

Bupa Care Homes (BNH) Limited

Queensmount Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Queensmount Care Home is a residential care home providing personal and nursing care to up to 49 people. The service provides support to older adults. At the time of our inspection there were 47 people using the service.

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

People received exceptionally safe care from staff that had been empowered to speak up, address poor practice and promote equality and diversity. People told us they felt safe and trusted the staff team.

A person-centred approach had enabled positive risk taking which meant people's rights and freedoms were being respected. Innovative, holistic therapies were trialled to manage risks associated with people's mental wellbeing, new equipment was being introduced to reduce risks associated with skin damage and falls. Health and safety training had included mock scenarios of emergency situations to ensure staff understanding and competence.

People were supported by enough staff who had recruitment checks to ensure their suitability to work with older people.

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.

People were cared for by staff that had undertaken an induction and received on-going training and support that enabled them to carry out their roles effectively.

People had their eating and drinking needs understood and met. People had access to a range of healthcare services and were involved in decisions about their health and well-being.

Queensmount provided an environment that enabled people to maximise their independence and provided both social and private areas with accessible outdoor space. People were involved in decisions about the environment.

Staff demonstrated outstanding care and kindness and demonstrated a passion for enabling people to be the very best they could be. A culture of inclusiveness was embedded in the care provided and staff respected people's individuality. People were involved in decisions about their care and had their dignity, privacy and independence respected.

People were supported to maintain friendships and enjoy past interests and hobbies. People's relatives and the local community were an integral part of the home. Staff were passionate about enabling people to

achieve their dreams and imaginative in making important events happen.

People received outstanding end of life care that provided thoughtful, kind, professional support to both the person and their loved ones.

The home was exceptionally well led with a culture that was positive, inclusive, enabling and achieved high standards of care for people. Management initiatives motivated staff and created a 'can do' culture.

Diversity was celebrated and ensured an inclusive approach to engaging with people and developing the service. Management collaboration with other agencies maximised opportunities for people to receive outstanding care. Outstanding practice had been shared within the organisation nationally.

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

Rating at last inspection

The last rating for this service was outstanding (published 8 June 2019).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

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.

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?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Queensmount 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 three inspectors 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

Queensmount 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.

Queensmount is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. 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. We used information gathered as part of monitoring activity that took place on 5 May 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with thirteen people who used the service and five relatives about their experience of the care provided. We spoke with seventeen members of staff including the regional director, quality manager, registered manager, nurses, care workers, activity staff, chef, and administrator. and receptionist. We also spoke with a doctor who had experience of the service. 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 four people's care records and multiple medication records. 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.

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 outstanding. The rating for this key question has remained outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded by staff trained to recognise and report concerns of potential abuse or poor practice. Staff knew people well and had built up relationships based on trust. A relative said, "Mum really trusts the staff. She's relaxed, confident and contented which speaks volumes." Another said, "If I tried to move mum she would do me in; she loves her carers."
- Staff were empowered to speak up, challenge poor practice, discrimination and bullying. Records demonstrated a culture that actively listened and took innovative, decisive actions to promote equality and respect diversity. Examples included 'Speak Up, Listen Up' sessions with staff. This had included addressing issues about staff practice and teamwork. Staff participated in kindness and anti-bullying training which resulted in staff creating a staff charter. The registered manager explained, "It empowered staff to walk away when facing challenging situations" Staff spoke positively about their colleagues, a staff member told us, "I like working with everyone, good team, works well."
- People and their families felt safe. One person told us, "I can't be in a nicer place. I think of the Queens life but I'm doing very well here." Another told us, "I feel completely safe and happy. I am incredibly happy here; even in lockdown I was happy."

