

Queensgate Care Home

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Inspection report

The Boulevard
Hull
Humberside
HU3 2TA

Tel: 01482211112

Date of inspection visit:
23 November 2018

Date of publication:
27 December 2018

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

This was an unannounced inspection that took place on 23 November 2018.

Queensgate Care Home is a care home that provides accommodation and personal care for a maximum of 40 older people including people who may live with dementia. The home is registered for 40 people but as some of the bedrooms are no longer used as double occupancy bedrooms 34 people can be accommodated. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Queensgate Care Home accommodated 29 people at the time of the inspection.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Staff were kind and caring and had developed good relationships with people using the service. People were comfortable in the presence of staff.

Staff received opportunities for training to meet peoples' care needs and in a safe way. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes being used when staff were employed.

There were enough staff available to provide individual care and support to each person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care and records reflected the care provided.

People were appropriately supported in maintaining their health and they received their medicines in a safe way. They were provided with opportunities to follow their interests and hobbies. People received a varied diet.

The building was well-maintained but improvements were required to hygiene in some areas of the home. The building had been designed to meet the needs of people living with dementia, in line with current research, and provided plenty of sensory and tactile stimulation. Areas were well-decorated with 'themes' to

help people orientate around the home.

People had the opportunity to give their views about the service. There was consultation with staff and people and their views were used to improve the service. People said they knew how to complain. The provider undertook a range of audits to check on the quality of care provided.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 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 comprehensive inspection took place on 23 November 2018 and was unannounced.

It was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with five people who lived at Queensgate Care Home, the business manager, the registered manager, three support workers, two members of catering staff and a visiting professional. We reviewed a range of records about people's care and how the service was managed. We looked at care records for four people, three people's medicines records, recruitment records for three staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

People were positive about the care they received and told us they felt safe with staff support. Peoples' comments included, "I feel safe living here, staff help me", "Staff are around when I need them" and "I am quite safe."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the person in charge. Records showed and staff confirmed they had completed safeguarding training. Three safeguardings alerts had been received since the last inspection that had been dealt with appropriately.

There were sufficient numbers of staff to keep people safe over the 24 hour period. There were three support workers including a senior support worker available during the day. The registered manager told us they also provided seven hours of direct care to people each week. Overnight staffing levels included a team leader and one support staff. Staffing levels were determined by the number of people using the service and their needs. Management were able to be contacted outside of office hours should staff require advice or support.

Risk assessments and their evaluations were in place and reflected current risks to people. They were regularly evaluated to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for choking, losing weight, falls and pressure area care. Records did not show when the original risk assessment had been carried out as the assessment was not signed and dated. We discussed with the registered manager that the documents should be signed and dated and they told us that that this would be addressed.

Regular analysis of incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, with regard to falls.

People received their medicines in a safe way. Staff had completed medicines training and had access to policies and procedures to guide their practice. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines.

Improvements were required to hygiene in some areas of the home. There was a mal-odour in some communal areas on the ground floor. We discussed this with the registered manager who told us it would be addressed. Staff received training in infection control and protective equipment was available for use as required.

Records showed that the provider had arrangements in place for the on-going maintenance of the buildings. Routine safety checks and repairs were carried out such as for checking the fire alarm. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults.

Is the service effective?

Our findings

Staff received training to meet people's care and support needs and they kept up-to-date with safe working practices. There were opportunities for personal development and staff received supervision and support to carry out their role. Staff member's comments included, "I am studying for a National Vocational Qualification (NVQ) course [now known as the diploma in care] at level five at the moment", "There are opportunities for training" and "The registered manager does my supervision."

Comprehensive assessments were carried out to identify people's support needs and safety requirements. They included information about their medical conditions, mental health, dietary requirements, finances, safety, communication and other aspects of their daily lives. People were supported to maintain their healthcare needs. People's care records showed they had input from a range of health professionals. One visiting professional told us, "Staff are very helpful. They let the surgery know as soon as someone is unwell."

We checked whether the service was working within the principles of the Mental Capacity Act, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. The registered manager had submitted Deprivation of Liberty applications appropriately.

People received a varied diet. One person told us, "There is plenty to eat." Home baking was available. A relative had commented, "Food is home-cooked daily, old fashioned favourites, shepherd's pies, chicken dinners, chocolate crunch tray-bakes and jelly and ice-cream." We spoke with the cook who was aware of people's different nutritional needs and special diets were catered for. They told us people's dietary requirements were checked before admission to ensure they were catered for appropriately.

We observed the lunch time meal. The meal time was calm, relaxed and well-organised. Tables were set for three or four people and cutlery and condiments were available. Some people remained in the lounge to eat. Staff provided full assistance or prompts to people to encourage people to eat, and they did this in a quiet and gentle way.

