

Queen Elizabeth's Foundation

Queen Elizabeth's

Foundation Dorincourt

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Queen Elizabeth Foundation Dorincourt is a residential care home without nursing providing accommodation and personal care for up to 45 individuals living with complex physical support and health needs, some of whom also live with a learning disability. There are 14 self-contained flats, and two group homes for five and six people and a larger home for 20 people. At the time of the inspection 35 people lived in the service across the different households.

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

The management team carried out a range of quality and safety audits, but actions were not always addressed in a coordinated way or shared with staff. There was a lack of organised approach to continuous improvement of quality and safety and inconsistent management oversight of the overall service priority actions, although we saw some of the identified actions had already been completed. The provider had already started addressing the governance improvement needs.

We identified some concerns around infection prevention and control (IPC) practice in the service. This included staff changing the personal protective equipment (PPE) between tasks and PPE storage. The registered manager addressed those actions immediately after the inspection.

People were protected from the risk of abuse, neglect and avoidable harm. Staff were aware of how to recognise and report safeguarding concerns. Staff knew how to support people safely and individual risks to people were assessed and addressed. People received safe support with their medicines.

There were enough staff deployed to support people. The provider adhered to safe recruitment practices. Staff felt supported in their day to day work throughout the COVID-19 pandemic. People and their relatives were kept up to date with COVID-19 related changes to the service and told us the service had a person-centred and transparent culture. The management team maintained good working relationships with other healthcare professionals and community-based organisations.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

As this was a focused inspection, we did not look at all aspects of Right Support, Right Care, Right Culture. However, we would expect the service to be able to demonstrate how they were meeting the underpinning principles of the guidance. The service was able to show the model of care and setting maximises people's choice, control and independence, the care is person-centred and promotes people's dignity, privacy and human rights and the ethos, values, attitudes and behaviours of leaders and care staff ensure people using

services lead confident, inclusive and empowered lives.

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

Rating at last inspection

The last rating for this service was good (published 14 January 2017).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about the management of risks to people receiving care and support and service governance and quality monitoring. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with governance and quality monitoring in the service, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make some improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Queen Elizabeth's Foundation Dorincourt on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Queen Elizabeth's Foundation Dorincourt

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Queen Elizabeth Foundation Dorincourt is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with nine members of staff including the care staff, therapy staff, the registered manager and the assistant manager. We reviewed a range of records. This included three people's care records and service management records.

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed further evidence provided remotely. We looked at care records for three people and multiple medicines records. We looked at two staff records in relation to recruitment checks. A variety of records relating to the management of the service, including audits, action plans and meeting records were also reviewed. We spoke with one more person and six relatives of the people receiving care and support in Queen Elizabeth Foundation Dorincourt.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were knowledgeable around correct use of PPE, had an ongoing access to all required items and wore appropriate PPE when supporting people in close contact. However, on the day of the inspection we observed some staff wore ill-fitting face masks, PPE was not always changed by staff when moving between the different home areas and not all staff adhered to the safe disposal of PPE and social distancing principles when on breaks. We discussed this with the registered manager. They met with the staff team on the day of the inspection and reminded them of the correct use of PPE and IPC procedures in the service and told us they would implement additional monitoring of staff practice.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were extensive maintenance works planned in the service, as some areas could be difficult to clean thoroughly due to signs of wear and tear. The premises were overall clean, however some sluice rooms were cluttered and PPE was not always stored in a hygienic way. For example, gloves and aprons were stored on handrails in the communal areas, 'red' bin bags for high infection risk or soiled items were kept on the floor near one of the bedrooms and some unwrapped face masks were in the sluice rooms on the cleaning equipment trays. We discussed this with the management team who reviewed the environmental risks and purchased storage racks for PPE to ensure clean and accessible storage and the safety of people.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt the service was safe. One person told us they would not hesitate to go to staff if they had any concerns about their own safety and felt safe as 'there were people around'. A relative told us, "[Person] feels safe and tells me they are happy. They never said anything is dangerous."
- Staff received training in safeguarding and knew how to raise any concerns to protect people. For example, staff we spoke with could give examples of how they would recognise potential signs of abuse, such as bruising or change in someone's behaviour and how they would report those to protect people. One

staff member told us they would record any concerns and inform senior staff. They also added, "I would have no concerns about reporting anything outside of the organisation or whistle-blowing."

