

## Palm Court Care Home Service

11 Ardbeg Road  
Rothesay  
ISLE OF BUTE  
PA20 0NJ

Telephone: 01700 502 170

**Type of inspection:**

Unannounced

**Completed on:**

13 June 2018

**Service provided by:**

Mr & Mrs J Young a Partnership

**Service provider number:**

SP2003000076

**Service no:**

CS2003000439

## About the service

Palm Court has been registered with the Care Inspectorate since April 2011. The home is registered to care for 7 older people. There were 6 people living in the home at the time of the inspection.

The service is provided in a semidetached villa located close to Rothesay town centre. It has good access to local amenities including shops, bus routes and ferry links.

The accommodation comprises of one small double bedroom, five single rooms including one with en-suite facilities, a large and a small sitting room, dining room and kitchen.

The service aims:

"To support residents to maintain as much independence, dignity, choice and privacy as possible while providing the comfort and security of a caring family atmosphere."

## What people told us

We spoke with all the residents living in the home at the time of the inspection.

People using the service told us that they were happy with the care they received at Palm Court. They said that staff were kind. One resident said the staff were 'nice and friendly.'

One resident said that they enjoyed having opportunities to go on trips into the town.

Residents commented positively about the menu offered at mealtimes. A resident told us that "I can get a choice of what I want to eat. Another resident said "Its good to get a cuppa and a biscuit when I want".

People we spoke with said that they were comfortable in the home and liked being able to get out into the garden.

## Self assessment

We did not ask the service to send us a self-assessment.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

## Findings from the inspection

Care and support was delivered in a manner that respected choices and treated people as individuals. People we spoke with told us that they liked living in Palm Court; they said staff were kind and friendly. We saw that staff were respectful towards residents and were familiar with their preferences and care needs.

There were some activities available for people to take part in. Residents had opportunities to go on trips and outings. However, we saw that there were times when residents were alone with little to occupy them. The service should develop a programme of meaningful activity to engage residents' interests and give purpose and enjoyment. Training such as the Promoting Excellence programme for dementia learning and development would support the development of meaningful activity and improve outcomes for residents. See recommendation 1.

Residents told us that they enjoyed the meals and snacks available. Mealtimes were well managed. Staff understood the importance of supporting residents to enjoy their meal at their own pace to promote an enjoyable mealtime experience.

Staff supported resident's healthcare needs effectively. There were records that staff called on the local team of health care professionals for advice when needed to support residents care needs. There were systems in place to manage residents' medication safely in line with best practice guidance.

There was a continued need to develop the standard of information in place to guide staff on how best to support individuals in a consistent and safe way. We sampled residents' personal plans to determine how their care and support needs were being managed. Not all personal plans were up to date or fully reflective of the care and support we observed. There was a need to continue to develop personal plans to reflect the choices and preferences of the individual. See recommendation 2.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The provider should improve the range and availability of meaningful activities offered in the home considering residents' preferences and choices. Staff should be supported with training such as the Promoting Excellence programme for dementia learning and development. This would ensure that staff have the skills and knowledge to develop and deliver meaningful activities for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

2. Residents' personal plans should be developed to demonstrate out how the health, welfare and safety needs of the individual are to be managed and met.

In particular, the provider should ensure that all residents have personal plans which:

- accurately reflect all their current needs
- include information about necessary care and support interventions and fully reflect the care being provided
- include information about care and support that is up to date and regularly evaluated
- utilise risk assessments to inform care planning
- reflect a person-centred approach and are developed in line with the Health and Social Care Standards.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices.'

(HSCS 1.15)

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

Palm Court was comfortable and homely. One resident told us that they "felt at home". People could freely move around the home and had access to a sheltered garden area. The service worked hard to maintain a welcoming environment to ensure that residents were relaxed and comfortable.

There were systems in place to ensure the home and equipment used by residents was maintained and safe.

There was equipment in place to keep residents safe while in bed. To ensure that this equipment was being used in the best interest of the individual and not as restraint the service should follow the Mental Welfare Commissions best practice guidance.

See recommendation 1.

Currently the care home has a shared bedroom in use. We had some difficulty evidencing that the residents who share this bedroom had been fully consulted. It was not clear that the service were promoting choice for residents who were sharing a bedroom.

The service need to develop a plan regarding the future management for the use of shared bedrooms when people are not related.

See recommendation 2.

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 2

1. The provider should demonstrate that equipment that could be viewed as restraining is used taking the best interest of the individual in to account. This includes seeking informed consent for use of the equipment.

The provider should refer to The Mental Welfare Commission guidance 'Rights, risks and limits to freedom'

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.'

