Mrs K B Kelly

Queen Ann 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

Queen Ann House is a residential care home registered to provide accommodation and care to 22 people with mental illness. 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.

At the time of this inspection there were 18 people living at the service. In an adjoining house seven people lived in a supported living environment. The provider did not provide personal care to these people and so this service is not regulated by the Care Quality Commission.

At our last inspection on 20 and 21 June 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.

This inspection took place over two days (on 21 February and 6 March 2018) and was unannounced. We brought this comprehensive inspection forward as there had been two safeguarding concerns reported to CQC. These were being investigated by the local authority at the time of the inspection.

The majority of people said they were happy in the home and felt safe and well supported. Staff demonstrated a good level of understanding of safeguarding and were able to explain procedures to respond to allegations of abuse.

Care plans contained risk assessments which gave guidance to staff on how to support people by minimising any risks to their safety or wellbeing. Staff ensured that people were involved in making decisions about their care and support. Care plans were reviewed monthly or as people's needs changed.

There were enough staff employed to safely meet the needs of people living at the service. Staff recruitment had not been consistently robust which put people at risk. We highlighted the issue we found to the registered manager who addressed the issue and we have made a recommendation about safe recruitment practices. Staff received training and supervision and felt supported by the management team.

The service had good systems and processes in place to ensure the safe management of people's medicines.

People received enough to eat and drink to meet their individual needs and timely action was taken by staff when they were concerned about people's health. Staff made referrals to healthcare professionals to ensure people's health was maintained and the service had a wellbeing coordinator who took overall responsibility in supporting people with medical appointments.

People and relatives were generally positive about the service and the staff who supported them. Most people told us they liked the staff and were treated with dignity and kindness.

The service was clean to an adequate standard. The registered manager was making improvements to the environment such as setting up a "wet room" which was suitable for people who had difficulties with standard showers.

A complaints procedure was in place and people and their relatives said they felt comfortable raising concerns and that their views would be listened to and acted on.

People, relatives and staff spoke positively of the management team. Quality assurance processes were in place to monitor the quality of care delivered.

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. Where people's liberty was deprived, the registered manager had applied for authorisation from the appropriate authority.

The provider had processes in place to ensure that the quality of care was regularly monitored and checked and we found that learning took place and continuous improvements were made.

The provider did not notify us of a notifiable incident as required. They made the notification after the inspection when we raised this as a concern.

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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Queen Ann 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 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 21 February and 6 March 2018 and was unannounced. The inspection was carried out by one inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One expert by experience came to the care home and talked to people living there and the other made calls to relatives to seek their views on the quality of care.

Before the inspection we reviewed notifications, complaints and safeguarding alerts made by or about the service. During the inspection we spoke with 13 of the 18 people living in the home and three of their relatives. We also had feedback from six other relatives by phone or email. We spoke with three healthcare professionals during the inspection; a psychiatrist and two care managers. We also spoke to two other healthcare professionals by phone for their feedback. We met with the registered manager, three of the five deputy managers, the wellbeing coordinator, cook and five care staff during the inspection.

We observed staff interaction with people in communal areas and we observed two mealtimes. We carried out pathway tracking where we read the risk assessments, care plans and records of care delivered for four people and talked to them or staff about their care to check if the planned care was being carried out as recorded. We used the home's electronic care planning and recording system. We looked at five people's medicines records, training and supervision records, staff recruitment records for five staff and quality assurance records. We also looked at health and safety and fire records and the management of complaints. We read the home's policies on money management, end of life care, recruitment, complaints and safeguarding.

Good

Is the service safe?

Our findings

Staff were trained in safeguarding vulnerable adults procedures and understood how to respond to abuse. There were two safeguarding alerts being investigated by the local authority at the time of the inspection. We discussed these with the registered manager and with the investigating social workers and there were no concerns we needed to follow up at this inspection.

Some people had previously been financially abused in the home and the registered manager had taken steps to minimise the risk of this happening again. There was a new policy for the management of people's money. This gave people more protection from financial abuse. We did not find any concerns in the management of people's money. We looked at the management of two people's finances. A deputy manager did monthly checks of money held and expenditure and sent receipts to people's financial deputies where required. This helped to protect people from financial abuse.

