

Agincare (Derby) Limited

# Queensferry Court Care Home

## Inspection report

Queensferry Gardens  
Allenton  
Derby  
Derbyshire  
DE24 9JR

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

### About the service

Queensferry Court Care Home is a nursing home providing personal care and accommodation for up to 56 people. At the time of our inspection 26 people were using the service.

The service is over two floors and is separated into different zones. The service supported people on short term placements on a 'discharge to assess' scheme. This scheme allowed people to live at Queensferry Court, while they and professionals decided long term care arrangements. As part of this scheme, external physio and occupational therapists worked closely with the service.

As well as the 'Discharge to assess' scheme, people also remained at the service longer term.

### People's experience of using the service and what we found

We identified a few concerns about the recording and administration of medicines that are taken "as needed". We found that during the night shift, the environment was not always safely managed. We observed that kitchen staff did not always wear the correct personal protective equipment. We reported these concerns to the registered manager, they told us that after the inspection these concerns were resolved.

We observed staff were well trained and knew people's care needs well enough to ensure that they were supported safely and effectively. The service was clean.

There were enough staff and staff were safely recruited. If needed, referrals were made to other professionals. Professional advice was documented and followed, for example GPs and physiotherapists.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed positive caring interactions between people and staff. Visiting professionals we spoke to reported that the service was caring.

There was a clear governance process to ensure that records were audited at the service. The registered manager oversaw the care staff work to ensure it was effective. Staff spoke highly of the registered manager and felt the service was managed well.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 13 January 2020 and this is the first inspection.

### Why we inspected

The inspection was brought forward. This was partly due to an incident that had occurred at the service, where a person had fallen and sustained serious injuries. At the time of the inspection, this incident was still being investigated by the local authority. We had also received concerns about: Infection control procedures, incident management, people being at risk of pressure related skin damage, poor moving and handling, dehydration and medicines.

A decision was made for us to inspect and examine those risks. We found some areas that needed improvement (reported in the safe part of the report). However, overall the service was 'Good'.

### 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 choose to 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 effective?

The service was effective.  
Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good 

# Queensferry Court Care Home

## **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 completed by two inspectors.

#### Service and service type

Queensferry Court Care Home 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

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

The provider is legally required to notify us of significant events that have occurred at the service. We reviewed this information that the provider had sent. We also asked the Local Authority for feedback on the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three visiting professionals about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care workers, care workers and the kitchen staff.

We started the inspection visit at 7am. This was to observe both the night and day shift care.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

### Assessing risk, safety monitoring and management

- During the night shift, we identified that the environment was not always safely managed. This included thickener for drinks not being locked away, and sluice room doors being left open. These concerns can cause a risk to people who experience confusion. We informed the registered manager, who advised they would take action to ensure that the environment is managed safer.
- People had care plans and risk assessments in place to guide safe care. The use of an electronic system allowed staff to meet people's needs in a timely way.
- People needs were reviewed regularly. Staff were made aware of people's changing needs through handovers and care plans.

### Using medicines safely

- "As needed" medicines in the nursing unit had no guidance to direct staff on when people may be needed. Staff did not note down why they had given 'as needed' medicines. Following the inspection feedback, the registered manager advised guidance is now in place and will be monitored going forward.
- Medication in the residential unit was safely managed. Medication were administered by trained staff, medicine was stored safely and clear medicine records were kept.
- Actions were taken were medication needed to be reviewed, for example contact with GP and pharmacy.

### Preventing and controlling infection

- Most staff worn personal protective equipment correctly. The exceptions were kitchen staff who did not wear masks consistently as required. This can increase the risk of COVID-19 transmission The registered manager has advised they will discuss the importance of this with the Kitchen staff.
- Visitors received COVID-19 tests and had access to personal protective equipment. This prevented visitors from catching and spreading infections
- We were assured that the provider was admitting people safely to the service. People were tested for COVID-19 before arrival, then remained in isolation as government guidance requires
- People and staff were routinely tested for COVID-19. The service was clean to reduce the risk of COVID-19 transmission

### Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I feel safe. I can't walk on my own but when I need them [staff] they pretty much come straight away".
- Staff had received safeguarding training and understood how to report potential abuse. They were confident that the management team would listen and act on any concerns they had.

### Staffing and recruitment

- There were enough staff. We saw that people had their needs met promptly.
- Staff were safely recruited following the provider's recruitment policy. They had completed checks with the Disclosure and Barring Service (DBS) and provided references. The DBS checks show if an employee had a criminal record or had been barred from working with adults.

### Learning lessons when things go wrong

- Staff knew how to report concerns, and record safety incidents. Accidents and incidents were thoroughly recorded and analysed.
- The provider had arrangements in place to notify the relevant partners when things go wrong, for example serious injuries and safeguarding incidents. They engaged with reviews to ensure lessons were learnt
- People's care plans and risk assessments were reviewed when accidents, for example falls occurred.

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# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with current standards. People had their own care plans, which reflected their needs and choices. This allowed staff to provide effective care.
- Care was provided according to current guidance and the law. Staff understood their roles and responsibilities.
- Where we found some concerns in the service (already reported in 'safe'), the registered manager was quick to resolve these to meet current standards.