Assessing risk, safety monitoring and management

- People were involved in decisions about how their assessed risks were managed, which ensured their freedoms and choices were respected. One person declined an air mattress designed to reduce the risk of skin damage but had agreed to additional frequency and support with changing position when in bed.
- The culture of the service focused on positive risk taking enabling people to achieve personal goals and maximise their freedoms and independence.
- Working collaboratively with other professionals, people and their families, enabled staff to provide a person-centred approach to risk management. One person had experienced a sudden decline in their mental well-being leading to an increase in falls and other incidents. Interventions had included input from a specialist mental health team and staff having training which included role play in set scenarios that demonstrated effective approaches at reassuring the person to reduce their anxiety. Monitoring information demonstrated this had reduced incidents from on average five a month to none. A nurse told us, "When our limits are pushed we know we need to get help from elsewhere, even [the person's] family were not optimistic, but everything changed with our new way of learning to support [them]." We spoke with the person and they were relaxed and happy.
- An aromatherapy trial had taken place with the consent of people, their families and the people's GP's.

The trial involved using aromatherapy scents to reduce anxiety and agitation. Monitoring information demonstrated that one person, who had a history of falls and urinary tract infections, had significantly had their risks mitigated. The month prior to the trial they had five incidents but during the trial none.

- The service actively kept up to date with new technologies and equipment. Additional equipment being introduced included a sheath which covers limbs and aids putting clothes on whilst reducing the risk of damage to fragile skin, and a padded slope attached to a person's bed if they are at risk of rolling from the bed onto a safety crash mat, protecting the person from harming themselves on the bed frame.
- Staff had completed fire safety training and attended regular fire drills and mock evacuation practice. Fire equipment was in good order and regularly serviced. A fire emergency box had been created that included people's personal emergency evacuation plans, an information sheet for each person detailing key information such as allergies, NOK contact details and photograph of the person.
- Health and safety scenarios were regularly carried out with the staff team at staff meetings to aid confidence, check competencies, reflect on learning and highlight any training needs. Subjects had included fire, flood, and heating failure.

Learning lessons when things go wrong

- Accidents and incidents were recorded and used to review both the person's care and support and practice. A care worker explained, "Whoever witnesses (incident) completes the accident paperwork, we have handover daily and these are discussed, any ideas put forward are listened too."
- Data analysis of accidents and incidents enabled oversight of risk and trends. Learning included working at times with other professionals. An example was a trend showing an increase in people experiencing urinary and chest infections. Data had been analysed with a GP who concluded the increase was probably attributed to people recovering from COVID-19. An outcome was short term care plans being introduced for people post COVID-19 and had included continuing with twice daily clinical observations, which meant any deterioration was recognised quickly, encouraging diet and fluids and time out of bed. Monitoring information demonstrated that these interventions reduced people experiencing post COVID-19 infections.

Staffing and recruitment

- People were supported by staff that had been recruited safely. Checks included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by enough staff with the right skills and experience. A care worker told us, "There's enough staff to give time and not to rush." Another told us, "There are enough staff to look after residents all of the time."
- Records showed us that staffing levels were responsive to staff feedback and included additional staffing in housekeeping and the activities team. A care worker told us, "(Registered manager) has already improved the night shift staffing, we needed more night staff, and a twilight member of staff has been added."
- The service had been proactive in ensuring people received care from staff familiar to them. Staff had received training to enable cross role working which had reduced the need for support from external agencies.

Using medicines safely

- People had their medicines ordered, stored, administered, recorded and disposed of safely. People received their medicines from staff who had been trained in medicine management and had their competencies checked regularly.
- When medicines had been prescribed for as and when needed a protocol was in place that provided

information to ensure medicines were given safely.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

- In line with current government guidance the home was open to visitors. Testing was not required and there were no restrictions to movement around the home. Visitors were required to wear full PPE.
 - When visiting restrictions were in place during the COVID-19 pandemic risk assessments had been in place for special circumstances, such as end of life care, ensuring safety whilst respecting people's rights and well-being.
- People were supported to keep in touch with families and friends through video and telephone calls and a home Facebook page.

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 outstanding. The rating for this key question has remained outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People were involved in a pre-admission assessment to ensure their care and support needs and lifestyle choices were understood and could be met. A nurse told us, "If a new client has any clinical issues they are discussed, and we would have any training and be checked, (competencies), before the person arrives."
- Assessments were completed using nationally recognised assessment tools that reflected best practice and met legal requirements.
- Assessments included any specialist equipment needed such as pressure relieving mattresses and moving and handling equipment.