- The registered manager worked effectively with the local authority safeguarding team on reporting and investigating any safeguarding concerns. Where people were at risk of harm, appropriate action was taken to protect them. For example, referrals to other healthcare professionals were made or equipment checks were performed without delay.

Using medicines safely

- People received safe support with their medicines. One relative told us, "Staff support and monitor closely. [Person] has [a skin condition] that flares up occasionally, staff use the cream (as prescribed). [Person] has never had any red areas." Another relative said, "The home are very strict with prescription directions, they have to be." They explained staff confirmed changes in the person's medicines following hospital treatment and adhered to the prescriber's directions. People had individual risk assessments in place detailing any risks involved in taking their prescribed medicines.

- Staff who supported people with their medicines were appropriately trained and competency assessed. One staff told us, "You cannot administer medication if you are not assessed as competent and we are always making sure the senior [staff member] is not disturbed [when supporting people to take their medicines]." Records confirmed staff were trained in safe management of medicines.

- The management team carried out monthly audits of medicines which included sample stock checks, checks of medicines records, storage arrangements and other areas of safe management of medicines. Where errors were identified, this was appropriately recorded and investigated by the management. Action was taken to prevent risk of recurrence. For example, equipment was replaced and systems of work reviewed following one of the incidents.

Assessing risk, safety monitoring and management

- People told us staff knew their needs well and they felt protected from the risk of avoidable harm. People's relatives confirmed this. One relative told us, "Staff know [person] really well and are aware of any changes. For example, if [person] is feeling a bit off colour. They understand [them], know what food they like and are aware of a [specific food] allergy. This is written in red all over their records. They needed a wheelchair change and staff sorted it all out. I feel very confident in staff."

- Individual risk assessments were completed with people, for example for moving and handling, specific continence needs or eating and drinking. Where people used specialist equipment or required a modified diet, there were pictures included in their care plans and clear written guidance for staff on how to support them safely.

- Records were kept where people needed their specific health needs monitored. There was clear guidance for staff on how to recognise and address any concerns. For example, one person's care plan included information on what should be done if signs of an infection relating to a specific neurological health condition were spotted. Staff we spoke to were aware of people's individual risks.

Staffing and recruitment

- There were enough staff deployed to ensure people received care meeting their needs. One relative told us, "I have seen a lot of staff around but not in an oppressive way." We observed there were enough staff available to provide people with support with meals, personal care or individual sessions on the day of the inspection. The staff team comprised of care staff, senior care staff, therapy team staff and management and admin support on site.

- Staff we spoke with confirmed they could spend enough time with people to provide good care. The service was supported by agency staff and staff working in ancillary and part-time roles as well. The registered manager ensured there were suitable agreements with the staffing agencies for exclusive block-

booking of the temporary staff support. This ensured the same staff were working at the home whenever possible. The registered manager also led on an ongoing recruitment drive in the service.

- The provider had safe systems in place to recruit new staff. The registered manager obtained proof of identity and suitable references for new staff. Staff also underwent a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Learning lessons when things go wrong

