Ranc Care Homes Limited

Queens Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 24 and 25 April 2017 and was unannounced.

Queens Court Nursing Home is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and also treatment of disease, disorder or injury. It can provide accommodation for up to 90 people some of whom maybe living with dementia. On the days of our inspection 49 people were using the service.

At our previous inspection on the 3 and 4 May 2016 the service did not have a registered manager in post although they did have a manager. The manager has now registered with the Care Quality Commission and had been in post since March 2016. At our last inspection the service had shown improvement and was given a Requires Improvement rating to allow for the improvements to be embedded across the service. At this inspection we saw that the registered manager had maintained the stability of the service and had worked hard with the management team to maintain and continue improvements. During our inspection the registered manager and management team were very responsive and dealt with any issues we discussed with them immediately.

The service was not consistently safe. Staff needed to be deployed effectively and the correct staffing levels needed to be maintained throughout the service. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare; however monitoring systems needed to be carried out consistently. People's needs were met by staff who had been recruited and employed after appropriate checks had been completed. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager needed to improve their system on checking DoLS authorisations so that renewals were applied for promptly. People were supported with their nutritional needs and had access to healthcare when required.

The service was caring. Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

The service was responsive. People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse in meeting people's social needs. People knew how to make a complaint should they need to.

The service was well-led. The registered manager had quality monitoring processes in place to monitor and improve the service. The registered manager had a number of ways of gathering people's views including talking with people, staff, and relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Staff needed to be deployed more effectively and the correct level of staff needed to be maintained to ensure people received care in a timely manner. Staff were only recruited and employed after appropriate checks were completed.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Medication was stored appropriately and dispensed in a timely manner when people required it. Medication practices were regularly reviewed.

Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fullfil their role.

People's rights were protected under the Mental capacity Act 2005 and Deprivation of Liberty Safeguards.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to and thoroughly investigated in a timely manner.

Is the service well-led?

Good

The service was well led.

Systems were in place to regularly assess and monitor the quality of the service provided.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Queens Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 and 25 April 2017 and was unannounced. The inspection team consisted of two inspectors, and expert by experience and a specialist nurse on the 24 April 2017 and two inspectors on the 25 April 2017.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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.

During our inspection we spoke with 16 people, 15 relatives, the registered manager, deputy manager, regional manager, chief operating officer, 10 care staff. We reviewed 10 care files, four staff recruitment files and their support records, audits and policies held at the service.

Requires Improvement

Is the service safe?

Our findings

We received a number of negative comments from people, relatives and staff about staffing levels on the nursing unit. These comments centred on people needing to wait to have their care needs met. One person said, "I would like to have my breakfast in the chair, but there is not enough staff on most days to get me up to do this." Another person said, "The other day I needed the toilet and had to wait 40 minutes plus for someone to come to me." A relative told us, "One thing I will say is there never appears enough staff here to care." We observed on the nursing unit there were a number of care staff available but that they always seemed to be engaged with tasks and rushing from one activity to another. The nursing unit has three lounges/dining areas of which two are used by a few people. Other people received support in bed or chose to stay in their rooms. We were told that 21 people out of the 25 on the nursing unit required support of two staff for personal care and moving and handling. One member of staff said, "I would love to give more care but when we are short staff here you are rushing around all the time. If there are two of us taking someone to the toilet and the buzzer goes what can you do." Another member of staff said, "I cannot always give the care I would like to because we are short staffed."

We discussed this feedback with the registered manager, deputy manager, regional manager, quality manager and the provider's chief operating officer. The ratio of staff available to give support to people on the nursing unit was 1:3; in addition the deputy manager who is also a nurse is based on the nursing unit. The registered manager uses a dependency tool to help inform them what the needs are of people using the service against the amount of staff needed to provide support. They also take into account the environment and layout of the service. The management team discussed deployment of staff on the nursing unit and how they could be utilised more efficiently. Previously the nursing unit had worked as one unit but the deputy manager informed us that they had gone back to working as two separate units which meant staff were not being fully utilised across both the areas. The registered manager with the support of the management team will be looking at how the future deployment of staff can be used to support people and that there are the sufficient amount of staff on duty to meet people's needs. In addition the registered manager had recruited new care staff to the service who were waiting to start once all the appropriate checks have taken place. Staffing levels had been a focus at our previous inspections and we recommend the provider ensures vigilant and regular review of the number of staff deployed to ensure safe delivery of care on all units.