Staff support: induction, training, skills and experience

- Staff completed an induction and had ongoing training and support that enabled them to carry out their roles effectively. Staff induction included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training programmes had been designed specifically around people, their safety and well-being, were reflective of areas of training identified by the staff team and led to extremely positive outcomes for people.
- Staff identified additional training was needed post fall for people both with and without injury. The registered manager created assessment tools that reflected national orthopaedic guidelines and provided training to the nursing team. The outcome had been a significant reduction in paramedic call outs to people. In 2021 there had been 92 occasions when paramedics had been called to people following a fall. Due to nursing staff confidence in carrying out assessments from January to June 2022 there had been no paramedic call outs. This meant people's safety and health were dealt with in a timelier way, by staff that knew them. Due to the success of the training this had been shared with other BUPA services.
- In response to staff requesting additional sepsis training the registered manager had created a sepsis screening tool to aid staff in recognising soft signs of sepsis. In the six months prior to training three people had spent long periods of time in hospital. Post training in six months only one person had been admitted to hospital with sepsis and due to early detection the person had a short stay in hospital with a very good outcome.
- As part of staff professional development and to ensure people have excellent outcomes staff had taken on 'champion' roles. This meant staff had additional training and competencies in specific topics that they can share with other staff ensuring on-going effective care. This had included a 'Mouths Matter' champion. They had attended a train the trainer course and escalated to all staff. This had meant that any oral issues were picked up quickly and referred to a dentist when required. People's records demonstrated excellent

oral care. Another staff member was a 'Diabetes champion', they reviewed all diabetes care plans, reviewed medicines, liaised with health professionals and provided support to the person with diabetes. One person said, 'Nurse (name) has been great, she comes and talks to me about my condition and my diet, she really cares that I get what I need.' Other champion roles include end of life care, IT skills, Parkinson's and infection, prevention and control.

- Nursing staff had kept up to date with clinical interventions and completed a range of training including tracheostomy awareness, catheterisation, verification of death and venepuncture.
- An appraisal system was in place called 'Flying High' which provided staff with an opportunity to talk about their career ambitions and explore career opportunities.

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

- People had their eating and drinking needs fully understood by both the care staff and catering team. This included known allergies, likes and dislikes and any special dietary requirements. A member of staff explained, "It is important that we gain the trust and respect of our residents and know their wishes regarding portion size, likes and dislikes; for some residents exercising control over eating is the last bit of independence they have left."
- People spoke positively about the food. One person told us, "They cook miracles, everything is very tasty, all nice and hot." Another told us, "The food is imaginative. It is interesting, well chosen, cooked and a good quality."
- People had opportunities to give feedback and be involved in menu planning. This was through meetings and one to one chat with the chef. Residents had asked for more choice of starters and been involved in choosing what they would like, including having liquor coffees. In response an extended list of starters was displayed on a blackboard in the dining room and a drinks trolley introduced. The registered manager told us this had a positive impact on people as weight loss had been significantly reduced.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of healthcare services such as opticians, audiologists and dentists.
- Records detailed contact with other professionals and demonstrated positive working relationships that enabled effective care and support outcomes for people. This included speech and language therapists completing safe swallowing plans, mental health professionals and occupational therapists.

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

- People were involved in decisions about their environment. This had included everybody having the opportunity to choose paint colours for the lounge and being involved in design ideas for the garden.
- People had requested a shop with essentials available to buy and a drinks trolley. These had been set up and we observed people shopping independently and enjoying their choice of drink at lunchtime.
- The layout of the home provided a range of communal and private spaces for people to enjoy time.
- Rooms provided en-suite facilities. Specialist baths were available throughout the home.
- People had access to secure, accessible outside space which they were able to access independently. A call bell system included neck pendants that had a safe range in the garden meaning staff could be called if needed.
- People's bedrooms reflected their lifestyle choices, hobbies and interests.

