

E&F Enterprises Ltd

Palmerston House Care Home

Inspection report

21 Palmerston Road
Westcliff On Sea
Essex
SS0 7TA

Tel: 01702213553

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15 January 2019
18 January 2019

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Ratings

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

Summary of findings

Overall summary

About the service

Palmerston House Care Home is a residential home in Westcliff-on-Sea close to the sea front. The service provides accommodation and personal care for older adults, some of whom have mental health and dementia related needs. The care home can accommodate 22 people in one adapted building. At the time of our inspection, 21 people were using the service.

People's experience of using this service

People told us they liked living at the service, there was a homely atmosphere and staff enjoyed working at the service and caring for the people they supported. The management team and staff knew people well, understood their likes and dislikes and provided safe and compassionate care. People's care was personalised to their individual needs, and people had an active say in how the service was operated and managed. Relatives told us they were made to feel welcome and any concerns were taken seriously and responded to.

People were protected against abuse, neglect and discrimination. Staff knew how to keep people safe and acted when necessary to prevent harm. People were assisted to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems at the service supported this practice.

Staff were supported to carry out their roles by induction, training, supervisions, appraisals and staff meetings. They could raise concerns and be involved in the development of the service. Regular quality audits were carried out to ensure high quality care and identify any areas for improvement.

The service met the characteristics of good in all areas; more information is in the full report

Rating at last inspection:

At our last inspection, the service was rated "good." Our last report was published on 1 September 2016.

Why we inspected

This inspection was part of our scheduled plan of inspection to check the safety and quality of care people received.

Follow up

We will continue to monitor the service to ensure that people receive high quality care. Further inspections will be planned in line with our scheduled programme of inspections.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Palmerston House Care 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 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.

Inspection team:

Our inspection was completed by two inspectors.

Service and service type:

Palmerston House is a residential care home. People living in care homes receive accommodation and nursing or personal care which are both regulated by the Care Quality Commission. Both areas were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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:

Our inspection was unannounced and the inspection was completed on 15 and 18 January 2019.

What we did:

Our inspection was prepared using information we already held about the service, for example, previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We checked feedback from members of the public, the Local Authority and Clinical Commissioning Group.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people and one relative, we also spoke with the registered manager and three members of staff. We spent time looking round the premises and observed staff interacting with people.

We looked at four people's care plans and two staff personnel files as well as training records for all staff. We also reviewed two Medicines Administration Records (MAR) and other records about the management and running of the service.

After the inspection, we asked the provider to send us further documents which we received and reviewed. This information was included as part of our inspection.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us they felt safe. Comments included, "If I press the buzzer staff come." And, "I feel a great comfort having [relative] here."
- Staff had safeguarding training and could recognise the signs of abuse and knew what to do. This included speaking to the registered manager and reporting incidents to the Local Authority.
- There were up to date safeguarding and whistleblowing policies in place. Staff were required to read the policies and sign to say they understood them.
- There was a staff board which provided information relating to their roles and responsibilities.
- One person followed a different diet for religious reasons. Their rights were protected by staff and the registered manager to ensure the person had choice about their lifestyle and preferences.

Assessing risk, safety monitoring and management

- People's individual needs were risk assessed. These covered areas such as falls, supporting mobility, nutrition, medication, dementia, communication, continence and people's skin integrity.
- The service promoted positive risk taking.
- Risk assessments were reviewed monthly or more often if needed.
- Health and safety checks relating to the environment were in place and the registered manager audited the premises every three months.

Staffing levels

- Sufficient staff were available to meet people's needs at all times.
- Each person had a dependency profile. These were regularly reviewed and used to work out how many staff were needed for each shift.
- Staff recruitment practices were safe.

Using medicines safely

- Staff were trained to administer medicines and had their competency assessed at regular intervals.
- Medicines were correctly ordered, stored, administered, recorded and disposed of. We checked people's Medicines Administration Records (MARs) and found medicines were given correctly and there were no missing signatures.