People living at the service told us that they felt safe. One person told us, "I feel safe here because I know the door is locked of a evening." Another person said, "I feel safe here because someone looks in at night time, I do wake up a lot and I have been aware someone looks around my door." A relative told us, "When I leave here at night I feel confident my relative is being well looked after."

Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and weight assessments, use of bedrails and prevention of pressure sores. Staff knew it was important to follow these assessments to keep people safe. We found from records we checked not everyone had up to date risk assessments and some had missing documentation. We spoke with the registered manager and deputy manager about this who assured us that this documentation had been completed. They felt that it may have been mistakenly removed as part of new care plans being

implemented. On the second day of our inspection this paperwork was located. We saw across the service that there had been a reduction in people receiving treatment for pressure sores and people who had been admitted with a sore or who had developed one were being treated appropriately. The service tried to proactively prevent people from developing pressure sores by using pressure relieving equipment such as specialist airflow mattresses. On the first day of our inspection when we checked the settings of these mattresses we found six out of twelve were on the wrong settings. This meant they were not working at their optimum level to protect people from developing pressure sores. These were corrected immediately, the service did have a checking process in place to ensure mattresses were on the correct settings each day and we noted on previous days that the mattresses had been recorded as being on the correct settings. We observed how staff supported people with moving around the service, on one occasion we saw a member of staff pushing a person in a wheelchair without their feet being supported by footplates. This placed the person at risk of their feet catching on the floor leading to potential injury. We addressed this with the registered manager to ensure that staff did not do this again. Throughout the two days we did not identify any other issues with the way staff supported people to move.

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would always raise concerns, there is a ladder to climb of who to tell and I will climb this until things are made right." Another member of staff said, "I would report this serious matter if I thought there was abuse, I would make sure the person was not at risk, and follow the proper procedures to let the management know. I would also let the CQC or local authority know." The service had a 'whistle blowing' policy staff could use if they wanted to raise concerns anonymously through an independent phone line. Throughout the service we saw on noticeboards posters with independent helplines staff, people or relatives could call if they had any concerns about people's welfare such as 'Ask Sal' and 'Care aware'. One member of staff said, "There are posters up everywhere with information on if we need to raise concerns."

We saw where safeguarding concerns had been raised the registered manager was working with the local authority to investigate these and ensure any actions implemented to keep people safe.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). As the registered manager employed more permanent staff over the last year there has been a significant reduction in the use of agency staff. In addition the registered manager employs staff on flexible hours at the service this is sometimes known as bank staff.

People received their medications as prescribed. Qualified nurses or senior carers who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round and saw that the nurse checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The nurse checked with the person if they required any additional medication such as for pain relief and where necessary supported the person to take their medication with their choice of drink. We reviewed medication records and saw that these were clear and in good order. When people needed additional medication this was clearly care planned and recorded on the medication charts. Some people at the service managed their own medication independently and the service had a policy to risk assess and keep people safe with this.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Good

Is the service effective?

Our findings

Since our inspection in 2016, the service had maintained effective delivery to ensure people received good care. People received appropriate care from staff who were supported to obtain the knowledge and skills to provide good care. One person told us, "The staff seem to know what they are doing here." Staff told us that they had been supported to achieve nationally recognised qualifications in care. During our inspection we saw staff were receiving training in moving and handling and basic life support. The registered manager told us that nearly all the staff employed had achieved a national vocational qualification and that they had staff trained as trainers to deliver on site training for moving and handling. In addition the registered manager had supported externally sourced courses such as 'music with dementia' and leadership courses for senior staff. Qualified nurses at the service had also been supported to revalidate their training and skills.

The registered manager had supported staff with developing their skills with training around pressure area care, keeping people hydrated and well-nourished as well as falls prevention. In addition the registered manager had been supporting some staff with basic English and computer skills. New staff at the service undertook a two week induction program which covered understanding the providers policies, initial training and getting to know people. New staff are teamed up with more experienced staff as part of their induction.

