

Methodist Homes

# Queensway House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 16 December 2016. This was an unannounced inspection. At our previous inspection in February 2016, we found that improvements were required to ensure people received care that was safe, responsive and well-led. The service was rated as 'requires improvement'.

The service is registered to provide accommodation and personal care for up to 22 people. People who use the service have enduring mental health needs. At the time of our inspection 21 people were using the service.

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 and associated Regulations about how the service is run.

At this inspection, we found that the required improvements had been made.

Safe staffing levels were maintained to promote people's safety and to ensure people participated in activities of their choosing.

Risks to people's health, safety and wellbeing were assessed and planned for. Staff knew how to keep people safe and risks were managed effectively to promote people's safety.

Medicines were managed safely and people received their medicines as prescribed.

People were protected from the risk of abuse because staff knew how to recognise and report potential abuse.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

Staff supported people to make decisions about their care and when people were unable to make these decisions for themselves, the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

People could eat meals that met their individual preferences. People's health and wellbeing needs were monitored and people were supported to access health and social care professionals when needed.

Staff knew people well which meant they could interact with them positively and effectively. People were treated with kindness and respect and staff promoted people's independence, dignity and right to privacy.

People were involved in the assessment and review of their care and staff supported and encouraged

people to participate in leisure and social based activities that met their personal preferences.

People knew how to complain about their care and an effective system was in place to manage complaints.

Effective systems were in place to assess, monitor and improve the quality of care. Feedback from people was sought to enable the provider to identify if improvements to care were needed.

The registered manager understood the requirements of their registration with us and they reported notifiable incidents to us.

## 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. Safe staffing levels were maintained and staff were recruited in a safe manner that protected people from the risk of avoidable harm.

Medicines were managed safely and risks to people's health, safety and wellbeing were effectively assessed, planned for and managed.

Staff knew how to identify and report potential abuse.

### Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff supported people to make decisions about their care in accordance with current legislation.

People were supported to eat meals that met their individual preferences. People's health needs were monitored and they were supported to obtain medical support as required.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness and respect and their right to independence and privacy was promoted.

Staff knew people's likes and interests which enabled them to have meaningful interactions with people.

Staff enabled people to make choices about their care.

### Is the service responsive?

Good ●

The service was responsive. People were involved in the assessment and review of their care and care records were updated in response to changes in people's care needs.

People were supported to participate in activities that met their

personal preferences both at the home and in the community.

People knew how to complain and an effective complaints system was in place.

**Is the service well-led?**

**Good** ●

The service was well-led. Effective systems were in place to regularly assess, monitor and improve the quality of care.

People and staff were supported by an effective management team.

Feedback from people about the quality of care was sought and acted upon to improve people's care experiences.

# Queensway House

## **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 was 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.

We undertook an unannounced inspection of Queensway House on 16 December 2016. We inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well-led? Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. 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. In addition to reviewing the PIR, we also looked at the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to formulate our inspection plan.

We spoke with eight people who used the service, a visiting relative and a visiting health and social care professional. We also spoke with three members of care staff, a nurse, the registered manager and the area support manager. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people in communal areas and we looked at the care records of five people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas, training and quality assurance records.

# Is the service safe?

## Our findings

At our last inspection, we found that improvements were required to ensure there were enough staff available to provide safe and responsive care. At this inspection we saw the required improvements had been made.

People told us that staff were always available to provide them with the support they needed. One person said, "If I ring my call bell, they come quickly". Another person said, "They [the staff] are always there for me". We saw that there was a staff presence in communal areas and whilst we spoke with some people in their own flats, we witnessed staff checking in on them and asking them if they needed any help or support. Staff rotas showed that safe staffing levels were sustained and there were always enough staff on shift to meet people's care needs. Staff also confirmed this. One staff member said, "Staffing is much better now. There are more of us in a morning now which means a staff member can help people with breakfast while the other staff help people to get up". Another staff member said, "The staffing levels are good now, we have more time to spend with the residents and we can take them out".

People told us they felt safe around the staff. One person said, "They are all very pleasant people and they treat us all nicely". Another person said, "They are very good people". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

At our last inspection, we found that accurate medicines records were not maintained and improvements were required to ensure people received their medicines as prescribed. At this inspection, we found the required improvements had been made.