Staff support: induction, training, skills and experience

- Staff received training to support people's diverse care needs.
- Staff had good knowledge of how to support people and told us that the training was good quality.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a balanced diet. If people had swallowing difficulties, they were provided with a suitable diet and support.
- People had access to drinks at all times. Records were kept for how much people drank, to ensure people were hydrated.
- Meal times were observed to be calm and organised, to ensure people's needs were met

Staff working with other agencies to provide consistent, effective, timely care / Supporting people to live healthier lives, access healthcare services and support

- Where people required external professional support (for example a GP), this was arranged in a timely way. Professional advice was recorded for staff to follow.
- The service supported people on short term placements on a 'discharge to assess' scheme. This scheme allowed people to live at Queensferry Court, while they and professionals decided long term care arrangements. As part of this scheme, external physio and occupational therapists worked closely with the service. This close working allowed positive outcomes for people using this short-term placement scheme.

Adapting service, design, decoration to meet people's needs

- The service design and decoration met people's needs.
- The provider had recently purchased the service. They had extensive plans to renovate the service and allow it to better meet people's needs. This renovation had been paused due to the COVID-19 pandemic.

## Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people may not be able to make a decision for themselves, a mental capacity assessment had been completed. Staff were then guided on how to support the person in their best interests.
- If people lacked mental capacity and required ongoing supervision, then timely referrals had been made for Deprivation of Liberty Safeguards. We were therefore assured that the service was supporting people's decision making in a legally authorised way

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness by staff. There was a positive atmosphere in the home where people and staff were seen to have good relationships
- People spoke highly of staff and said they were well supported.
- Staff knew people's diverse needs and preferences well. People's diversity was recognised and respected.
- The service had received multiple written compliments about the kind caring nature of staff.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express preferences about how they would like care to be completed.
- Staff knew people's preferences and worked hard to meet them. People's preferences were recorded in care plans, so new or agency staff also knew how to support them

Respecting and promoting people's privacy, dignity and independence

- We saw that people's privacy was well respected. Staff knew how to promote people's dignity.
- Where people experienced confusion, staff worked hard to ensure their needs were met in a dignified way. People were encouraged to be independent with tasks as much as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised to meet their needs. People's life history was considered, to guide staff on their preferences and lifestyle choices.
- People had a choice about their daily routines. For example, what time they would like to get up and what they would like to eat.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were carefully considered, to ensure that information was presented in a way they understood. Staff spoke to people in a way they could understand.
- If required, people had additional support put in place to ensure they could engage with decisions. For example, using easy read documentation or bringing in external professionals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were multiple activities available for people to engage with at the service. These activities were relevant to the people's needs and preferences.
- The inspection occurred during the COVID-19 pandemic. In line with government guidance, the service had identified specific visitors to the service. Visits were pre-planned and followed infection control procedures. This allowed people to maintain social and culturally relevant relationships during the pandemic.

Improving care quality in response to complaints or concerns

- The service had received multiple compliments about the service. There had been one complaint, which the provider had begun to investigate with the local authority.
- There was a complaints policy in place, and people had a good relationship with staff to make a complaint if they felt it was needed.

End of life care and support

- Nobody at the service was receiving end of life support. Systems and processes at the service were good, and meant that if a person was to reach the end of their life, we were reassured that responsive, high quality

end of life support would be provided.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided both long and short-term care. All people received care in line with current standards and care that provided good outcomes for them.
- The service was person centred, promoting people's individual routines and meeting their needs safely. This allowed people to have good outcomes.

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

- We identified some short falls on inspection (This has been reported in the 'safe' domain). Where we highlighted a concern, the registered manager was quick to act and resolve the issue. The registered manager had a thorough auditing tool in place, that had otherwise been effective at providing a high-quality service.
- The provider had notified the CQC about events that occur at the service. It is a legal requirement to do this.
- Where incidents had occurred at the service. There was a clear investigation into the incidents, and audits allowed possible themes to be considered. During the inspection, the provider was working with the Local Authority safeguarding team to investigate an incident that had occurred at the service. The outcome of the local authority investigation had not yet been concluded.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff worked in specific areas of the service, this was part of the provider's COVID-19 pandemic arrangements as it reduced the risk of infection transmission. Staff knew the people they supported very well.
- Staff understood the expectations of their roles and which senior staff could support them if needed it. All staff spoke highly of the registered manager and surrounding management team.
- Regulatory requirements were met. Staff and management understood how to provide care in line with current standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had access to team meetings. There were also clear daily handovers to ensure that people's changing needs were updated to the staff team.
- People's diverse needs were recorded to ensure that they could actively engage with the service.

#### Continuous learning and improving care

- There were effective governance and auditing tools, to ensure that care was delivered in line with current standards.
- The service used an electronic monitoring system to ensure that people's care needs were effectively met. For example, if records showed a person had not drunk enough, an electronic alert was sent to the senior team to follow up.

#### Working in partnership with others

- The service supported people on short term care placements, these people had access to external therapy teams to ensure that their needs were fully assessed and where possible skills improved. The external therapy team and Queensferry Court staff both spoke positively about the communication between them.
- People also had access to other health professionals to ensure their needs were met. For example, if people had swallowing difficulties then specialist advice was sought and recorded for staff to follow.