People had risk assessments addressing risks to their safety and wellbeing and advising staff on how to support the person to minimise risks whilst respecting their freedom. One person who was at high risk of pressure ulcers did not have an appropriate risk assessment in place on the first day of our inspection. The person's care plan in relation to treatment of pressure areas and prevention of pressure ulcers was not comprehensive and did not match written advice from the district nurse. We pointed this out to the registered manager who did complete the risk assessment and an appropriate care plan by the second day of the inspection. We checked this person's care records and found that staff had implemented the new care plan immediately after the first inspection day. The registered manager advised that they would undertake Waterlow risk assessments to assess the risk of pressure ulcers for other people in the home whose mobility was limited. We recommend that the service seek training to ensure best practice in caring for people at risk of developing a pressure ulcer.

There were suitable numbers of staff on duty to support people and they were deployed effectively. At night there were two waking night staff on duty. The registered manager said that this was assessed as sufficient staffing to evacuate people in an emergency and each person had their own personal emergency and evacuation plan to advise night staff on how to evacuate them safely.

At the last inspection in June 2016 we found that one staff member did not have references on file. At this inspection we found staff recruitment practice had not been consistently robust in seeking appropriate verified references and following the provider's own recruitment policy. Two of the three files we selected did not have suitable verified references from previous employers. For one staff member these documents were made available for the second day of the inspection. For the other staff member no action had been taken to verify the references received. The other three staff files did show evidence of all the required checks carried out before they were employed. After the inspection the registered manager did implement improvements to recruitment practice which complied with legal requirements and took action to address the concerns we raised about recruitment. We recommend that the provider ensures they adhere to their recruitment policy and follow best practice at all times.

There were systems in place for the safe management of medicines. A deputy manager had overall responsibility for the ordering and oversight of prescribed medicines. People who needed regular monitoring due to risks associated with medicines they were taking received good support from staff to attend clinics. We observed part of two medicines rounds and found good practice. Staff worked in pairs to give out and record medicines and we saw they carried out safety checks to ensure medicines were given safely. People told us they got their medicines on time and did not have any concerns about their medicines. Staff were trained in medicines management and had an assessment to ensure their understanding and competence. People had a choice of where to take their medicines. One person was requesting a new medicine and staff agreed to pass their request to their doctor.

Staff were trained in infection control and used protective equipment when carrying out personal care. The kitchen and medicines room were kept clean. The kitchen received a five star food hygiene rating from the local environmental health department in 2017.

Accidents and incidents were recorded appropriately and action taken to prevent recurrence. The registered manager was able to explain improvements that had been made to demonstrate learning from when things went wrong.

Eleven of the thirteen people we talked to said they felt safe in the home. One person did not feel safe in the home. We found that the registered manager had taken action to try and make this person feel safer .One person said, "Yes very safe, we get looked after, can do nothing all day, get clothes washed, get fed, we can smoke all day, get tea and coffee drinks all day."

Good

Is the service effective?

Our findings

People received effective care. Professionals involved with people living in this home told us they thought care was of a good standard. People's needs and wishes were assessed and reflected in their care plans. Staff had a good knowledge of people's needs and most people told us that their needs were met. Two people told us their needs were not met and they did not like living in the home. We discussed this with the registered manager and concluded that for one person their dissatisfaction was part of their condition. The registered manager said they would pass on the other person's views to their local authority.

The registered manager kept a training record to monitor each staff member's training. Some staff had completed the Care Certificate which is a nationally recognised suitable qualification for working in social care. They told us that all staff were soon to complete this training. Staff had completed all mandatory training required for the job. Our observations of staff interacting with people showed that staff had an effective understanding of people's individual needs.

Staff received regular supervision and appraisals and they all told us they felt well supported. Three staff told us that they had opportunities to develop and take on additional responsibilities, for example advocacy. They said there were opportunities for promotion and that the management team were always on call to advise them.

The menu only showed one choice of meal but care records showed that people could eat alternative meals if they wanted. Meals were chosen at residents' meetings weekly but despite this there was mixed feedback about meals. One person said the food was "lovely" but other people's feedback was less positive. They said the food was, "ok" "not bad" and "alright" and two people said they didn't like the food. We saw that where a relative had made suggestions for food for one person that they liked to eat this was acted on. Records showed staff had given them their preferred foods. One person who said they didn't like the food chose to prepare their own food. We observed mealtimes and saw people enjoying their meals on the days we were there. We tasted one lunch and the food was cooked well with fresh ingredients. Staff encouraged people to eat and helped those who needed help to eat. Staff offered people more food and also encouraged them to drink. Two people had their food and drink intake recorded to ensure they ate and drank enough to maintain their health. The registered manager said that fresh fruit was offered to people at 3pm every day. We saw this happened.