(HSCS 3.20)

2. The provider needs to demonstrate that people who share bedrooms have their rights to choice promoted and protected. The provider needs to inform us about their longer term plan for the use of shared bedrooms when people are not related.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend.'

(HSCS 5.26)

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

Staff showed that they were familiar with residents' preferences. Residents told us that staff were kind and friendly. Staff used their knowledge of resident's choices and preferences to deliver care in a responsive manner.

Some staff had achieved care qualifications. There was a programme in place to support other staff to gain similar qualifications. All care staff had registered with the Scottish Social Services Council. This helps raise standards of practice, strengthen and support the workforce and increase the protection of people who use services.

Staff supervision was managed on an informal basis. There were no records to document discussions about individual staff training and development needs or plan for the future. To support good practice and improve outcomes for residents staff should have access to regular supervision. The provider should re-establish a schedule of regular formal supervision.

See recommendation 1.

To ensure that residents receive safe care and support staff should have access to training based on best practice guidance. The service should use the outcome of formal supervision to inform and develop a training plan that contains key aspects of mandatory and needs led training. This includes, but not limited to, protecting vulnerable

adults and the Promoting Excellence programme for dementia learning and development.  
See recommendation 2.

To ensure a culture of continued improvement and staff development the provider should develop methods to assess the impact training has on staff practice and the influence this has on outcomes for residents.  
See recommendation 3

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. The provider should ensure that staff have access to regular formal supervision. This would give staff opportunity to discuss their training and development needs and reflect on their practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'  
(HSCS 3.14)

2. The provider should develop and implement a plan of training to ensure that staff are trained to deliver safe care and support with competence. The plan should include mandatory and needs led training.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'  
(HSCS 3.14)

3. To help staff development and influence better outcomes for residents the provider should develop methods to assess the impact training has on staff practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'  
(HSCS 4.19)

**Grade:** 3 - adequate

## Quality of management and leadership

## Findings from the inspection

The manager gathered the views of people using the service in an informal way. Some residents told us that they were asked for their views about living in Palm Court. However, there was little evidence that these views were being used to inform service development. To ensure that the culture of continuous improvement included views from everyone using the service, the management team should further develop the participation strategy for Palm Court. This should include methods of gathering the views of people living with dementia. Consideration should be given to methods of advising people using the service of progress with improvement and the outcomes of comments and views.

See recommendation 1.

There was little evidence that the service had developed a quality assurance process in place to support the continuous improvement of outcomes for people using the service. The quality assurance strategy should include, but not be limited to, the development of systems to record and track staff training, staff formal supervision and residents care reviews. This will be the subject of a continued recommendation.

See recommendation 2.

To ensure that people using the service are protected from harm the provider should update the policy and procedure to guide staff regarding the reporting of Adult Support and Protection issues.

See recommendation 3.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. People using the service should be meaningfully involved in the development of the service. The provider should develop a participation strategy for the service to inform sustained improvement of outcomes for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.'  
(HSCS 4.7)

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.'  
(HSCS 4.8)

2. People should know there is a culture of continuous improvement within the service and there is robust quality assurance process in place to support this. The provider should develop systems to audit the quality of the service and formulate an improvement plan to improve outcomes for people who experience the service.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'

(HSCS 4.8)

3. To ensure that guidance is in place to support staff to protect residents the provider should update the Adult support and Protection policy and procedure to reflect current legislation and local area guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

(HSCS 3.20)

**Grade:** 3 - adequate

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

#### Requirement 1

The provider must ensure there is a system in place about when to notify us of an accident which we regard as any unforeseen event resulting in harm or injury to the service user which has resulted in:

- GP visit
- Visit/referral to hospital
- Injury reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

This is in order to comply with SSI 2011/210 Regulation 4(1) Welfare of users

**This requirement was made on 8 February 2018.**

#### Action taken on previous requirement

The provider was aware of their responsibility to notify the care Inspectorate of significant events involving service users. They had ensured key staff were aware of how to access the Care Inspectorate notification system

**Met - outwith timescales**



## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

People must be confident that they receive care and support that is person centred and reflects their life style choices and promotes meaningful outcomes. In order to do this, residents' support plans should record individuals' interests, preferences and aspirations. Minutes of care reviews should identify progress made on any planned activities and goals and further actions to be taken to meet desired outcomes. All staff should receive care plan training.

Health and Social Care Standards – My Support, my life:

- 1 - I experience high quality care and support that is right for me.
- 2 - I am fully involved in all decisions about my care and support.
- 3 - I have confidence in the people who support me.

