wished.
- New staff received an induction, initial training and served a probationary period.
- New staff always completed training about how to move people safely.
- Staff new to care completed four weeks shadowing. For staff with an existing NVQ 2 or 3 the shadowing period was shorter. The registered manager said, "We usually set the new staff up with the Head of Care and she will look after them and go through induction booklets with them. We speak to staff who they are shadowing with and see how they are doing."
- Staff received regular supervisions, appraisals and checks of their practice. Medicine competencies took place annually along with the training, any issues in between would lead to a review of training and competency.
- A relative said, "The staff are well trained, able to distract and diffuse a problem."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People did give us some mixed feedback on the food provided but generally it was positive. One person said for example, "The meals vary. If they are good, they are very good, but if they are bad, they are bad" and another person said, "The food is wonderful, and you get plenty of it. Drinks, milkshakes. I have lunch up here [in my room]."
- A relative said, "[My relative] has a soft diet. If I am not here the staff support her to eat. She's asked what she wants. Staff help her choose. They told me if I wanted to I could have a meal when I get in."
- Food was flexible to likes, dislikes and mood. Dietary needs were met. Staff said, "We have a main and a second choice. If they don't want any of that then they can have anything they want and have it when they want. When they don't have capacity, we look at the likes and dislikes page from the dietary requirements sheet to influence us and we can talk to their families."
- Everyone said they had regular drinks and the water or juice was changed daily. A relative told us how their loved ones' condition had been improved by the better diet and attention from staff at Palm Court.
- Relatives felt staff were diligent in making sure people had enough to eat and drink. One relative said, "[My relative] can't do anything for herself; they make sure she has all the food and drink she needs, and it is recorded."
- We saw records were kept on the electronic system of people who were causing a concern. However, these were not always demonstrating how these concerns were being checked. This was fed back to the registered

manager, so they could look at how this could be built into the electronic care planning system.

- Records showed that concerns were discussed with the person's GP. People were then assessed or overseen by a dietician and the speech and language team and a dietician as needed.
- The dietician told us, "Palm Court have reported to me that they implement first line dietetic interventions such as a food first approach and offering their residents fortified milkshakes at point of referral. This supports good dietetic outcomes for patients through preventing/minimising the risk of any further weight loss until the resident can be assessed by a registered dietitian" adding, "Many residents at Palm Court have been discharged from Dietetic care as they have reached their Dietetic treatment goal."
- One person was of concern as they were not retaining their weight. They had fortified fruit drinks provided to them to help support their weight retention as they did not like milk-based drinks.

Supporting people to live healthier lives, access healthcare services and support

- People said they could see their GP when needed and being a nursing home, their ongoing needs were met by the nurses and the lead nurse.
- People had their health needs identified and responded to quickly. A relative said, health needs were responded to "very quickly with regular GP visits and we are kept informed."
- Another relative said, health needs were "met by the nursing staff and supported by the GP when the needs arise. Staff act quickly, monitor the situation and contact us to provide updates."
- People had their oral needs recorded in their care plans. However, this did not have its own check available for staff to evidence this and records did not always demonstrate a dentist had visited. The registered manager advised people could have access to a dentist and was going to raise to the electronic care plan designers the need to evidence compliance with this.
- A GP said, "This is a superb home. Each Monday when I routinely arrive, everything is prepared. All set out and I can discuss or see residents as needed."
- People's skin needs were responded to and met. The tissue viability nurse told us, "The Palm court team adhere to tissue viability advice and keep us updated with wound photographs being sent, in accordance with Governance requirements" adding, "All staff appear to be engaged with patients tissue viability needs and give the assurance that good care planning will indeed be given".

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation 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 had the appropriate legal authority and were being met.

- People's ability to consent to their care and treatment was assessed.
- A best interest assessor told us the service, "Fully meets the requirements of the MCA (2005). Very effective in all domains."