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 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 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.

- People had their rights and freedoms respected as staff understood the principles of the MCA and the importance of, whenever possible, enabling people to make their own decisions. This meant care was provided in the least restrictive way.
- Assessments demonstrated where a person was unable to make a specific decision, a best interest decision had been made with the involvement of the person, family and appropriate health or care professionals. Examples included administering medicine and providing personal care.
- DoLS had been requested appropriately, at the time of our inspection no authorised DoLS had conditions that needed monitoring.
- a DoLS tracker had been introduced that meant that staff at a glance were able to see people's DoLS status.
- We observed staff providing choices to people, listening, giving time and respecting their decisions.

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 our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff at all levels demonstrated an exceptional passion for enabling people to be the very best they could be in an environment that was inclusive and provided outstanding person-centred care. A staff member told us, "Keeping residents happy keeps us happy as well. We always try our best to treat them, so they feel this is home." Another said, "We pull down barriers so that people can have a normal life." Another told us, "When we care, we talk to people, we ask them about when they were young and we share special moments, reminding them of the good days."
- Staff and people had been involved in writing the homes philosophy of care. One statement included 'Staff acknowledge individual realities endeavouring to go on their journey with them, always acting in an individual's best interest.' One person had expressed they wanted to spend time with their whole family. Staff turned the wish into a reality and organised a surprise family reunion. The person feedback, 'It was clear that everyone had worked extremely hard and produced the best and happiest day of my life. This was to be with my family, surrounded by love in what can only be described as fairyland. I am an extremely lucky person to wake up each day in this happy place.'
- Staff demonstrated outstanding kindness and compassion which was embedded in the culture of the home. One person told us, "One day I cried all day. I'm not sure why but a member of staff came and sat with me all day." Another said "Care is fantastic. You don't want for anything. Staff are brilliant." A relative said, "(Staff) are truly professional and truly caring. Line of communication has been universally positive. Staff respect what I say and respond positively. They are ahead of the game." Written feedback read, 'Staff were absolutely fantastic. So warm and welcoming. They really cared and went out of their way. Their kindness was so touching. I can't say how beautiful it was knowing that (they) are in such compassionate hands.'
- Staff happily spent their own time sharing friendships and making memories with people. Examples had included making birthdays special and creating themed events that reflected a person's interests. Sharing time with people at an organised fete in a local park, going to a fortnightly tea dance with a person who had loved dancing and visiting a local tattoo parlour with a person whose ambition was to have a tattoo. When we spoke with one person about the fete there face light up with a huge smile. Another feedback, 'I was thrilled to see the local bobbies taking part in the fun of the fete, it brought back many memories of years gone by. It was a pleasure to chat with them.'
- People's diversity was celebrated; the culture of the home was inclusive, and individuality positively embraced. Filipino staff had cooked a meal to showcase their culture and invited people along. One person feedback, '(Name) is my main carer and I now feel even closer to her, her family and her culture.'

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

- People told us they felt in control of their care and were involved in decisions. One person had requested in their care plan not to be taken to hospital if they became unwell. Their relative told us, "The home were great and firm with the ambulance that (relative) was not to go to hospital." One person told us, "Staff listen to me if I have things I want to talk about."
- Staff were passionate about people's involvement in their day to day lives. A staff member told us, "We all want to see our resident's smiling faces so we put down barriers, so we are all safe to express (views)." They went on to explain how one person had expressed a desire to feel freer (with mobility), and staff had immediately organised a wheelchair referral. They said, "We said let's not feel the walls; let's feel free."