The staff team worked well together and with other organisations to deliver effective care. A care manager, doctor and social worker told us that the staff team worked well with them and implemented their advice.

The registered manager allowed staff to smoke alongside people living in the home in a covered conservatory type smoking area. This is not usual practice in care homes where staff are expected to smoke outside or away from the premises and does not promote smoking cessation and healthier living.

People had good support with their general health. The home's wellbeing coordinator was responsible for making and supporting people with medical appointments and other staff supported people as needed.

Staff had good oversight of people's health needs. We saw that people could ask to see their doctor and staff responded promptly to changes in people's mental health by contacting their care manager or psychiatrist to visit during the inspection. Staff had recently cared for people who had complex medical needs and professionals told us that the staff team did this well. Staff had been provided with training in meeting individual health needs such as caring for somebody in dialysis treatment, looking after a person who had their food via a tube in their stomach and caring for somebody at the end of life.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).There were DoLS in place for some people who did not have capacity to consent to living in the home. One person told us they felt they were living in the care home against their will. We discussed this with them and with the registered manager, who agreed to contact the person's placing authority to pass on their request to move out of the home.

We observed that staff asked people before they provided care and waited for their consent. People's choices, for example to wear ill-fitting clothes, were respected. The home had CCTV cameras in place which had been there for many years. We discussed this with the registered manager who said he would consult with people about the continued use of CCTV, ensure they were meeting legal requirements regarding people's consent and inform us of the outcome.

People who required equipment such as pressure relieving mattresses, wheelchairs and hoists had these in place and staff had completed training in how to safely use the equipment. There was ground floor accommodation for people who needed it.

The décor and furnishings in the home were not modern but this did not have a negative impact on people. Most people had lived in the home a number of years, considered it their home and did not make any negative comments about the decor. A staff member said, "It may be old-fashioned but the care is really good" and a relative said, "The environment is not so nice but staff are caring and that's the main thing." Another relative said, "It's not a smart care home, but it is very comfortable, and the staff are lovely."

The provider was in the process of installing a wet room for those who were less physically mobile and told us they planned to replace the lounge carpet.

Good

Is the service caring?

Our findings

Relatives and professionals told us that the quality of care provided in this home was good and that staff were very caring. A relative of someone living in the home told us, "it's one of the best places she's been." Another visitor said, "All the staff, it's as if they were handpicked, they are very caring, they are like a family to them. They could not have had better care."

People living in the home told us they felt cared for. One person said they thought their wellbeing had improved since living in this home.

Staff treated people with kindness and respect and listened to them. The home's electronic recording system had capacity for people to make requests about their care or the running of the home. The registered manager monitored the requests that staff recorded on behalf of people. We saw staff recording a request someone made. One staff member had responsibility for advocating for people in the home. People said that staff listened to them and cared about them.

We saw staff gave people emotional support when they needed it and also sought advice from professionals when needed. Staff showed a good understanding of people's behaviour and acted in a supportive way towards them.

People had opportunity to express their views and be actively involved in making decisions about their care as much as they were able. One of the deputy managers reviewed care plans on a monthly basis and did this with the person when they were able and willing.

Friends and relatives told us they felt welcome in the home and that staff would update them about their relative's care. They said staff would welcome them and offer them a drink. They attended parties at Christmas and in the summer and felt they could visit any time.

People had privacy and their independence was encouraged. An example of this was where a person chose to wear clothes that did not respect their dignity. Staff encouraged them to dress more appropriately but respected the person's independence in choosing their own clothes. We noted two people were wearing clothes and footwear that did not fit them. Staff told us that these people chose to wear clothes too large for them and had rejected offers of help to buy other items. One visitor told us, "They treat them with respect and dignity."

People told us their privacy was respected. They said staff "Always knock before coming into my room" and, "Very good, have my own room, all have our own rooms, TV, if we want to be on our own, staff check on us." Another person said, "I go to my room for privacy." People told us they could get up and go to bed whenever they wanted

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and wishes. Care plans included people's needs in the areas of physical and mental health including dementia, medicines, communication, mobility, behaviour , activities and social needs, religious and cultural needs, nutrition, continence and finances. Changing needs were recorded each month.

Most people said their cultural and/or religious needs were met. The registered manager knew people's cultural and religious needs well. Staff supported people who wanted to attend a place of worship but people told us they didn't need any support with meeting their religious needs. One person requested support from a professional from a specific cultural background and the registered manager had supported them to arrange this. Another person had complex cultural needs and the registered manager was able to explain how staff met the person's needs and preferences. Staff said they treated each person as an individual.