People told us they received their medicines as prescribed. One person said, "They bring my medicines to me every day". We saw that medicines were administered to people in a safe manner and accurate medicines records were maintained. Some people needed their medicines to be administered on an 'as required' basis. Written protocols were in place for 'as required' medicines that gave staff the information they needed to identify when people needed these medicines. This meant that systems were in place to enable people to receive their 'as required' medicines in a safe and consistent manner.

Some people who used the service required staff to use physical intervention (restraint techniques) to keep them and other people safe. At our last inspection, we found that improvements were required because accurate records relating to the use of physical intervention were not being maintained. This placed people at risk of harm because checks could not be made to ensure physical intervention was being used safely and appropriately. At this inspection, we found the required improvements had been made. All incidents that required physical intervention were now consistently recorded. This included the names of the staff involved and the duration and type of intervention that was used. The registered manager was using this information to check that physical intervention was being completed in a safe and appropriate manner.

People told us they felt safe at Queensway House. One person told us how they felt safe because staff regularly checked they were okay. They said, "They are always popping in to see if I'm okay". We found that risks to people's health, safety and wellbeing were effectively assessed, planned for and managed. For example, at times, some people displayed behaviours that posed a risk to themselves and others. We saw that the risks associated with these behaviours had been assessed and planned for. We asked staff how they managed people's individual behaviours and risks and the information staff told us matched the information recorded in people's care records. This showed staff understood how to manage people's risks and keep people safe.

People were protected from the risk of abuse. Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the nurses, the registered manager and the local safeguarding team. We saw that these procedures were followed when required. A visiting health and social care professional confirmed this by saying, "We are always informed of safeguarding incidents".



## Is the service effective?

### Our findings

People told us the staff had the right skills to meet their needs. One person said, "The staff are very capable". Staff told us and records showed they had received training to give them the skills they needed to provide care and support. One staff member said, "The DMI (De-escalation, Management and Intervention) training helped me a lot. It taught me how to hold people safely when we need to use [physical intervention]. I learnt where not to put pressure on people as it might hurt their joints. It made me think more about moving and handling too and how best to help people". We saw staff supported people to move in a safe manner which showed their training had been effective. Another staff member told us how dementia training had made them think more about involving people in the way their flats and rooms were furnished. They said, "Making the rooms more like their homes will help them feel more at home as it will be more familiar to them. They remember things from their past". We saw that this knowledge had been applied as the flats we viewed were furnished differently. Some people had items from their own home to help them feel more settled.

People told us that their consent was sought before the staff provided them with care and support. One person said, "They ask me if I'm ready to get up. If I say no, they help someone else first and then come back after and ask again". We saw that people's right to make decisions about their care was respected by the staff. For example, we saw some people chose to decline to participate in an exercise session on the morning of our inspection. The staff respected people's decision's not to join in and they were not pressured into participating.

Some people who used the service could not always make decisions about or consent to their care and support. In these circumstances, we found that the requirements of the Mental Capacity Act 2005 (MCA) were followed. The 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The staff demonstrated they understood the principles of the Act. They told us about a best interest decision that had been made by the staff and a team of health and social care professionals to promote a person's health, safety and wellbeing. A visiting health and social care professional confirmed this decision had been made by the staff and professionals who were involved in this person's care in their best interests. They said, "I'm involved in any decisions that are made for this person". This showed the staff followed the requirements of the MCA when they acted in people's best interests.

Some people who used the service had some restrictions placed upon them to keep them safe and well. 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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw where restrictions had been placed upon people, applications under the DoLS had been made and authorised which meant people were being lawfully restricted in their best interests.

People told us they enjoyed the meals and could choose the foods they ate. One person said, "The food is

good". Another person said, "There is always a choice of a couple of things at every meal". Another person told us how they always had access to drinks to keep them hydrated. They said, "Staff are always bringing me fresh drinks". Staff told us people's abilities to eat and drink varied on a daily basis due to changes in people's mental health. We saw that staff closely monitored people at meal times to identify who needed extra support and we saw people were encouraged and supported to eat and drink when they needed this help. People's care records showed that weights were monitored so that professional advice could be sought if people's weight significantly changed. This meant people were protected from the risk of malnutrition.