Preventing and controlling infection

- People were protected against the risk of infection.
- The service was clean and records of cleaning were maintained.
- Staff received infection control training.
- Staff had access to personal protective equipment such as disposable gloves and aprons.
- Hand hygiene notices and hand washing facilities were in place for staff and visitors.

Learning lessons when things go wrong

- There was an accidents and incidents policy in place. Accidents and incidents were recorded. The registered manager reviewed and audited all reported incidents daily. Follow up actions were put in place where required, for example, referrals to the falls clinic or dementia services.
- Staff told us about an incident where a person using the service collapsed. The registered manager discussed the incident with all staff and staff asked for refresher training for first aid and end of life care.

Is the service effective?

Our findings

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

Good - People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's likes, dislikes and preferences were recorded in their care plans.
- People's histories and social lives were recorded using the 'This is Me' document and stored in the care plans. 'This is Me' documents are a simple form created for anyone receiving professional care who is living with dementia or is experiencing communication problems.
- Staff had a good knowledge of individual people. One relative said that staff knew their relative and knew about their likes and dislikes.
- One person followed a spiritual practice that involved the use of candles. The service provided the person with battery operated candles so they could continue to practice their chosen religion safely.

Staff skills, knowledge and experience

- Staff received regular training opportunities in a variety of subjects relevant to their role. Staff were supported to be 'champions' in specific subjects. A champion is a person who takes a special interest in an area. They promote good care in their place of work and help to improve the quality of life for people using the service.
- New staff received a full induction.
- Staff had regular supervisions and felt supported and valued by the registered manager.

Supporting people to eat and drink enough with choice in a balanced diet

- The registered manager had a system in place for identifying people's food and drink needs, likes and preferences.
- People had been referred, as appropriate, to relevant healthcare professions, such as the dietitian.
- Dietary requirements were clearly displayed in the kitchen. Both staff and the service's kitchen staff were aware of people's individual needs.
- The menu was changed regularly, and people were asked to contribute their ideas.
- There was a 'hydration station' that everybody could freely access. This contained various cold drinks and snacks such as soft dates, marshmallows and fruit. People were actively encouraged to eat and drink between meals.
- People said they enjoyed the food. One person said, "The food is smashing, they change the menu regularly, so we don't have the same thing all the time, I like all the food." Another person said, "The food is okay, they always offer me a non-meat option."
- On the day of our inspection we observed lunch. People remained in their chairs rather than sitting at the dining table. We spoke with the registered manager about this and were assured that the dining experience would be reviewed. During the second day of our inspection we observed that people were eating lunch at the dining table.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- There was good evidence of joint working with other health care organisations, such as, district nurses and the tissue viability nurse.
- The GP practice nurse attended the service regularly to see people that were unwell and carry out medication reviews.
- One person told us, "I had a really bad cold and they got the doctor out. I had some medicines that the doctor prescribed."
- The service made use of the 'SWIFT team'. This is a community-based service that provides support to help keep people in their own homes when they are feeling unwell and avoid hospital admissions.
- One person had been advised by the GP to lose weight for health reasons and had asked to follow the weight watchers plan.

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

- The service was a converted house. All floors were accessed by the passenger lift, stair lift or stairs.
- The premises were homely. People commented that, "It has a very pleasant feel to the place." And, "Very homely."
- The garden had been recently re-designed. People were involved in its planning and creation. The garden had accessible planting areas, wildlife stations and seating and a remembrance area. Everybody at the service could access the garden.
- The service is currently being redecorated to reflect people's preferences, for example, room colours, personal items, house plants and more personal areas.
- There was a newly fitted bathroom with an adapted shower so that people had a choice between a bath or a shower.
- There was appropriate signage in all areas of the service. All corridors and handrails leading to bedrooms were painted the same pale colour. Although there was signage, it was not easy to tell the difference between corridors. The registered manager recognised that different block colours with contrasting handrails would be more dementia friendly.

