

Queensgate Care Home

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Inspection report

The Boulevard
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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

Queensgate is registered with the Care Quality Commission (CQC) to provide care and accommodation for 40 older people, some of whom may be living with dementia. It is situated not far from the city centre and has good access to local amenities and facilities.

This inspection took place on 13 April 2016 and was unannounced. The service was last inspected in July 2013 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection 31 people were living at the service.

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

Staff understood the importance of protecting people who used the service from abuse. They could recognise the signs someone may display if they were being abused and knew how to report any abuse they may witness or become aware of to the proper authorities. Staff, who had been recruited safely, were provided in enough numbers to meet the needs of the people who used the service and keep them safe. Staff had been trained in how to administer people's medicines safely. Systems were in place to ensure people received their medicines on time, and as prescribed by their GP.

People who used the service were provided with a wholesome and nutritious diet which was of their choosing. Staff monitored people's food and fluid intake and made referrals to dietitians and speech and language therapists when needed.

Staff had received training which was relevant to their role and equipped them to meet the needs of the people who used the service. People were supported make informed decisions by staff who had been trained in recognising and upholding their human rights.

People were supported to access health care professionals when needed and to lead a healthy lifestyle. People who were living with dementia were cared for in an environment which supported their needs and which assisted them to lead a fulfilling life.

People who used the service were supported by staff who were kind and caring and understood their needs. Staff were aware of the importance of respecting people's dignity and upholding their right to freedom of choice. People or their representatives were involved in the formulation of care plans which described the person and their preferences. Reviews were held on a regular basis and these included all those who had an interest in the person's welfare.

The service provided people who used the service with a range of in-house activities to choose from, and regular visits were undertaken to the surrounding community to use the local facilities. People were

supported to pursue individual hobbies and interests and staff had access to documents which described the person and their preferences for care. The registered provider had an accessible complaints procedure which people, or other stakeholders, could use to raise any concerns. Complaints were investigated and resolved wherever possible to the complainants' satisfaction.

The registered manager had systems in place which ensured the service was well-run and safe. People who used the service and other stakeholders were consulted about the running of the service. The registered manager welcomed suggestions and saw them as an opportunity to improve the service and changes were made as a result.

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.

Staff knew how to recognise abuse and received training in how to safeguard people and how to report concerns to keep them safe.

Staff were recruited safely and provided in enough numbers to meet people's needs.

Staff handled people's medicines safely and had received training in this.

Is the service effective?

Good ●

The service was effective.

People were provided with a wholesome and nutritious diet which was monitored by staff.

Staff supported people to make informed decisions when needed and provided people with important information to help them to make choices.

Staff received appropriate training to meet people's needs.

Staff supported people to lead a healthy lifestyle and involved health care professionals when required.

Staff supported people to lead a healthy lifestyle and involved health care professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff were caring and understood the needs of the people who used the service.

Staff involved people with their care and people who used the service had an input into any decisions made.

Staff respected people's privacy and dignity and upheld their rights.

Is the service responsive?

Good ●

The service was responsive.

Activities were provided for people to choose from both within the service and in the local community.

People were provided with person-centred care.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Is the service well-led?

Good ●

The service was well-led.

The registered manager consulted with people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

Queensgate Care 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 registered 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 13 April 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with seven people who used the service and two of their relatives who were visiting during the inspection. We spoke with nine staff including care assistants, the cook, a domestic, the registered manager and the registered provider.

We looked at six care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training record, rotas, supervision records, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of

equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt safe at the service. Comments included, "I like it here, they make sure we are safe", "The girls look after me, I'm safe here" and "I think they lock all the doors and ask people who they are before they come in." People who used the service told us they felt there were enough staff on duty. Comments included, "There always seems to be plenty of them about, I never have to wait to get assistance" and "Plenty of staff, could maybe do with more when they are rushed." People told us they received their medicines on time and as prescribed by their GP. Comments included, "They bring me my tablets in the morning, at lunch time, tea time and just before I go to bed."