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. One person said, "Even if you've just got a cold, they are very quick to offer some help and if it's bad they will report it to my doctor". Another person said, "The doctor comes here to me if I'm ill". Care records showed people were supported to access health and social care professionals' to promote their health and wellbeing. This included; doctors, community psychiatric nurses, podiatrists and social workers. Care records also showed that people's health needs were effectively monitored to promote their health and wellbeing. For example, one person's care records showed their blood pressure and pulse was recorded on a regular basis to enable the nurses to monitor their health. A visiting health and social care professional confirmed that people's health needs were monitored effectively. They said, "They pick up when people are becoming unwell. They always check bloods and check urine to rule out infections and will request support from people's consultants as soon as it's needed".

# Is the service caring?

## Our findings

At our last inspection, we found that improvements were required to ensure people were consistently treated with dignity and respect. At this inspection, we found the required improvements had been made.

People told us they were happy living at Queensway House because the staff were kind and helpful. One person said, "Nothing is too much bother for them". Another person said, "I like it here, it's much better than where I was before" and, "When it's my birthday I get a present from the staff". We saw people had positive interactions with the staff. For example, we saw a staff member quickly supported a person who had become distressed and was crying. They asked the person if they wanted to spend some time with them in their flat and the person accepted this offer. The staff member held the person's hand and the person stopped crying and walked with the staff member to their bedroom. We saw another person approach the registered manager and say, "I love you". The registered manager responded by saying "I love you too". This made the person smile.

People told us and we saw that staff knew their likes, dislikes and life histories which enabled them to have meaningful conversations with them. One person said, "They have got to know me well and know my personality". We saw that staff spent time interacting with people in a meaningful way. For example, one person told us they liked singing. We saw a staff member approach this person and say, "Can you sing my favourite song?". The person then sang a song and the staff member responded by saying, "That was lovely, it's my favourite isn't it?". This showed the staff member knew this person enjoyed singing and they encouraged them to engage in this activity.

People told us they were enabled to be as independent as they could be. One person said, "I like having my own flat, I can make drinks and toast when I want to". Another person told us they used the microwave in their flat to make cups of soup when they wished to do so.

People told us that their right to privacy was promoted and respected. One person said, "I have to have an injection, but they ask me if I want to go to my bedroom or bathroom to have it". Another person said, "They don't just come into my flat, they knock on my door first". We saw that staff knocked and waited for a response before entering people's flats and bedrooms.

People told us they were enabled to make choices about their care. One person said, "We can choose what we have to eat". Another person said, "They ask what I want to do". We saw staff had the skills to help people to make choices about their care when they found making choices difficult. For example, we saw one person was struggling to choose what to have to eat at lunch time. A staff member verbally offered them the choices available, but the person struggled to process the verbal information. The staff member then showed the person two plates containing the two meals on the menu. The person then quickly made their choice.

## Is the service responsive?

### Our findings

People told us they were involved in the planning and review of their care and support needs. One person said, "I have a meeting at least every year with my social worker and staff where we look at my care plan". Care records showed people's needs were reviewed on a regular basis and changes to people's care plans were made in response to changes in their care needs. For example, one person's care plan had recently been changed to reflect a change in their needs following recent weight loss. Staff were all aware of this change and the extra support the person now needed. Staff told us they were made aware of changes to people's care needs through detailed handovers. One staff member said, "We have really thorough handover's and if a care plan has been changed, we are told it's changed and we read it". This showed there was an effective system in place to ensure staff knew about changes in people's care needs.

People told us they had a keyworker who was responsible for coordinating their care. One person said, "My keyworker checks I'm happy and helps me to go out". Staff told us the keyworker system enabled them to ensure people received responsive care that met people's individual needs. One staff member said, "We arrange appointments and transport, check people have the toiletries they need, arrange day trips and one to one sessions. I recently took one resident out on a shopping trip with their family". Another staff member said being a person's keyworker had enabled them to, "Become close with the resident and their family which helps involvement". This meant there was a system in place to ensure people had a named member of staff who coordinated their care.

