

Chestnuts (Arnesby) Limited

Queens Park Care Home

Inspection report

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Date of inspection visit:
06 December 2022

Date of publication:
06 January 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Queens Park Care Home is a residential care home providing accommodation for people who require personal or nursing care for up to 16 people. The service provides support to people with a learning disability, autistic people and people with physical health needs. At the time of our inspection there were 10 people using the service.

People's experience of using this service and what we found

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were recruited safely and there were enough staff to support the needs of people living at the service. Staff had received training to ensure they were skilled and knowledgeable to effectively meet people's needs. People were supported to maintain their independence. People were supported to personalise their rooms and there were communal areas that people could use. People and staff told us the manager was approachable and listened when they had concerns.

Right Care:

There was a relaxed atmosphere in the home. Where people required support with personal care this was provided with dignity and privacy. People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. People received their medicines safely. The service worked in partnership with other healthcare professionals to maintain positive outcomes.

Right Culture:

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. We saw staff had formed good relationships with people they supported. People were provided with the opportunity to make suggestions and feedback on their experience, which was taken into account to improve the service. People were protected from the risk of abuse. Risks were assessed and managed effectively. The management team were new to the service and had made improvements since the last inspection. Audit systems had improved but still needed to be embedded and sustained.

Overall the service is meeting 'right support, right care, right culture'. We are aware this is a large service supporting up to 16 people and therefore is larger than good practice guidance suggests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 6 October 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 15 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Queens Park 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 (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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Queens Park Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Queens Park Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. Inspection activity started on 6 December 2022 and ended on 8

December 2022. We visited the service on 6 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 2 people who live at the service about their experience of the care provided. We spoke with 6 members of staff including the manager, 3 care staff, the cook and the housekeeper.

We reviewed a range of documents and records. These included 5 people's care records, multiple medication records, staff personnel records relating to recruitment, training, and supervision, and records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection people were not always kept safe from harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection care plans did not provide clear and accurate information to guide staff on how to support people's behavioural, physical or mental health needs. At this inspection care plans reflected people's needs and demonstrated they had been assessed in line with best practice guidance. For example, 1 care plan clearly described how the person will show they are agitated and provided staff with guidance on how to effectively support them.
- At our last inspection people who required support with enteral feeding were not supported safely. 'Enteral feeding' is when food and fluids are put through a tube that goes directly to the stomach or small intestine. During this inspection we observed this care being provided to people in a safe way. Staff had received appropriate training in enteral feeding and had clear guidance available to support people safely.
- Risk assessments were in place to guide staff on how to manage people's safety. For example, 1 risk assessment for a person who was at risk of choking clearly detailed the equipment needed, including the angle of the bed, to prevent choking.
- People had individual emergency evacuation plans in place. These were accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident. A copy was kept at the main entrance to the building for easy access.
- Health and safety checks of the premises were carried out regularly. Risks associated with the premises and environment were well managed. Safety systems and equipment were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.

Learning lessons when things go wrong

- The management team analysed incidents and accidents in the service to identify trends. This reduced risks to people and improved their care.
- Appropriate action was taken following any accidents and incidents to minimise the risk of events reoccurring. Where needed, healthcare professionals were contacted for reviews or additional advice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe here. Staff are always nice to

me."

- Staff received safeguarding training and had a good understanding of how to keep people safe from abuse. Staff told us they felt confident about raising concerns and that the manager would act on them promptly.
- Effective safeguarding procedures were in place. People living at the service, staff and visitors had access to information about how to protect people from harm.

Staffing and recruitment

- There were enough staff to support people and meet their needs. One person told us, "There are enough staff. They are always about."
- The manager reviewed staffing levels at regular intervals to make sure there were enough suitably skilled staff to meet people's needs.
- Staff were recruited safely to the service. Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (DBS) prior to starting at the service. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff were trained to administer people's medicines and their competency to do so was checked.
- Where people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- Medicines were stored safely and checked regularly. We saw checks were in place on the temperature of the refrigerator and the medicines room.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living at the service in accordance with the current guidance.



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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection people's human rights were not always respected with appropriate mental capacity assessments and best interest decision making. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We observed staff ask people for consent and their choices when providing care. One staff member told us, "I will tell [person] what I'm doing next and why. [Person] can't communicate but they can hear, and I think it's important for them to be involved."
- The provider had made applications to the Deprivation of Liberty Safeguards (DoLS) when people needed it. Where DoLS were in place and conditions were set, these were being met.
- Where people did not have capacity to make decisions, mental capacity assessments were not always completed. For example, 1 person had a pressure mat in place to alert staff if they got out of bed unassisted or fell out of bed. There was no evidence this person had a mental capacity assessment for this restriction to be in place and monthly reviews of the care record failed to identify this. We raised this issue with the manager who took prompt action following inspection to ensure all people had the appropriate mental capacity assessments in place.