- Incidents and accidents were routinely reviewed for patterns and trends to enable the management to identify any lessons learned and service improvement needs. The management team identified and implemented actions to prevent immediate risks to people. For example, changes in staffing were made where necessary, equipment was checked, care plans were reviewed and referrals to other healthcare professionals were completed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Records were not always well-organised. Where people required support with topical medicines such as creams or ointments, this was not consistently recorded. For example, staff recorded application of those medicines on the electronic care records systems, but the medicines administration charts (MAR) were not updated to inform about this. Where people were prescribed 'when required' (PRN) or topical medicines, the directions for use were not always clear. Risks to people were mitigated as staff were aware of people's individual needs which were included in people's care plans. However, those discrepancies were not picked up during the medicines audit.
- The provider's governance framework did not always address the continuous improvement needs of the service in a consistent way. For example, audits, multidisciplinary meetings and incident reviews identified a range of actions required to improve the safety and quality of the service. These included maintenance works, improving key-working systems or induction for staff. A key worker is a carer allocated as a main point of contact for the person within the care team who supports them to review their overall care and to address any changes in needs. Although we saw evidence some actions had already been completed, for example around maintenance works, the service improvement plans, intended to support the delivery of these actions did not always clearly address priorities, allocated the improvement tasks or set clear timeframes for completion. This could mean some actions would be missed or their completion delayed, negatively impacting people's care as a result.
- Staff felt supported in their day to day roles, although their ability to feedback on the service was affected by the COVID-19 pandemic. One staff said, "It would be really good to have an all staff meeting as we have not had one during the COVID-19 pandemic." Another member of staff said, "Lots of improvements could be made. There could be a more coordinated approach. Too many staff and things get started but are not maintained." Records confirmed the approach to continuous improvement was fragmented with different actions identified by different senior staff, but no overall service improvement plan which meant staff were not clear on what action was needed to improve the service and how this would be achieved. The management team regularly communicated other day to day updates to the staff team via daily handovers, written communication and one to one conversations.

The provider responded immediately during and after the inspection. The registered manager had already started a review of the service governance and continuous improvement systems. The senior staff in the

service addressed the medicines records shortfalls with staff and requested support of the prescribers. The systems and processes for recording and monitoring of people's support were also examined by the provider to formulate an improvement action plan.

- People were encouraged to voice their feedback about the service and had regular opportunities to do so. For example, there was a meeting arranged on the day of the inspection. It was held in a COVID-19 secure socially distanced way as people requested to see each other in person to discuss the service. The management team also met with people weekly. There was an anonymous suggestion box and 'you said, we did' notice board in the service. One relative told us, "[Person] gets on very well with their life coach. We can go to staff and they are equally comfortable to speak with us."
- The registered manager understood their legal responsibility to notify CQC about certain important events and were aware on how to work in an open and transparent way. They had submitted all relevant notifications of significant events which happened in the service since the last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service promoted a positive, person-centred culture. People told us they liked living in Dorincourt. People's relatives were overall complimentary about the service as well. One relative said, "They do things very well. They handled the pandemic well and safely. If I'd known how well they were going to manage it I wouldn't have had any fears." Another relative said, "Really, really happy with the quality of the care. Staff are really caring and helpful, very sensitive to what [person] needs. Can tell from the way they talk about them. We can tell how happy [person] is by how he interacts with the staff."
- Where people and their relatives complained about the service, they felt they were listened to by the management team and their concerns would be addressed by one of the senior staff members. Relatives told us action was taken. For example, to replace equipment so people could move around more easily or to enable people to move closer to each other where they were friends, so they could spend time together.
- People's relatives felt the service culture was open and transparent. For example, they were consulted on the plans to move to another setting in 2020. They were also kept up to date around the changes to the service relating to COVID-19 or people's individual needs. One relative said, "Sessions were held for families at convenient times, they made sure they held a follow up meeting with the CEO if we couldn't attend." Another relative told us, "When we've had reviews or discussions, I feel you can raise things."

Working in partnership with others

- The registered manager built good working relationships with local healthcare services which improved people's ability to access the services they needed in a timely manner. The registered manager told us, "We have an excellent relationship with our GP who has enabled us to have a bi-weekly in-house surgery. We use a great deal of external partners for wheelchair services (and other moving and handling equipment)." The service was also continuously supported by the community nursing team. People's relatives confirmed ongoing support from the GP and other professionals was available, this meant any changes in people's health could be supported effectively.
- The service also continued to maintain relationships with other community-based organisations, although this was made more difficult due to the COVID-19 national restrictions. The registered manager told us, "We use a number of external groups, such as a drama group and visiting entertainment acts through the activity coordinators."