The home was spacious, bright and airy. The environment was very well-designed and contained a wealth of stimulating areas to encourage people to remain engaged and orientated. One relative had written, "Queensgate is a homely home, where the corridors look like streets and the bedrooms are comfortable homes-from-homes for people." The communal areas had decorations and pictures of interest and sitting areas were available around the home. Hallways were themed and signposted with reminiscence areas and local landmarks to keep people interested and help them remain independent. Lavatories, bathrooms and bedroom doors were signed for people to identify the room to help maintain their independence. Bedroom doors were personalised to assist people to locate their own rooms.

Is the service caring?

Our findings

People spoken with were very positive about the support provided by staff. All people told us they were well looked after by staff. Their comments included, "I have lived here a long time", "The staff are very kind", "I do feel listened to" and "I am very well-looked after." A visiting professional told us, "There always seems to be kindly staff interaction, with staff spending time with people."

Several compliments had been received about the service since the last inspection. Compliments included, "Couldn't have wished for better care and kindness", "Couldn't have got a lovelier set of staff anywhere", "[Name] was looked after by dedicated staff, which enabled me to have a more relaxed and worry-free life", "You provide something very special for such vulnerable people" and "The staff at Queensgate show all the people respect, care and dignity in everything that is done for them. It is all dealt with by a caring staff team who will go out of their way to make sure every day is a pleasure."

Positive and caring relationships had been developed with people. Staff interacted with people in a calm, kind, pleasant and friendly manner. Staff were not rushed in their interactions with people. They spent time chatting with people individually and supporting them to engage. Where people required support, it was provided promptly and discreetly by staff with people's privacy and dignity being maintained. People told us staff were respectful. We observed that people looked clean, tidy and well presented.

Staff were knowledgeable about the people they supported. People's care records were up-to-date and personal to the individual. They contained information about people's likes, dislikes and preferred routines.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication.

Staff understood and interpreted people's non-verbal communication, which enabled people to engage more with those around them. However, support plans required more detail to inform staff how a person communicated. We discussed this with the registered manager who told us it would be addressed.

All of the people we spoke with confirmed they were involved in making decisions about their care and support. They told us they were asked their opinion and given choice. For example, when to get up and go to bed, what to eat and what they might like to do. One person said, "I watch television in my bedroom."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Is the service responsive?

Our findings

People confirmed they had a choice about getting involved in a variety of activities. An activities programme was advertised along with available and forthcoming entertainment. Staff arranged activities and engaged with people to keep them stimulated and involved. People had the opportunity to take part if they wished. There was a lively atmosphere and impromptu activities took place throughout the day to keep people engaged and stimulated. The home was aware of the value of keeping people engaged. For e.g. short ball games, bowls and pamper sessions took place with people throughout the day of inspection. People were encouraged and supported to engage with and to be part of the local community. One person went to visit a local nursery school. They commented, "I go to a club on Thursday and Saturday night and meet up with some friends."

The environment was very stimulating, with areas throughout the home very well-illustrated, with items for reminiscence. For example, an old sewing machine, 'poss' tub, washer and washer mangle. There were local pictures, old photographs and pictures of old film stars. Areas were themed. For example, shopping area, laundry, chemist and cinema.

Records showed pre-admission information had been provided by relatives and people who were to use the service. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, communication and moving and assisting needs. We discussed with the registered manager that care plans should be signed and dated to show who had been involved in writing the care plan and the date it was written. They told us that this would be addressed. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes to people's care and support needs.

Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. These records were used to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people. We discussed with the registered manager that information should be available that documented the end-of-life wishes of people, as they approached death. For example, with regard to their spiritual or funeral requirements. They told us that this would be addressed.

People were encouraged and supported to maintain and build relationships with their friends and family. People were able to visit their relatives and friends regularly. One person told us, My family visit here any time."

People and relatives were actively engaged in the day-to-day operation of the service. There were regular

meetings and surveys to gain people's opinions about care. A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns.

Is the service well-led?

Our findings

A registered manager was in place who had registered with the Care Quality Commission in 2010.

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 understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example, safeguarding.

The atmosphere in the service was relaxed and friendly. Staff and people told us the registered manager was approachable. They were very positive about their management and had respect for them. One staff member commented, "I do feel supported, all you have to do is ask." Other staff said they said they could speak to the registered manager, if they had any issues or concerns. The registered manager was supported by a staff team that was longstanding, experienced, knowledgeable and familiar with the needs of the people they supported. One staff member told us, "I love working here."

The culture promoted individualised care, for each person to receive care in the way they wanted. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required

Feedback was sought from people and staff through meetings and surveys. There was evidence people were listened to and their suggestions were actioned. For example, previous resident meeting minutes showed purchasing an electronic Alexis had been discussed. We observed this was well-used during inspection and enhanced people's dining experience as it played people's music requests during the meal. Feedback from a provider survey of November 2017 was also predominantly positive. Relatives and people's comments included, "We find all staff friendly" and "The manager has been very helpful." An action plan was in place to

address any issues that had been identified through the survey.