Staff felt supported at the service. Staff told us that they received supervision from senior colleagues and had their practice skills observed. We saw from documentation that supervision was used by staff to discuss any issues they may have with supporting people, training needs and the running of the units. One member of staff said, "I feel supported by the management and they teach you things, such as what colour is good to use when working with people with dementia." We saw from minutes of meetings that staff regularly discussed the running of the service, training, complaints, people's care and the environment. Staff also received a yearly appraisal of their performance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 20015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments and to protect people's rights under the court of protection by the registered manager. However the registered manager needs to keep their system up to date to ensure that DoLS are reviewed in a timely manner when they are due to expire, we discussed this with the registered manager and they assured us that they would be updating their system. Care plans in place for staff to follow focussed on giving people choice and in supporting them to make their own decisions. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to

make a decision in the person's best interests. Where significant decisions were required meetings had been held so as to consult openly with all relevant parties, prior to decisions being taken for example with regards to people's medication. This told us people's rights were being safeguarded.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight monthly or weekly for signs of loss or gains and made referrals where appropriate for dietitian or speech and language therapist for reviews.

We observed that throughout the day people were provided with food and drink. People were offered choices about what they wanted to eat and drink and we saw people had drinks within their reach and had fresh jugs of water or juice in their rooms. We received mixed reviews about the food and people's dining experience. Some people we saw had fridges in their room and they told us that they often provided their own food. We observed a lunchtime dining experience on the dementia unit this seemed a very pleasant experience for people. Staff were unrushed and they took their time to offer people choice for example by showing them two different cartons of juice to aid in their decision about what they wanted. Where people needed support with eating staff sat with them and supported them at the correct pace without rushing them. Throughout the mealtime staff engaged with people and the environment was relaxed and unhurried for people.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, palliative care nurses, tissue viability nurse, chiropodist, opticians and GPs. The registered manager also has an arrangement with the GP to come to the service within 24 hours of new admissions or immediately if a person was admitted for palliative care. In addition the GP attended the service weekly to review people. One person told us that they used their own GP still as they had a good relationship with them and knew them well. We saw that the staff were prompt at calling the GP should people become unwell or need a medical review.

We spoke with one healthcare professional who gave positive feedback about the service. They said, "The staff are very good here, very helpful and the manager is very good."

Good

Is the service caring?

Our findings

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. This was particularly noticeable on the residential and dementia units. Staff knew people well and how to best communicate with them. Staff appeared to be more rushed on the nursing units, however we did notice when they talked with people they showed they had a good relationships with them. One relative told us, "The carers are angels."

Staff knew people well including their preferences for care and their personal histories. The service had documentation in people's notes which described what was important to them and how they liked to be supported. People were supported to spend their time at the service as they wished. For example staff knew who preferred to spend their time in their rooms and who liked to socialise with others. Staff knew people's preferences for carrying out every day activities for example when they liked to go to bed and when they liked to get up. A member of staff told us, "I want to support them to do whatever they want to do to make them happy." We noted on the dementia unit staff were very passionate about the care they supported people with to ensure that they remained happy on the unit. We noted one member of staff discussing a compact disc with a person and what their favourite songs were, the member of staff then put this on and they sat enjoying the music together for a while. Staff also knew that one person liked to have their nails painted and they made sure they did this for them and that another person had recently begun knitting so they supported them with this. Staff told us how this had helped the person to become more alert and that this had given them purpose again.

People and their relatives were actively involved in making decisions about their care. Care plans were individualised to people's need and preferences. The service had gone through a process to update people's care plans and in the last year had changed care plan documentation three times. Since March 2017 they have again started to change over to new documentation this is yet to be completed fully, unfortunately during this change period some relevant paperwork had been removed from people's care plans. We addressed this with the registered manager and deputy manager to ensure all appropriate and relevant records were maintained in the new documents. The service still had a resident of the day; this meant that all their care would be reviewed on the day and feedback gained from them or their relative. We saw feedback from one relative said, "I am very pleased with the care and attention mum is receiving."