Visitors we spoke with told us they felt their relatives were safe at the service. Comments included, "I think dads safe, I never have any worries" and "Yes, they are safe; you have to ring the bell to be let in, they don't just let anyone in you know." They told us they felt there were enough staff on duty. One person said, "There always seems to be staff around, and they're always friendly."

Staff told us they were aware the registered provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the registered manager and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example, the local authority or the Care Quality Commission (CQC). Staff had received training in how to recognise and report abuse. They could describe to us what signs would be apparent if someone was the victim of abuse; this included low mood, depression or physical signs like unexplained bruising or injuries. Staff understood they had a duty to respect people's rights and not to discriminate on grounds of race, culture, sexuality or age. One member of staff said, "We are not here to judge, we're to care for the residents and that means accepting them for what and who they are."

People's care plans contained assessments of daily living which might pose a risk to the person; these included mobility, skin integrity, falls, nutrition and behaviours which might put the person or others at risk and challenge the service. The assessments described how staff were to support people to eliminate, as far as possible, these risks, for example, assisting with mobility by using lifting equipment or monitoring behaviour and redirecting people. The risk assessments were updated on regular basis. Staff told us they could refer to the care plans for any guidance or information. One member of staff said, "I always look at the care plans. I know what the residents need but you never know if the doctors have been and something might have changed."

The registered manager undertook safety audits of the environment and repairs were undertaken by in-house maintenance staff. Any faults were reported and addressed quickly. They had also devised a plan of action if the service was flooded or there was failure in the electricity, water or gas supply. Each person had their own specific emergency evacuation plan and this described how staff were to support the person taking into account their level of understanding and mobility.

Staff told us they had a duty to raise concerns to protect people who used the service and understood they would be protected by the provider's whistleblowing policy. One member of staff said, "I would have no

hesitation whatsoever in reporting any abuse, we're here to keep the residents safe." The registered manager told us they took all concerns raised by staff seriously and would investigate. They told us they would protect staff as well and would make sure they were not subject to any intimidation or reprisals for raising concerns. Staff we spoke with told us they felt confident approaching the registered manager and felt they would be taken seriously and would be protected. One member of staff said, "I would go straight to the manager and if they didn't do anything I would contact social services."

All accidents which occurred at the service were recorded and action taken to involve other health care agencies when required, for example, people attending the local A&E department. The registered manager audited all the accidents and incidents which occurred at the service to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. They shared any findings with staff and these were discussed at staff meetings or sooner if needed.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. We saw there were rotas in place which showed the amount of staff that should be on duty daily, and the skill mix. Staff told us they thought there were enough staff on duty and we saw staff going about their duties efficiently and professionally. The registered provider told us they used the dependency levels of the people who used the service to calculate the appropriate staffing levels. We looked at the recruitment files of recently recruited staff. We saw these contained references from previous employers, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service (DBS), a job description and terms and conditions of employment.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered to people. We saw any unused or refused medicines were returned to the pharmacy. Controlled medicines were recorded, stored and administered in line with current legislation and good practise guidelines. Records were kept of the temperature of the room the medicines were stored in and the refrigeration storage facilities.

Some people had medicines prescribed to be taken 'as and when required'. The registered manager told us there were no protocols in place for the administering of these medicines, however, staff we spoke with knew how these should be administered. This was discussed with the registered manager and they agreed to implement protocols as a priority.

Is the service effective?

Our findings

People told us they were happy with the food provided. Comments included, "The food here is very good, there's always plenty of choice" and "Fridays are my favourite; it's fish and chips day." People told us they thought the staff had the right skills to meet their needs. Comments included, "The staff are very good, they are very patient with me", "I think the staff are marvellous, they know what they are doing" and "The staff get training, they tell me about it." People told us they could see health care professionals when they needed to. Comments included, "If I'm ill they call the doctor" and "I was poorly the other week and they got the doctor out to me."

