

Lee Valley Care Services Ltd

Queenscourt

Inspection report

22 Queenscourt
Wembley
HA9 7QU

Date of inspection visit:
18 May 2021

Date of publication:
23 June 2021

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

About the service

Queenscourt is a supported living scheme. It provides personal care for people with mental healthcare needs. At the time of this inspection, there were three people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The provider also runs a care home which is adjacent to the supported living unit at 20 Queenscourt.

People's experience of using this service:

People and their representatives were satisfied with the care provided. People were safe in the service. Risks to people's health and wellbeing had been assessed. There was detailed guidance for staff on how to keep people safe and minimise risks to people.

People were protected from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

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

People received their prescribed medicines. There were suitable arrangements for the safe administration of medicines. Medicine administration records (MAR) were appropriately completed.

Fire safety arrangements were in place and staff were aware of action to take to safeguard people in the event of a fire.

The service had taken measures to prevent and control the spread of COVID -19 and other infections.

The service provided people with person-centred care. People's care needs had been carefully assessed prior to them coming to them being accepted for the supported living scheme. Care plans were comprehensive and had been reviewed with people and their representatives.

The service had a policy on ensuring equality and valuing diversity. Staff provided care and support that met people's diverse and individual preferences.

People participated in some activities within the supported living scheme. However, there is a need to encourage people to review their activities programme and consider starting to go out into the community again.

There was a complaints procedure and people knew how to complain. Complaints recorded had been

promptly responded to.

The service was well managed. Management monitored the quality of the services provided via regular audits and checks.

The results of individual surveys indicated that people were satisfied with the care and services provided.

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

Rating at last inspection and update

This is the first comprehensive inspection of the service. At this inspection we have rated the service as Good. This is the first comprehensive inspection since the service was registered in April 2019. We carried out a focused inspection in November 2020. The service was not rated however a breach of regulation was found. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection. At the focused inspection of 27 November 2020 we found risks related to staffing arrangements. The service did not have adequate numbers of staff deployed to meet the needs of people. This was a breach of Regulation 18 (Staffing). At this inspection, we found there were sufficient staff to attend to people's needs. Care staff had been carefully recruited and pre-employment checks had been carried out. They were well trained and were knowledgeable regarding people's needs. The overall rating for the service is Good.

Follow up:

We will continue to monitor the service through the information we receive. 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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below

Queenscourt

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. Inspection activity started on 18 May 2021 and ended on the same day. We visited the office location on 18 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with two members of staff and the registered manager.

We reviewed a range of records. This included three people's care records and three people's medication administration records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safety checks, audits, 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, quality assurance records, policies and procedures and care records. We obtained feedback from three care professionals and we spoke with a relative of a person who used the service.

Is the service safe?

Our findings

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

At the focussed inspection of on 27 November 2020, this key question was unrated as we only examined areas related to concerns brought to our attention. At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our inspection on 27 November 2020, we identified that there was inadequate deployment of staff. This was a breach of Regulation 18, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). At this inspection we found that the service had made improvements in respect of this and staff were adequately deployed.
- The service had adequate staffing levels to attend to the needs of people. The staff rota indicated that there was always a minimum of two staff on duty at all times in addition to the registered manager. Staff were attentive towards people. They told us that they were able to complete their allocated tasks.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.

Using medicines safely

- People received their medicines as prescribed. Medicines were managed safely. The three medicines administration records (MAR) examined had no unexplained gaps.
- Medicines were stored securely and at the correct temperatures.
- Regular stock checks took place. Monthly medicines checks had been carried out to ensure that procedures were followed. We noted that the last audit of medicines done by an external professional indicated that the administration of medicines was satisfactory and that recommendations made had been followed up.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People told us that they were safe when cared for by staff and they were well treated. One person said, "I feel safe here - best situation I have been in. The staff talk nicely to me." A representative of a person who used the service said, "X is safe there - very much so! There are always staff around."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included those associated with the pandemic, smoking, behaviour which challenged the service and falls. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or

other emergencies.