People told us they were supported to participate in leisure and social based activities that met their personal preferences. One person said, "There are lots of activities going on. I like the weekly coffee mornings because I can sit and talk to people from Weston House (another service owned by the provider that is located next door) and make friends with the volunteers. It's very pleasant". Another person said, "I go out with my nurse, I like going out shopping. I couldn't do that at the other place I lived before here". On the day of our inspection, we saw people were encouraged to participate in an exercise session facilitated by an external provider. People told us they enjoyed the session. One person said, "I liked the exercises and singing with the lady this morning". We also saw that staff ran a music session in the afternoon and people were individually supported to participate in activities of their choice. These activities included, colouring, pamper sessions and chatting about current affairs.

A reflexologist also worked at the home and we saw people enjoyed this treatment. We saw one person had received some reflexology on the day of our inspection and we asked them about it. They told us it was, "Lovely" and "relaxing". This showed people were offered complementary alternative therapies by the provider alongside their prescribed medical treatments. This showed a holistic approach to care and treatment was promoted to help promote people's health and wellbeing.

People told us they knew how to complain about the care. One person said, "I'd tell the one who's in charge. They are always asking if everything is okay". Another person said, "I'd tell the nurse or the manager". No complaints had been made since our last inspection, but the registered manager showed us how they had responded to a recent complaint at the other local service they also managed. This showed they managed

complaints effectively.

# Is the service well-led?

## Our findings

At our last inspection, we found that improvements were needed to ensure effective systems were in place to assess, monitor and improve the quality of care. At this inspection, we found the required improvements had been made.

People and staff told us the home was well-led. One person said, "I think its run very well. I'm glad I came to live here". Comments from staff included, "The managers are really good and proactive". A visiting health and social care professional confirmed the service was well-led by saying, "This is the best home I have worked with".

Frequent quality checks were completed by the management team and provider. These included checks of medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. For example, a recent check of infection control systems had identified that new bins were required in an area of the home. We saw these bins had been purchased and were in use. The registered manager showed us the calendar they used to inform them what quality checks were required and when they were required. They said, "My line manager checks I'm up to date with it". On the day of our inspection, the area support manager had also visited unannounced to complete quality checks. This showed that robust systems were in place to ensure the quality of care was regularly assessed and monitored so that action could be taken to address any concerns.

Incidents at the home were recorded, monitored and investigated, and action was taken to reduce the risk of further incidents from occurring. We saw that a recent incident had triggered the registered manager to review a person's falls care plan as they had fallen on two occasions over a one month period. The incident records also reflected that they had considered if a medical review or any changes in the person's care were needed. This showed the registered manager responded appropriately to safety incidents to promote people's health, safety and wellbeing.

The registered manager produced a monthly exceptions report. This report summarised variances in people's care that had been identified through the various quality checks that were completed. The report detailed the variances in people's care and the action they had taken to address these variances. For example, the report showed one person had lost a significant amount of weight. It also detailed the action the staff and registered manager had taken to address this. The area support manager told us they checked these reports to ensure action was being taken to address changes in people's presentation or needs. This showed the provider was monitoring the registered manager's performance to ensure people received safe, effective and responsive care.

The training and development needs of the staff were assessed, monitored and managed through regular meetings and an appraisal system. Staff told us these meetings helped them to identify their training needs and improve the care they provided to people. One staff member said, "One to one meetings are really helpful, we get told if anything has been picked up that we need to work and improve. It's never a dig at us; it's always done in a comfortable way". Staff competency checks were also completed that ensured staff

were providing care and support effectively and safely. For example, the management team and provider completed observations of care to ensure staff supported people in the correct way. We saw these staff development systems had been effective. For example, we saw that the concerns we identified at our last inspection in relation to the way staff spoke with people had been addressed through training and meetings with the staff. People were now being consistently treated with dignity and respect.

People's feedback about the quality of care was sought through meetings and satisfaction surveys. We saw that feedback was used to improve people's care. For example, when one person said they wanted more colouring activity equipment, this had been purchased and we saw this equipment in use. The annual satisfaction survey had recently been completed and the registered manager was awaiting feedback from the external provider who was analysing the information. They told us they would act on any concern raised through the survey.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.