Visitors told us they thought the food their relatives were provided with was of a good quality and nutritious. Comments included, "Dad seems to enjoy the food and it always looks and smells nice" and "You can smell the cooking when you walk in, it looks really nice as well." They told us they thought the staff were well-trained to meet their relative's needs. Comments included, "They [the staff] seem to know what they are doing; they are very good with those residents who are ill" and "The staff seem to have the right skills, they are patient and know how to talk to the residents. They are really good with those who have dementia." They told us their relatives were supported to access health care professionals when they needed to. Comments included, "They always call the doctor if he needs one, and they tell me if he has any hospital appointments" and "The nurse comes to see [relative's name] on a daily basis."

We saw the food was well-presented and looked wholesome and nutritious. People could choose where to eat their meals and this was accommodated; however, the majority of people ate in the dining room. We saw mealtimes were social occasions and an opportunity for people to catch up with friends and have a chat. Staff were overheard encouraging people to eat and asking people if they would like more to eat. Staff provided assistance to those who needed it discreetly and sat next to people to support them. Food had been prepared to accommodate people's needs which included pureed diets for people with swallowing difficulties. People's food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person's weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide ongoing support and assessments. One health care professional we spoke with during the inspection told us, "The staff here are very good, they are professional and always carry out my instructions." They went on to say "They are really well-trained and understand the needs of the residents really well. I can't speak highly enough of them."

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits from GPs and where people's needs had changed following a hospital admission.

Staff told us they received training which equipped them to meet the needs of the people who used the

service. They told us some training was updated annually which included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was a system in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. They told us they could undertake specific training, for example dementia and how to support people who displayed behaviours which challenged the service. Induction training was provided for all new staff, their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff told us they received supervision on a regular basis; they also received an annual appraisal. We saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

Staff recorded daily how they supported people who used the service and this was passed over to the next shift in a 'handover'. Information was shared about GP visits and the outcome of these and any other contact people may have had with health care professionals. Information was also shared about people's wellbeing and if they needed closer monitoring due to ill health or a change in their needs.

People's care plans detailed their preferred method of communication and how staff should interact with them, for example, speaking clearly, not shouting and allowing plenty of time for a response. The information also instructed staff to seek clarification if the person had understood what had been said and to rephrase if they had not.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the local authority for the authorisation of DoLS for some of the people who used the service. However, during discussion with the registered manager, and looking at people's needs, it was clear that more people should have an assessment and application made for DoLS due the restriction put on them for their own safety. The registered manager agreed to look at this as a priority.

The service was decorated in ways which helped people who were living with dementia find their way around and identify bathrooms and toilets; for example, the use of signage and pictures. Bedroom doors were painted different colours and signage was clear. There were shop fronts along the corridors and lots of articles and pictures on walls which would stimulate conversations and remind people of their past. There was lots of memorabilia around the building and a room had been converted into a bar area where people

could go and socialise and have drink. One of the lounges had been converted into a memory lounge and was filled with furniture and domestic items which would be familiar to the people who used the service and would evoke memories from their past.

Is the service caring?

Our findings

People who used the service told us they thought the staff were kind and caring. Comments included, "The girls are so nice and kind", "I just have to ask and they do it for me" and "I feel very well-supported by the care staff." They also told us the staff respected their right to privacy and dignity. Comments included, "They always knock on my door and asked to be let in", "They give me plenty of space to do my own thing, I know they are there if I need them" and "They always ask me if I want any help or support, they are really good." People told us they had attended reviews about their care. One person said, "I go to meetings about my care plan and we talk about how things are going and if I want to change anything."

Visitors told us they thought the staff were kind and caring when supporting their relatives. Comments included, "I think the staff are great, they have a really tough job and they always do it with a smile on their face" and "They [the staff] are really kind and caring, all of them are nice."