Respecting and promoting people's privacy, dignity and independence

- People had provided feedback on what dignity meant to them and the information had been used to create a home specific dignity audit. Feedback had included comments such as 'respect my room is my personal space', 'treat my emotions like they matter', 'see me for who I am'. Completed audits showed these principles were being met.
- The home had held a dignity week which had involved staff taking part in scenarios of good and poor dignity practice including when providing practical support at mealtimes, moving and transferring people and washing and dressing. A staff member told us, "I always give people choices, ask how they feel, knock on doors, greet them, ensure curtains are closed."
- Interactions observed between people and staff were exceptionally respectful with staff recognising people's individuality and diversity and actively promoting freedom of expression.
- People were positively enabled to maximise their independence. One person was recovering from an injury that had impacted their mobility. They told us, "I'm getting more independent, staff encourage me to walk with a frame."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People had personalised care that reflected their support needs, choices and lifestyle preferences. Staff knew people exceptionally well and understood their history and future aspirations. An example was a person was recovering from mental health issues and reconnecting with family. Care and support plans were regularly reviewed and responsive to change. One relative told us, "There have been difficult times, (with relatives mental wellbeing), but they've worked through it."
- The service actively promoted equality and diversity. An example included holding a party during national Pride week. People and staff had an opportunity to dress up, have a rainbow themed meal and a staff member gave a presentation on the history of Drag Queens. One person feedback, 'I really think that at long last I have finally become comfortable living in my own skin and knowing that no one will judge me – but just support me.'

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known to staff. This included whether people needed glasses, hearing aids or any additional support. If needed information could be provided in large print, picture format or a language other than English. An example had been a person requesting that the activity planner be produced in large print. We saw that this had been introduced.

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

- The whole staff team were focused on enabling people to fulfil their dreams and ambitions by participating in a 'Never too Late' programme. One person had wanted to be on TV, and they made an appearance on a health and social care advert during the pandemic. Another person, who was cared for in bed, wanted an afternoon tea and private concert and family members joined them whilst a talented staff member sang their favourite songs. We saw photographs of people enjoying their 'never too late' moments, faces elated, happy and smiling. Another person was a huge West Ham football club fan and the ex-manager of West Ham spent time with him near the end of his life. His family told us, "It really lifted (relatives) spirits."

- People's families and friends were an integral part of the home. We spoke to a staff member who was an engagement champion. They told us, "The aim is to promote things we do and things we could do better by involving families. We have fun days and dress up and the families participate." We saw photographs displayed of people enjoying social times with their families.
- Key cultural events were celebrated including Pride Week and Christmas. Feedback from a relative about the Christmas party read, 'A huge well done to the whole team for the outstanding Christmas celebrations. My dad loved everything but most of all the snow machine and the reindeer.'
- Links with the community enabled people to support local charities. This had included a collection at the home to put Christmas bags together for the local homeless community. A food collection took place for the food bank. The registered manager told us, "Residents had been feeling they couldn't help others anymore, but this got them involved." Children from a local school and dance academy had joined people for St Patrick's Day and a Spring fete. One person had fed back, 'Involving children in activities at Queensmount makes me feel full of life.'

End of life care and support

- Staff were passionate about providing outstanding end of life care that was person centred, and focused on dignity, compassion, kindness and respect. Staff made extraordinary efforts to ensure people's wishes were known and made them happen. A relative shared with us, "(Relative) when at end of life wanted to see their dogs. (Registered manager) did a risk assessment for visiting and it included the dogs; that made such a difference to (relative)."
- People had an opportunity to make advanced decisions and create end of life plans if they wished. When people were near end of life a butterfly was displayed on their door and when they died a dove. This meant people were aware and could be respectfully quiet when passing the room.
- A comfort box had been created for people and their relatives and included a range of items that included a snuggly blanket, aromatherapy scents and moisturisers.
- In response to feedback from relatives the registered manager had created a booklet called 'The Journey After'. One relative had written, 'When my wonderful sister died I felt lost and wasn't sure what to do next. Your little book helped me practically, but it was really helpful to help me understand how I was feeling'.
- The registered manager was an end of life champion. In this role they had carried out additional training with the nursing team to further empower them to provide outstanding, responsive care. Training had included verification of expected death, palliative medicines and symptom management.