- There were arrangements for fire safety. The service had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out.
- The hot water temperatures to the supported living scheme were regularly checked by staff. This was also carried out prior to people having a shower or bath. This ensured that people were protected from scalding.

Preventing and controlling infection

- There were suitable arrangements for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and were aware of action to take to prevent infections from spreading.
- There were sufficient stocks of personal protective equipment (PPE) such as gloves, aprons, goggles and masks.
- People told us the premises had been kept clean and staff observed hygienic practices.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. No accidents had been documented. The registered manager stated that there had been none. One incident was recorded. There was evidence to indicate that the incident involving a person who used the service had been analysed and staff had been given guidance to prevent a re-occurrence.

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

At the last focussed inspection this key question was not inspected or rated. At this inspection this key question has been rated as good. 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 care plans showed that their needs had been individually assessed. Details of people's needs, including their cultural, religious, dietary, relationship needs, and preferences were recorded. This ensured that staff could provide care and services that people wanted.
- People's care needs had been reviewed with them and their representatives. Care plans were updated when there were changes in people's requirements and preferences. People and a representative of a person confirmed that people's care needs had been met.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff had received a comprehensive induction.
- Staff records indicated that care workers had completed a range of training relevant to their role. Training included administration of medicines, food hygiene, infection control and safeguarding.
- Staff were supported by management and there were arrangements for regular supervision and an appraisal of their performance. They told us that their managers were supportive, and teamwork was good.

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

- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, dietary needs and preferences were recorded. This ensured that their individual needs could be met by staff.
- People's preferences and choices had been responded to. For example, a person who used the service enjoyed music and liked to watch musical programs. The service ensured that they could watch musicians performing on TV and the internet. Some people who used the service supported different football clubs. Staff enabled them to watch matches on the TV sports channel and had planned to visit a football stadium to watch football matches after the current COVID-19 lockdown.

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

- The nutritional needs of people were met. Nutritional needs had been assessed and there was guidance for staff on meeting the dietary needs and preferences of people. Some people needed to have special diets and staff had ensured that this was made available for them.
- A recent satisfaction survey indicated that people were mostly satisfied with the meals provided. One person who was not satisfied stated that they purchased and cooked their own meals. The registered manager stated that staff supported and assisted this person in meeting his preferences.

Staff working with other agencies to provide consistent, effective, timely care

- Staff regularly engaged with social and healthcare professionals regarding the healthcare needs of people. Care records contained evidence of appointments made with people's GP, chiropodist, optician, dentist and psychiatrist. This ensured that the needs of people could be met. Appointments had also been made with hospital consultants when needed.
- Care professionals told us that staff worked with them to ensure people received the care they needed.
- The registered manager informed us that they had joined in local authority care forums and updates on topics such as COVID-19 infection control and advanced care planning. They had also worked with the local infection control nurse to implement infection control measures.

Supporting people to live healthier lives, access healthcare services and support

- There was information in people's care records about their health and general wellbeing. Guidance was available to assist staff care for people who had healthcare issues and who may need special attention because of their healthcare or mental health issues.
- All people had had received their first and second dose of COVID-19 vaccine.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Care workers had completed MCA training. They had a basic knowledge of the MCA and the importance of always asking for people's permission before supporting them with personal care and other tasks.
- Care plans included information about people's capacity to make decisions and provide consent to their care. There were details of people's next of kin or others who advocated for them.
- The registered manager stated that no one was under a Court of Protection order and people could go out freely if they wanted to.

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

At the last focussed inspection this key question was not inspected or rated. At this inspection this key question has been rated as 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 respected and well treated. Staff had received training in ensuring equality and valuing diversity. They were also reminded in team meetings to show respect for all people. The service had guidance for staff on meeting the equality and diversity needs of people.
- Staff respected and supported people in meeting their diverse needs and were non-judgemental in their work. One person needed a special diet which met their religious needs. Staff had prepared the meals for them. Staff had also asked people about their hobbies and interests and where possible had arranged for them to continue with these interests. These included music and football.
- On the day of the inspection, we observed positive interaction between people and staff. Staff greeted people warmly and engaged them in conversation. They spoke with people in a pleasant, respectful and friendly manner.
- One person said, "OK here. They are treating me well." A representative of a person said, "I can't thank them enough for their care. The staff are friendly and welcoming."