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. For example, when using lifting aids and equipment, staff explained what they were doing, what they wanted the person to do, if this was acceptable to the person and that they had understood what had been said. Staff described to us how they would maintain people's dignity and ensure their choices were respected. They told us they would ask people and make sure they had understood what had been said and they would allow people time to answer. One member of staff said, "You have to respect their dignity and privacy, it's basic a human right." People's independence was promoted and upheld. One member of staff said, "We try to keep people independent and support them to do things like washing, dressing, eating and walking."

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who were living with dementia and had limited communication and understanding. They spoke softly and calmly and gave the person time to respond. They used various ways of communication including verbal and non-verbal, for example, smiling and nodding, to make sure people understood what had been asked of them. We saw staff cared for people in a relaxed and unhurried manner. Care staff were supported by ancillary workers which included catering, laundry and domestic, so they could concentrate on caring for the people who used the service.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people's preferences, likes and dislikes and their life experiences. Staff we spoke with were able to describe people's needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests.

Members of staff had good knowledge of people's past histories and were able to engage with them about their previous jobs and where they used to live. We observed this was enjoyed by the people who used the

service and was done in a spontaneous way by the staff. Staff told us they enjoyed spending time with people and learning about them; they told us it gave them a better understanding about the person.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded. Those family members who we spoke with, and who had an input into the care and welfare of their relatives, told us they knew what was in their relative's care plans and the registered manager kept them well-informed about their welfare.

The registered manager told us they had used an advocacy service in the past and this would be made available to people who used the service if they needed it. Staff told us they understood the importance of maintaining confidentiality when dealing with people's personal information. All confidential information was stored in line with data protection legislation.

Is the service responsive?

Our findings

People who used the service told us there were plenty of activities for them to choose from. Comments included, "We have singers who come and sing to us, I really like that" and "There's always plenty going on; we play games, do quizzes and exercises in our chairs, nothing too strenuous." People told us they knew how to complain and who these should be directed to. Comments included, "I would see [registered manager's name] if I had any complaints" and "I would go to the boss, she sorts it out for you."

Visitors told us they knew there was a complaints procedure and that they had a right to raise any concerns or complaints. One visitor said, "I did have some concerns when he first came in, but they sorted it out quickly." They told us they thought there were plenty of activities provided, "They [people who used the service] are always doing something, they were doing exercises this morning, throwing a ball to each other."

Care plans we looked at contained information about the person and their likes and dislikes. They also contained information about how the person's needs were to be met by the staff. Assessments had been completed by the placing authority prior to the person moving into the service to ensure their needs could be met by the service. A care plan had been developed from these assessments. The care plans were updated and reviewed regularly and changes made where required, for example, following a stay in hospital or deterioration in the person's needs. Assessments had been undertaken about aspects of daily living which might pose a risk to people, for example poor mobility, tissue viability and behaviours which might put the person or others at risk. These instructed staff in what to monitor and what action to take to keep the person safe.

People's care plans contained a record of reviews undertaken which involved the person, their relatives where appropriate, staff and health care professional involved with their care. The reviews recorded the opinions of all those involved, including the person, about how their care was being provided and whether there should be any changes. Reviews were held regularly and emergency reviews had been held when people's needs had changed rapidly, for example, when a person was at the end of their life. Instructions for staff to monitor people who stayed in their room were recorded in their care plans. These included instruction on changing people's position in bed or their chair, fluid and food intake and general observation. These had been completed consistently and gave a good picture of what care and attention people had received. Staff had completed daily notes which showed how the person had been that day and how their needs had been met.

The service provided people with a range of activities to choose from which included playing group games such as Bingo and quizzes, and one to one activities which may involve simply sitting with the person talking about their families or looking at photographs. The staff supported people to access the local community and to keep in touch with friends and relatives. People's care plans documented what activities they had undertaken on a daily basis. The registered provider told us they had arranged theme days and the next one was to be about France. This would include decorating the service to reflect the French culture and sampling food and wine from France.