Improving care quality in response to complaints or concerns

- A complaints process was in place that people and their families were familiar with and were confident any concerns would be listened to and actions taken. A relative told us, "I am confident about raising any concerns I have. If (relative) felt unhappy about something they would make their voice heard."
- Complaints leaflets and posters were available throughout the home and included details of the process including contact details for the local government health and social care ombudsman.
- Records evidenced that the complaints process was followed when concerns were raised, and any learning shared with the staff team.
- A training session had taken place which included scenarios with the staff team on responding to complaints. The outcome had been that staff had a better understanding of how people and their families feel and see the service.

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 outstanding. The rating for this key question has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People, staff and professionals spoke of outstanding leadership. A member of staff told us, "(Registered manager) is doing a fab job, full of energy and door always open. Our motto is happy team, happy home, and that benefits the residents." A visiting doctor told us, "I've never known such an amazing manager; she is all for her staff."
- The registered manager was passionate about providing outstanding care to people, ensured they were visible to staff and led by example. One staff member told us, "(Registered manager) helps us understand ethics, morality; helping us make the right decisions and provides face to face support on the floor."
- Management initiatives motivated staff to be the best they could be and promoted a 'can do' philosophy which empowered staff to provide outstanding care which was creative in enabling people to achieve personal goals. A staff member told us, "(Registered manager) is good at involving people. Some people haven't left the building for four years. Last week we went across to the park for our fete. Families were amazed, all the staff contributed on their time off. Reflects (name) as a manager."

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 registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with people and families.

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

- Creative ways to engage and involve people using the service had included a 'Super heroes' fancy dress day. People had wanted to show their appreciation to the staff team and had written thank you cards with personal messages; staff were given a gift and staff joined people for a special lunch. The registered manager told us, "The team felt valued and appreciated for all their hard work, everybody enjoyed the day and had fun with our residents."
- People and their families had access to a free writing wills, Power of Attorney and legal advice clinic which was provided monthly by a local solicitor. Feedback had included, 'What a great service, I struggle to get out, so this was just perfect' and '(Solicitor) was really nice, and she put my mind at ease'.
- The service had an inclusive approach to engaging and involving people. Some people were restricted to being in bed but always included. Some decisions were based on the majority and to include everybody

examples included people in bed being shown colour charts for a lounge, ideas for the garden and having a say in planning Christmas events and meals.

- Diversity was celebrated. An example was Filipino staff preparing a banquet and sharing it with staff and demonstrating Filipino dancing.
- Neighbours prior to the pandemic had been able to join people at times for a meal. Due to social restrictions this had been discontinued but in order to continue to support the local older community a meals on wheels initiative had been introduced. Neighbours were able to telephone and order a meal that would be delivered to them.

Working in partnership with others

- The registered manager worked with other professional organisations collaboratively to maximise opportunities for people to receive outstanding care. An example was a project with a local university. All Queensmount staff were participating in scenario based training that would enable them to understand how to see through the eyes of someone living with a dementia. The aim at the end of the project was to roll out to other BUPA services.
- Queensmount has maintained outstanding care despite the challenges of the COVID-19 pandemic. The registered manager did a national presentation to BUPA managers sharing their knowledge and experience of how this can be achieved for people.
- The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included National Institute for Clinical Excellence, (NICE), Skills for Care and Partners in Care, a local health and social care partnership group. These resources had been used to keep up to date with infection, prevention and control guidance during the pandemic both nationally and locally.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes were multi layered and robust. Processes included a range of audits carried out both by the home and the organisation, external monitoring visits, surveys to capture the voice of staff, people and their families, complaints and informal feedback.
- A quality improvement plan captured all feedback about the home and was used to monitor identified actions, learning and service development. The organisation was in the process of introducing a new reporting system that would enable them to capture information together from across all their services enabling them company wide to look at trends and learning.
- The registered manager completed a quarterly lessons learnt review which included safeguarding, accidents, incidents, compliments and suggestions. An example was a resident survey had stated they would like to be more updated on the running of the home and in response a monthly newsletter had been re-introduced.
- Clinical staff had identified a need for sepsis awareness training. The outcome was an in- house sepsis screening tool being designed that was being completed prior to hospital admissions enabling medical staff to ascertain risk at admission.