- A relative told us, the MCA "had been explained and anything that needs to be done is discussed with myself to make sure my mum's best interests are assured."
- Staff understood the importance of gaining consent before carrying out treatment or personal care. They also understood when they were then acting on someone's best interest.
- A person told us the staff ensured they sought consent but also balanced this against their personal goal to regain their independence. They said, "When I first got here I needed a hoist and now I can do it on my own because they [staff] persisted on getting me to stand up, and they are the reason I can walk now. They always gained consent before [hoisting]."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received very positive feedback from people, relatives and professionals about how they felt staff treated and supported people. Some staff were commented on especially for having been very kind and caring. The GP told us, "[The lead nurse] knows people inside out. Her rapport with the residents is fantastic, she is extremely caring."
- People told us, "The staff are nice. They are so friendly and do all sorts for you" and, "Yes, [I am] very well looked after."
- A relative said, "'They say 'hello' to [name] as they pass her room, I can't fault them. They are lovely, the staff." Another relative commented, the staff were "kind compassionate; they know my dad as a person and his quirky habits".
- A professional said, "They are very caring staff showing understanding of people and the importance of meeting their wishes and choices".
- We observed staff interacted with people, responded quickly to requests for support and always spoke in kind, gentle tones. Humour was also observed with staff sharing times with people that both were obviously enjoying.
- Staff supported people to celebrate birthdays and special days. Such as supporting people living with dementia and loved ones celebrated anniversaries by giving a card and flowers on their behalf to the visiting relative.
- The ways staff made people feel special were described by relatives as, "Knowing your name, your relatives and how you like your tea"; "Spending time with people and giving lots of hugs"; "Dad was cheeky and they let him be as he should" and, "They call her by name, ask her how she is doing and, doing her hair and nails nicely. They then compliment her on how she looks."
- A staff member said, it was important "to treat people as an individual" and another, "I treat everyone as like my family, so they feel at ease."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they felt people's views were considered and were able to remain in control of their care as long as they possibly could. Where needed, relatives felt they too were consulted.
- A relative said, "They make [my relative] laugh, give her a hug if she needs it and just seem to know what she needs."
- All professionals commented on how staff made sure the person's voice was heard in the decisions being

made. For people lacking ability, professionals felt staff knew people and had consulted, so decisions made reflected the choice the person would have made if they could.

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt staff were careful to protect people's dignity, protect their privacy and support them to remain independent.
- A person told us, "They asked what I would like to be called. Mrs. so and so, or [first name]" and another, "When they are washing and dressing me, they have the door shut."
- A relative said, "Any personal requirements are always carried out privately in his room. Any conversations we have with staff are privately conducted."
- A health professional told us, "All patients are treated with dignity and respect with staff engaging to ask permission before any interventions are undertaken. Patients are given time to express their needs with their choices respected."
- A social care professional also commented for one person, "Staff were focused on supporting their wish to build their independence and resilience to eventually return home, even though at the time of her placement, this seems unlikely. This person did in fact return home after the consistent and constructive support offered by Palm Court."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service had recently transferred its records to an electronic system. The registered manager had been active in working with the systems providers and to some extent this was still in progress.
- We identified that care plans were written with the person in mind; with their and key relative's involvement but sometimes the evidence in the care plans was not always as good as the care we observed and were told about. We raised this during the inspection so learning could take place. The registered manager advised they will review their record keeping.
- Records were updated monthly or earlier if required. We observed there were limited computer terminals for nurses to use to update records which meant this could not always be achieved as speedily as they would like. This was raised during the inspection as well.
- People, relatives and professionals gave positive feedback about staffs' ability to respond to people's needs in a personalised, speedy manner.
- A relative told us, "[My relative] is regularly monitored throughout the day and night; changes in her well-being are noted and acted upon" and another said, "They are very quick to respond [if they are poorly]; the doctor is called as soon as possible".
- People felt they could have the care they wanted at a time that suited them. People told us, "I have breakfast in bed. You book a shower. I have asked for one tomorrow. You can have one when you want" and, "I have a shower Friday morning. They wash my hair and the hairdresser comes."
- A professional told us, "Care plans are clearly recorded and updated" and another said, "I have conducted a few reviews at Palm Court. Their paperwork has accurately reflected the person's needs and they have demonstrated a thorough understanding of both their health and social care needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans described how staff were to support people to communicate.
- This included making sure people had their glasses on and, hearing aids and dentures fitted where required.
- We spoke with the registered manager and lead nurse about a person who was very partially sighted and living with dementia. Their records detailed that this person loved a 'good natter' with staff, but we observed

staff completing a jigsaw with them which did not meet their needs. We also spoke about accessing specific equipment for them with the registered manager which was then followed up.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had activities provided for them by an activity co-ordinator and staff.
- People told us they could take part in activities if they would like to. One person told us, "Tuesday morning they have crafts and painting. I keep an eye on the board [activities] outside. There's bingo. I like bingo" and another, "I just tend to watch the TV. I know about the activities in the lounge. They have asked me if I would like to go up."
- A relative told us, "[My relative has to stay in bed. They take her upstairs to the lounge when different things are on – painting, artwork, the man with the accordion" adding, "[The activities organiser] comes around and takes my relative up. Some of the staff come in and sit with her [in her room]. She will do drawing in books."
- The activity coordinator told us they were employed five days a week and supported people mainly on a one to one basis. Some group activity took place but for those living with dementia or being nursed in bed, they were provided with one to one interaction. This included knitting, conversation and crafts.

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable raising concerns with staff and felt this was responded to appropriately.
- A relative said, "We have no complaints" and another relative described they felt they could approach any member of the senior management team to chat through any low-level issues.
- Records showed that complaints were taken seriously with any learning taken forward to improve practice.
- The registered manager said, "On admission we always ensure people know there is an open door and encourage people to feed back to us."