Some people preferred to spend most of their day in their room and staff respected those wishes; however, staff were aware that some people could become isolated and cut off from the rest of the service so they made sure they were regularly asked if they needed anything or if they wanted to join in the organised activities. We also saw staff visiting people in their rooms and spending time with them to ensure they did not become isolated or depressed. Staff told us, "Some residents spend a lot of time in their rooms, it's their choice but we make sure they have the chance to come to the lounge and take part in activities. We visit them and sit talking to them or read."

The registered provider had a complaints procedure which was displayed in the entrance to the service. This told the complainant they could raise concerns with the registered manager or a member of staff and this would be investigated and a response provided, both of these were time limited. The complaints procedure also informed people they could contact the Local Government Ombudsman or the local authority if they were not happy with the way the registered manager had conducted the investigation.

Staff told us they tried to resolve people's concerns immediately if possible, for example, concerns about missing clothing or meals, but they would pass anything more serious to the registered manager to investigate.

We saw a record was kept of all complaints received. These recorded what the complaint was, how it had been investigated and whether the complainant was satisfied with the outcome. The registered manager told us they made sure when needed people received a copy of the complaints procedure in a format which met their needs, for example, in another language or large print. The registered manager had also kept a record of all compliments and thank you cards sent from relatives praising the work the staff had done and the quality of the care provided.

Is the service well-led?

Our findings

People told us the registered manager consulted with them on a regular basis about the running of the service. Comments included, "[Registered manager's name] comes round and asks if we are happy with things, and we sometimes have meetings" and "I get asked if I'm happy and if there is anything I'd want to change, I tell them I'm fine." They told us they found the registered manager and the registered provider approachable and helpful. Comments included, "Oh yes, I'd go and see her, she's ok really" and "They are both really nice and will listen to you."

Visitors told us they found the management team approachable and helpful. One visitor told us, "I go and see them if I have a problem, or just to update as to how my dad's doing. They're always helpful."

Staff told us they could approach the registered manager and felt their views were taken seriously. One member of staff said, "I have no problem going to the manager, she's always ok with me." Another said, "I go and ask questions all the time, they are both really approachable."

The registered manager told us they tried to create an open culture at the service where staff were enabled to share their knowledge and experience and feel empowered to approach them. This was achieved through regular staff meetings and staff supervision where their practice and issues which might be affecting the smooth running of the service were discussed. The meetings were also used as a time to celebrate achievements and good things about the service, for example, what went well and any events which enhanced the quality of life for the people who used the service.

The visions and values of the service were to support people to be cared for in a way that was of their own choosing and to promote their wellbeing. We observed this was achieved by providing support from staff who had sensitively and understanding and who had been trained and recruited safely to meet the needs of the people who used the service.

There is currently a registered manager in post and they understood their responsibilities with regard to their registration. They also understood the requirement placed on them through the regulated activity of the service and how this affected the care and support provided to the people who used the service. The registered manager told us they kept up to date with changes or new ways of working by using the internet. They had also signed up for regular newsletters issued by organisation which undertook research into the way older people were cared for.

Surveys were undertaken with people who used the service, their relatives and visiting health care professionals to ascertain their views about how the service was run. The surveys identified various topics for people to comment on and these views were collated and analysed with action plans set to address any shortfalls. The registered manager collated the views gathered via the surveys and meetings and set action plans and goals to address any issues raised.

We saw meetings were held with the people who used the service and their relatives; a record of these was

kept. Topics discussed included entertainment, activities, food, outings and the general running of the service. Relatives we spoke with confirmed they had attended meetings and found them a useful forum for airing their views. This ensured, as far practicable, people who used the service and other stakeholders could have a say about how the service was run.

Audits were undertaken by the registered manager which included the quality of people's care plans, staff training and the environment. Regular fire practises were undertaken and all equipment used was serviced in line with the manufacturer's recommendations.