**This recommendation was made on 8 February 2018.**

#### Action taken on previous recommendation

There has been minimal progress made with this recommendation and it will continue.

This is detailed in Quality Theme 1 of this report.

#### Recommendation 2

People who experience stress and distress should have a care plan in place which recognises their individual experiences and describes interventions which will be meaningful to them which help reduce distress.

Health and Social Care Standards – My Support, my life:

- 1 - I experience high quality care and support that is right for me.

**This recommendation was made on 8 February 2018.**

#### Action taken on previous recommendation

The provider had made progress with developing information specific to managing individuals stress and distress reactions.

This recommendation had been implemented.

#### Recommendation 3

In order to ensure people are able to freely move around the home, the provider should undertake an assessment of the environment including bedrooms to ensure they are uncluttered and easily accessible.

Health and Social Care Standards – I experience a high quality environment if the organisation provides premises.

**This recommendation was made on 8 February 2018.**

## Action taken on previous recommendation

During the inspection we saw that steps had been taken to make sure that residents bedrooms were accessible and clutter free. we saw that people moved freely around the home.

This recommendation had been implemented.

## Recommendation 4

In order to ensure that people are confident that the environment is safe the provider should ensure there is a regular programme of routine maintenance checks and audits which are recorded with any actions taken to repair or replace equipment.

Health and Social Care Standards – I experience a high quality environment if the organisation provides premises.

**This recommendation was made on 8 February 2018.**

## Action taken on previous recommendation

There were systems in place to make sure that regular safety checks were carried out.

This recommendation had been implemented.

## Recommendation 5

People should expect to be able to take part in meaningful and purposeful activities throughout the day within their home and in the outdoors. Staff should be knowledgeable to enable them to do this. The provider should ensure that staff receive training in providing meaningful activities that promotes wellbeing and self-esteem.

Health and Social Care Standards – My Support, my life: 1.25 – I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors; 2.21 – I take part in daily routines, such as setting up activities and mealtimes, if this is what I want; and 2.22 – I can maintain and develop interests, activities and what matters to me in a way that I like.

**This recommendation was made on 8 February 2018.**

## Action taken on previous recommendation

There was a continued need to develop a programme of meaningful activities for residents to take part in and ensure that staff had access to relevant training.

This recommendation will continue and is detailed in Quality Theme 1 of this report.

## Recommendation 6

In order to ensure that people are confident that they receive their medication from staff who are appropriately skilled and trained the provider should ensure the competency of staff to administer medication is regularly assessed.

Health and Social Care Standards 3 – I have confidence in the people who support and care for me.

**This recommendation was made on 8 February 2018.**

## Action taken on previous recommendation

Staff had undertaken training regarding medication management.

This recommendation has been implemented.

## Recommendation 7

People should be confident that staff have relevant skills and knowledge to meet their needs. The provider should develop a coherent training and development plan which meet the needs of people who experience the service. Senior care staff should receive training and induction relative to their role including supervision training. This will equip them to offer staff a better level of support.

Health and Social Care Standards 3 - I have confidence in the people who support and care for me. Health and Social Care Standards 3 - I have confidence in the organisation providing my care and support.

**This recommendation was made on 8 February 2018.**

## Action taken on previous recommendation

There has been minimal progress made with this recommendation and it will continue.

This is detailed in Quality Theme 3 of this report.

## Recommendation 8

People should know there is a culture of continuous improvement within the service and there is robust quality assurance process in place to support this. The provider should develop systems to audit the quality of the service and formulate an improvement plan to improve outcomes for people who experience the service.

Health and Social Care Standards 3 - I have confidence in the organisation providing my care and support.

**This recommendation was made on 8 February 2018.**

## Action taken on previous recommendation

There has been minimal progress made with this recommendation and it will continue.

This is detailed in Quality Theme 4 of this report.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
30 May 2017	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
9 Nov 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
2 Jun 2016	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 2 - Weak Management and leadership 1 - Unsatisfactory
5 Jul 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
27 Apr 2016	Re-grade	Care and support 2 - Weak Environment 2 - Weak Staffing 2 - Weak Management and leadership 2 - Weak
25 Feb 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
27 Aug 2015	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
30 Mar 2015	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
7 Nov 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
19 Mar 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
9 Jan 2013	Announced (short notice)	Care and support	Not assessed
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
20 Jul 2012	Announced (short notice)	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
10 Nov 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
11 May 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
10 Nov 2010	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
10 Jun 2010	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good

Date	Type	Gradings	
		Management and leadership	3 - Adequate
18 Feb 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	3 - Adequate
14 Oct 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
12 Mar 2009	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
9 Sep 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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