Staff support: induction, training, skills and experience

At our last inspection staff were not provided with enough training to complete their roles safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we identified that staff had not received appropriate training to safely support people. At this inspection staff had received appropriate training to meet the needs of people. The training provided to staff included catheter care, diabetes, positive behavioural support and dementia awareness. One staff member told us, "Training is good quality." Another staff member said, "[Manager] is training people better, so staff know what good care should be like."
- Staff received an induction and ongoing support. Staff told us they received sufficient training and were well supported by the management team. One staff member told us, "It's definitely not a problem if we ask for help, [management] always tell us to ask. [Management] are always helping us and showing us how to improve." Records showed staff had regular supervision and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy meals which they enjoyed. One person said, "The food is good, I get to eat what I want." Another person told us, "I like the food. Lots of it."
- People's needs in relation to nutrition and hydration had been assessed and recorded in their care records. Where a person was at risk of choking guidance from Speech and Language Therapists (SALT) was clearly detailed in the person's care plan. Guidelines were followed by staff and they were knowledgeable about people's nutritional needs.
- Staff supported people to understand meal choices. We observed staff talking through meal choices with people and, where needed, pictures of meals were available to help people choose.

Staff working with other agencies to provide consistent, effective, timely care

- Timely referrals were made to health professionals when staff had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.

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

- People's bedrooms were personalised. One person told us, "I get to have my pictures how I want. I love my room."
- The building and facilities were suitable and accessible to the people living at the service. The layout of the building offered plenty of personal space.

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

- We observed people being supported to access services within the community. For example, during inspection we saw 1 person being supported to go shopping to buy food with the manager.
- Staff worked well with other healthcare professionals to maintain people's health needs. When necessary staff completed appropriate referrals to healthcare professionals, such as diabetes specialists, GP and district nurses.

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

- Care plans were individualised and clearly identified people's preferences. Staff demonstrated good knowledge on how to care for people and were observed to provide person-centred care.
- People's likes and dislikes were recorded. For example, one person's care plan explained that they did not like bumpy roads when going on a journey and provided clear guidance on how staff can give reassurance during transport.
- Thorough assessments were completed and reviewed regularly to ensure they contained up to date information. One staff member told us, "I can read through and understand the needs. I think a new staff member could pick them up and give good care."

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

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

At our last inspection the provider failed to have oversight at the service, to ensure care was high quality and improvements were made. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Action had been taken following the last inspection to improve records relating to care records, staff training and accidents and incidents. More detail was now captured, and included recurring themes and lessons learned. Care plans and risk assessments had been updated.
- There was good communication between staff. Important information about changes in people's care needs were communicated to staff effectively. Staff confirmed daily handovers with the manager updated them on any changes to people's needs. One staff member told us, "Before shift we do handover and a short meeting on what's going on in the home. [Manager] updates what's going on with residents."
- Audit systems still needed to be embedded and improvements to these sustained by the provider. Although audits were completed monthly to monitor the quality and safety of the service there were still some areas for improvement.
- The provider owns multiple care homes and there was an arrangement for a manager from another care home to undertake an external audit each month.

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

- The manager had recently taken over the management of the service. Staff told us the manager was open and approachable. One staff member told us, "[Management] have made the place happier. The culture is so much better."
- People were supported in a kind and sensitive manner. Feedback from people living at the service was positive. One person told us, "[Manager] is really nice, they'll always help me out.' Another person said, 'Staff are nice to me, they are nice.'"
- There was a warm and friendly atmosphere at the service.

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

- The manager understood the duty of candour. The complaint folder provided an example of actions taken by the manager that confirmed their open and honest response to a complaint raised.

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

- The manager held regular meetings to obtain the views of people living at the service. We saw evidence that people were able to provide feedback and make suggestions, such as activities they would enjoy and food choices.
- Staff meetings were held to give staff opportunity to express their views and opinions on the day-to-day running of the service. One staff member told us, "I can make suggestions, and I am listened to." Records of the meetings demonstrated staff were able to make suggestions and key information was shared which included updates on the service.
- Staff and people told us the service was well managed and they felt valued. Staff told us the management team were very approachable and always available for advice and support.

Continuous learning and improving care

- The manager was focused on the continuous improvement of the service.
- The manager supported the staff team to learn and develop in their roles. Staff had access to a broad range of training relevant to their roles.

Working in partnership with others

- Where changes in people's needs were identified, prompt and appropriate referrals for professional support were made. These included GPs and specialist healthcare professionals to provide integrated care and support.