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

The mental capacity act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff received training in MCA and DoLS and understood what this meant for people using the service.
- Staff completed capacity assessments where a person's capacity to independently make important decisions was not clear.
- Where people could not make their own decisions, best interest decision making processes were followed and appropriate documentation completed.
- DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager and submitted to the local authorities as needed.

- We checked the approved DoLS applications, there were no conditions set by the local authority. One person's DoLS was being updated due to covert administration requirement. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking medication.

Is the service caring?

Our findings

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

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives were complimentary about the care and support received. They felt staff were kind, friendly and attentive to theirs and people's needs.
- People said, "They [staff] are very helpful, do a lot of extra things." And, "They [staff] are wonderful, always pleasant and friendly."
- A relative told us, "I couldn't think more highly of this place. The staff are very caring and attentive. I can always come and visit and talk to [relative] on the phone."
- People's independence was encouraged, promoted and maintained. One person liked to help in the kitchen with washing up and told us, "I have made cakes and sausage rolls as well." Other people liked to be involved in activities like laying the tables and folding laundry as this gave them a sense of purpose.
- Staff were observed painting people's nails. One person said, "They always do my nails lovely." One staff member said, "We cut and trim nails, keep them a nice shape and paint how they like them."
- People were observed playing a game with a staff member who was patient and encouraging. People were seen talking and laughing together and enjoying themselves.

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

- The registered manager held regular meetings with people and relatives. Topics discussed included the menu, entertainment and decoration. The minutes were made available and recorded people expressing positive views, for example, everyone said they wanted more excursions.
- People and relatives were involved in care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and confidentiality were respected. Documents were locked away and computers were password protected to prevent unauthorised access to people's personal information.
- One person said, "Staff are kind and treat me with respect."
- A relative told us, "Staff are respectful of [relative]."
- People were addressed by their chosen names. They were well groomed and dressed appropriately. One person said, "All the staff make sure we have clean clothes."
- Personal care took place in people's rooms, staff always knocked on the door before entering a room.
- People were encouraged to make friends and bond with each other to promote positive emotions and help them to feel content and happy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good - People's needs were met through good organisation and delivery.

The provision of accessible information

All provider of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use the service and have information or communication needs because of a disability, impairment of sensory loss. There are 5 steps to AIS; identify, record, flag, share and meet. The service had taken steps to meet the AIS requirements.

- The notes documented the service had identified and recorded people's communication needs, for example, where people had a hearing loss. Steps were implemented to ensure information was provided to people in a way they could understand it.
- Care documents explained the communication aids people required for their daily lives, for example, glasses and hearing aids.

Personalised care

- People received personalised care.
- Care plans were person centred and tailored to the individual. They were detailed and clear about each aspect of a person's care. One person's care plan said they liked to stay in their room, didn't like company but liked to listen to their radio. Staff knew this about the person and respected their wishes.
- The service gathered information from pre-admission assessments, likes and dislikes, past hobbies, interests and religious information to create individualised activity plans based on what was important to the person and how to support them. One person said, "I have visitors come from church."
- People's birthdays were celebrated. Family members and friends were invited to the service at a time that suited everybody, this included evenings and weekends.
- People enjoyed pastimes that interested them and engaged them. The service employed two activities coordinators whose role was to initiate social activities. They arranged singing and exercise for people and were involved in organising outings. One person said, "I feel I have plenty to do, I am very occupied and enjoy doing colouring and books."
- One relative said "There are not loads of activities but this suits (relative)."
- There is a regular newsletter sent out to families via email and social media. Items included were information about coffee mornings, shopping and fundraising.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The registered manager responded to all complaints in line with the provider's policy. We looked at the complaints log and saw that appropriate actions had been taken.
- One relative said, "Concerns are dealt with seriously, the registered manager made me feel really looked after."
- We had not received any information of concern or whistleblowing allegations prior to this inspection.