End of life care and support

- People's end of life needs were met. The lead nurse was an end of life ambassador and was fully engaged with the Advance Care Plan Project being run by the local hospice. The lead for the project stated, "She fulfilled all the requirements, completing a project and promoting a dying matters event. Her manager supported her through the whole time and came to the project day to support her member of staff."
- Work was ongoing to improve the recording of people's end of life choices as a result of the Advance Care Plan Project.
- Treatment escalation plans had been completed which said whether people wanted to be resuscitated but records lacked details of the importance of faith, culture and specific requests.
- Two relatives who had recently lost loved ones at the service sent us written feedback. They were very grateful for the way the staff looked after their relative and them. One told us, "My [relative] was looked after; even loved by the staff. We are pleased that when she went into care, she went to Palm Court."
- A relative who sadly lost their spouse in September 2019 wrote, "I would like to thank every person who had contact with [my relative] for the love and care they showed him and also to me. You did so well, looking after him. I'll always have the memory of our wedding anniversary and particularly the last photo taken by [staff]".

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The issues identified in respect of the third-floor smelling of urine and the sluice room flooring had been made known to the provider some time ago by staff. However, this had not been acted on.
- The provider said they had a plan in place to improve the service. They had completed some aspects and had other plans such as wishing to improve the flooring in the reception. We requested a copy of the provider's action plan and details of how they were addressing the maintenance and refurbishment of the service. The provider supplied us with a capital investment plan and has stated their intention to replace the flooring identified as in need of replacement.
- People, relatives and staff were complimentary about the registered manager, deputy manager, lead nurse and head of care's role in supporting them and responding to comments and ideas.
- Everyone felt there was an open door to management. Relatives told us, "Yes, definitely they are accessible. If I wanted to do anything at all I would go to see her, or the next one in line"; "[The deputy manager] is brilliant. Any problem, she sorts things out straightaway" and, "I feel if I wanted to comment on anything, I would be listened to and action taken."
- Staff spoke about the passion they had for people to receive good care and this was reflected in the lead nurse and registered manager.
- Professionals felt the management was good and responsive and achieved good outcomes for people. Comments we received included, "In my opinion the service is very well-led by informed staff"; "The care provided in Palm Court Nursing Homes appears reflective of a good management structure with individual patient care being of paramount importance" and, "The registered manager has consistently come across as professional, compassionate and responsive. I feel assured that she will respond quickly, thoroughly assess and provide a good transition there for the person from hospital".

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

- Systems were in place to ensure the Duty of Candour was met. Incidents were responded to appropriately and information was shared openly with relatives and professionals where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was clear leadership in place within the senior management team who understood the extent of

their role and worked well together. Other staff were clear about their responsibilities and who to communicate with if they required advice and guidance.

- The registered manager understood what she needed to tell CQC and the local authority about when required.
- Audits were completed on different aspects of the service to ensure reflection on quality. Action was taken on any concerns identified and shared with staff.
- The GP said, "The quality and leadership here is absolutely superb".
- A relative said, "We feel [our relative] could not be better placed. The home is well led, has a team of dedicated staff. Each of whom know [our relative] and appreciates the need of a chat and hug when they pass her door."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff felt they could give their opinion on improvements at the service and this would be listened to.
- A relative said, "The home appears to be well run. Certainly, the manager knows her residents very well and is accessible to visits and relatives."
- A survey was last sent out in 2018 with another due now. The majority of responses were positive and improved on the 2017 survey. Action had been taken on any issues raised.
- The service had started to extend support and care to relatives. Every three months, relatives were invited to meet together and support each other.
- A relative said, "I founded it [a residents' and relatives' forum]. We meet every 2-3 months. A notice is put up on the front door. I speak to people about it. We generally talk about little things." Up until now they had been taking any issues back to the management, but had now requested a manager attend future meetings, which had been agreed.
- Communication with staff took place using staff meetings and by encouraging staff to drop into the office to share ideas.
- A staff member said, "To be honest I like working here because it is challenging. It can be a severe environment. I like the registered manager. I really like her as my manager. I can always get help from her deputy or the lead nurse."

Continuous learning and improving care; Working in partnership with others

- We found the registered manager and lead nurse wanted to learn from the inspection and use this to improve care.
- The GP surgery had instigated a monthly forum to bring local homes together to improve the relationship between care home managers and the GP practice. This will also improve care outcomes for people in the locality. Palm Court wanted to be involved as they felt this would continue the good relationship they had with the GPs.
- Professionals felt they could approach the service in respect of accommodating people with complex needs. A social worker said, "On one occasion the registered manager attended a meeting on the Older People's Mental Health Ward to offer her guidance and to assess whether Palm Court was the right place for the person in question. To me this was above and beyond expectation."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Regulation 15(1)(a)(e)(2) The premises were not assured to be always clean and properly maintained and, the provider had not ensured the premises was maintained hygienically.