Staff met the needs and interests of people of different ages well. They supported people who had developed physical health needs and disabilities while living in the home and responded well to their changing needs.

We saw staff acting on people's requests and relatives' suggestions to provide them with good support. When the monthly care review was completed the registered manager put an alert on the homes' electronic recording system so that staff knew that they needed to read a changed care plan.

The home's activities coordinator arranged a programme of group activities for those who were interested. This person was away at the time of our inspection. On the first day of our inspection an entertainer who sang and danced with people visited and a number of people took part and enjoyed it. This was a regular activity. People told us they were able to go out to local shops and cafes and that staff would accompany them if they wanted support. There had been a group trip to the coast last summer.

Relatives told us, "He is able to do what he wants in there, he has been there 20 years he is happy enough there. He doesn't want to go anywhere else. They do things like hobbies or games, but he doesn't join in." Another relative said, "Some of the people have dementia and it is very difficult to stimulate them." A third relative told us, "I think they are improving, I think it is fine, I think it suits her where she is, I haven't been to other care homes in the borough."

The home had a complaints procedure and kept a record of complaints and their response. The registered manager tried to meet with complainants if they were willing to discuss their complaint in person. They kept records of complaints and of their responses to them.

People were supported at the end of their life to have a comfortable death. The staff team had supported people at the end of their life with the help of specialist palliative care professionals. There was an end of life care policy in place in the home to advise staff on how to support people who were at the end of their life

and they supported people to stay in the home until the end of their life if they wanted to.

People's wishes in the event of their death were discussed with those people willing and able to do so. Those people had end of life care plans. The registered manager had arranged a meeting with a local solicitor for people and interested relatives where advice and a free will service was provided.

Good

Is the service well-led?

Our findings

The provider had not notified CQC of a situation where a person was found to have an unexplained serious injury leading to permanent disability. They had also not reported this to the local authority so it could be investigated. The registered manager submitted a notification about this to CQC and the local authority after the inspection. Other notifications had been made as required. After the inspection the registered manager improved systems to reduce the risk of this happening again.

Queen Ann House is a family run business. The provider has operated this home for many years and family members worked in the home including the registered manager and a deputy manager. One person in the home said this made them feel part of a family.

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 was committed to delivering high-quality care and support for people. They had introduced an electronic care system which was used by all staff. This system recorded people's needs, tasks for staff to complete and records of all care and support provided. Staff entered each episode of care and support contemporaneously for example, a meal eaten, a medical appointment and support with personal care. The registered manager was therefore able to check at any time the support provided to each person that day. The system was used on the wellbeing coordinator's mobile phone so that it could be used at medical appointments. This helped them give up to date information to professionals. The registered manager was committed to continually developing use of the system to provide responsive care.

There was a clear management structure of registered manager and five deputies who each had areas of responsibility and a staff team to supervise. There were regular meetings of the management team and weekly meetings for staff to ensure information was shared, staff understood their responsibility and was an opportunity to listen to each other's suggestions and views. This approach led to staff feeling supported in their work and clear about their role. Staff showed enthusiasm and commitment for their work.

The service sought to make improvements on an on-going basis. A professional told us that they saw improvements each time they visited the home. Recent improvements included a new area for private meetings for people to talk with visitors/professionals. Other examples were electronic care records to ensure contemporaneous recording of all care and an advocacy champion to promote people's views. Questionnaires were given to relatives annually to invite them to give their views on the care in the home. Their feedback was generally positive. The registered manager gave examples of where they had tried out new ways of working and evaluated them to see if they were effective. They then made changes if the new approach was not working. One example of this was the way visitors were welcomed and signed in to the home. The registered manager had good oversight of all aspects of care and met with the management team weekly to check on their areas of responsibility and discuss any improvements they planned to make.

Despite this, they had not identified the recruitment or pressure care risks that we found.

We found that the provider cared for some people who did not have mental illness but were older people diagnosed with dementia. The registered manager informed us that this had always been the case. We informed the registered manager that if they wished to continue to provide a service for older people with dementia that they should complete a notification to CQC to add a service user type of dementia. The provider had not provided training in supporting people with dementia to recently employed staff. We recommend that the service seek training in current best practice in caring for people living with dementia.

The home worked in partnership with the local authority and professionals from the mental health service. They gave positive feedback about the quality of the service and the ongoing improvements.