End of life care and support

- Appropriate plans were in place for peoples end of life care and this included their wishes and preferences.
- When people were receiving end of life care, this was clearly documented in their care plans and reviewed regularly.
- The service had Do Not Attempt Resuscitation (DNAR) and proactive elderly persons advisory care plan (PEACE) documents in place. The PEACE document was created to support people living in care homes to remain in the home during the last days of their life.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The service had correctly displayed their inspection rating within the service and on their website.
- The registered manager had sent us statutory notifications when DoLS were granted and all statutory notifications were sent in promptly.
- The service had an appropriate statement of purpose. This clearly set out the aims and objectives of the service as well as its ethos. The statement of purpose was available for everyone to read and access.
- Duty of candour requirements had been met by the registered manager and provider following a recent incident. A full investigation had taken place. Processes had been reviewed along with extra training being offered to staff. Relatives wishes had been respected and they had been kept involved and informed at all stages. A written apology and explanation had been issued.
- The registered manager had added new paperwork to the care plans since the last inspection. This included the MCA forms, General Data Protection Regulation (GDPR) statement and risk assessments. The general manager reviewed all care plans regularly and provided feedback and action plans to the registered manager to reduce risk and improve care.
- There were a good range of audits in place to measure people's safety, welfare and care. The registered manager regularly reviewed the information provided by the audits and looked to reduce risk to people's safety and improve their care.

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

- The registered manager was knowledgeable, experienced and capable of providing good quality care for people. A relative said, "I like their knowledge, it's been invaluable."
- Staff showed they had a good understanding of their roles, knew how to manage risk and completed thorough training.
- The registered manager ensured stable day-to-day operation of the service, continuity and sustainability.
- People, relatives and staff described the registered manager as approachable, supportive, reassuring and a good listener.
- A relative said, "If I have any concerns, I always know who to speak to at the home. I can approach any of the staff, they are all lovely. I have completed some surveys and there is a newsletter."
- We observed the registered manager interacting and providing care to people. One person asked the registered manager where she had been all day as they had not seen much of her. This indicated to us that the registered manager spent time with people forming relationships and was visible around the home.
- The registered manager demonstrated good knowledge of individual people and staff and had good oversight of the service.

Engaging and involving people using the service, the public and staff

- There was a positive workplace culture at the service. Staff worked well together, there was a shared spirit of providing a good quality service to people.
- There were regular staff meetings and these enabled staff to speak about people's care, work related issues, personal matters and any other business.
- A compliments book was kept and there were also cards and letters. Relatives of people who had used the service were complimentary and thankful and stayed in touch.
- Comments included, "I am writing to say thank you very much for all the wonderful care you gave to my [relative]", "You and your staff are always so bright and cheerful, always a welcome at the door and [registered manager] you are always available for a little chat about things" and, "Thank you once again for everything. I will be happy always to recommend Palmerston House to anyone needing somewhere for a loved one. I know they would always receive kindness and be treated with dignity."

Continuous learning and improving care

- The registered manager used a specific audit tool to track people's needs and record actions and outcomes to improve people's care.
- The senior management team and provider held regular meetings to discuss outcomes, review outstanding actions, ensure these were completed and implement changes.
- The registered manager regularly attended training and information sessions provided by the Local Authority and Clinical Commissioning Group (CCG) to improve their knowledge and keep up to date with health and social care changes in line with local and national guidance.

Working in partnership with other

- The service had good relationships with the local community, for example, the registered manager arranged with the local dementia café to hire their mini bus and driver so people could go on outings. One request from people was to visit the seafront for an Ice-cream which was made possible.
- The service had joined with the providers 'sister' services the previous summer to take 30 people to the local park for a picnic and games.
- People had asked to visit the local shops and have coffee out which had been supported by staff.
- People had their religious preferences met. A relative had written to the service to thank them for arranging for the minister to go in and see their family member.
- The local nursery had visited the service as well as a local pet therapy charity.
- This prevented social isolation and supported people to maintain their ties with the community and have a social life and improved their well-being.
- The service was part of the 'Red bag scheme' which had been set up by the Local Authority and the Clinical Commissioning Group with the local NHS Trust. Red bags contain all the information a person needs when going into hospital as well as clothes and personal belongings. The use of red bags has been shown to reduce hospital stays and stop people losing their personal belongings.