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. People had access to religious support should they wish this, each month a multi-faith service was held, in addition people received individual religious support should they require this. One person said, "I have people from the church come and visit me every week." People were encouraged to maintain contact with friends and relatives and they could visit people at any time. People had access to their own telephones or relatives could ring and speak to them on the services phones, we heard one person being telephoned from abroad whilst we were there and staff took the phone to them to use. We saw how delighted this person was to talk to their relative.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

At our previous inspection in 2016 people had not always been supported or encouraged to follow their own interests at the service. At this inspection we saw that this had improved and people enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. Since our last inspection the service had employed a new activities person and we received many positive comments from people, relatives and staff about the impact they had on the service. People told us how they now took part in many varied activities and we saw there was more of a sense of community amongst people enjoying each other's company. The activity person did group and individual activities with people and worked across the whole service. People told us that they had particularly enjoyed the bowling league that had been set up and we saw the final being played on the day of our inspection. People told us that they also enjoyed bingo and the external entertainers that had been coming in to sing each month. We spoke with the activities person who told us that they had plans to arrange trips out in the summer and had managed to source a community transport service for people to use.

In addition to group activities the activity person does one to one sessions with people either sitting chatting with them or maybe doing some form of feel-good session such as facials or painting nails. The activity person told us how they also try and involve people in meaningful activities such as helping to fold table napkins or helping them to take the trolley shop around the service. The activity person keeps all the noticeboards in the service updated with what activities are coming up at the service and asks people what their opinions are and what they would like to do at the service.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. The registered manager told us that when people were referred, if it was from a hospital they would review as much information on the person's care needs as possible then they or their deputy would go and meet them. During the meeting they would talk to people involved in their care, as well as with the person and their relatives to see if the service could meet their needs. The registered manager invited people and their relatives to view the service where appropriate to help them decide if they wanted to come and live there. One relative told us, "I came to look around the service and the manager told us exactly what they do here." Once it was agreed a person would be moving to the service a care plan was formulated to support their needs and a key worker or named nurse identified to allow for a smooth transition to the service. The care plans were individual to people's needs and described how to best support them to maintain their safety and independence. The care plans were regularly reviewed, at least monthly. A relative told us, "We discuss the care plan as and when we need to."

The registered manager was very prompt at getting support from allied health professionals when people required it, for example by referring people to the tissue viability nurse or GP. One person who came to the service for respite care had bariatric requirements to make their stay possible. The registered manager

ensured they had all the equipment they needed for this person such as the correct bed and wheelchair to support them. The person had been so satisfied with the support they received that they had not wanted to leave the service. The registered manager also responded to people's changing needs at the service for example providing people with pendant alarms to wear when they have requested this rather than having a buzzer in their room. Where required to support people with showers they had purchased shower chairs as some people found this a more comfortable and safer way to attend to their personal care needs.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. People and relatives we spoke with said if they had any complaints they would raise them with the registered manager. From complaints we reviewed we saw the manager had met with people or relatives to discuss their concerns and that they had been fully investigated and responded to.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a good knowledge of people using the service. People and relatives told us that they frequently saw the registered manager walking around the service.

Staff shared the registered manager's vision and values at the service, and we saw the values were displayed around the service. These values were for staff to be reliable, honest, respect, straight forward and personal accountability. One member of staff told us, "I am accountable for my own actions; I want the best outcomes for residents here." Another member of staff said, "We are like a family here, we want to treat people the way we would wish to be treated and make them happy."

The registered manager gathered people's views on the service through their daily interactions with them. In addition they held meetings with relative and people to discuss the running of the service and used questionnaires to gather feedback. The activity person told us that they supported these meetings and took the minutes. As part of people's care review they were also asked for feedback on the care and service that they had received. Staff were also able to share their views on the service through regular staff meetings to discuss all issues pertinent to the running of the service and care people received. Every day the registered manager held a meeting with the nurses, senior carers and heads of staff to discuss any issues identified at the service and to address these as appropriate.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety, infection control and care records this information was used as appropriate to continually improve the care people received.

During the inspection we discussed our findings with the registered manager and management team and they immediately took action to address the issues with staffing and their deployment across the units. The registered manager and regional manager also took action to ensure the changing of care plan documentation was completed in a timely way and that all the relevant information was contained in care folders. The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety, infection control and medication records, this information was used as appropriate to continually improve the care people received.