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

- The service supported people to express their views about the care provided. Staff held monthly meetings where people could make suggestions and discuss issues with them. This was confirmed by people and in minutes of meetings we saw.
- There were weekly one to one sessions where people could discuss their care with their key workers. This enabled people to discuss their individual progress and concerns.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff protected their privacy. People told us that when staff wanted to speak with them when they were in their bedrooms, they first knocked on their bedroom doors and waited before entering.
- Staff told us that when they were assisting people with their personal care, they were careful to ensure that they protected people's privacy by closing people's bedroom doors and if necessary, they would close the curtains too.
- People were encouraged to be as independent as possible. They were encouraged to keep their bedrooms clean and tidy. We saw that people could prepare drinks for themselves when they wanted to. One person told us that they went shopping and prepared their meals with supervision from staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last focussed inspection this key question was inspected but not rated as we only examined areas related to concerns brought to our attention. At this inspection this key question has been rated as good. This meant people's needs were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service planned and provided personalised care for people. People and their representatives told us that the care provided met people's needs and preferences. One person said, "They treat me well. They help me with my personal care. There are also meetings for us." A representative of a person who use the service said, "I am just so happy. X has calmed down and definitely improved. X is also nicely dressed when I visit X."
- At this inspection we noted that people could engage in some activities. These included card games walks in the local area, gardening, cooking and watching football.
- One person said they were able to go out into the community on their own. Two people stated that they had not been out recently, and they would like more outings. The registered manager stated that she would look at assisting people to go on more outings.
- We looked at three people's care records. They contained photos of people and comprehensive assessments. These related to people's care needs, life histories and people important to them. Following this, care plans had been prepared. The plans contained specific information relating to people's care such as their likes and dislikes, physical health, mental health, personal care, nutrition and mobility. This ensured that staff were fully informed on meeting people's needs.
- We discussed the care of people with behaviour which challenged the service with the registered manager and her staff. We found them to be knowledgeable. The service had guidance for staff on how to care effectively for people and staff had received appropriate training. They were aware of techniques to use to defuse difficult situations and how to calm people down. A representative of a person who used the service stated that staff had been successful in helping a person who had behaviour which challenged the service.
- Regular care plan updates and reviews of care with people and/or their representatives had been carried out and recorded.
- The registered manager provided us with an example of good practice related to the improvement of a person who had been constantly agitated while in a different placement. As a result, their relative was reluctant to visit them. Since arriving at this placement, this person had improved with the attention and care provided. Their relative had commented on the progress made and had been visiting regularly.

Improving care quality in response to complaints or concerns

- No complaints had been recorded. The registered manager told us that no complaints had been received.
- People told us they knew how to make a complaint and if they had concerns, they would speak with the manager. They informed us that they were satisfied with the care provided. One person said, "I have no complaints. I can complain to the manager if I am unhappy."

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.

The registered manager informed us that staff had received training on how to communicate effectively with people. The communication needs of people had been assessed. None of the people who used the service had any special communication needs and they could communicate well in English. We noted that people were able to communicate their views to us.

End of life care and support

- The service had a system in place for providing end of life care although no person was receiving end of life care at the time of this inspection.
- The service had explored the end of life choices and preferences with people and their representatives. These were documented in people's care records.

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 focussed inspection this key question was inspected but not rated as we only examined areas related to concerns brought to our attention. At this inspection this key question has been rated as 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 had taken steps to establish a culture that was open, inclusive and person-centred. People and their representatives provided positive feedback about the helpful and caring attitude of staff.
- The registered manager had ensured people's needs were met through ongoing review of their care and consultation with them and their representatives.
- Monthly meetings had been held where people could express their views and discussed matters related to the running of the supported living scheme.
- People and representatives told us that the service was well managed, and people were well cared for. One person said, "The service is well managed. The manager is approachable" A care professional said, "When we have checked each client's files with the provider, the information and documents have been up to date. Kindly note that to date we have not had any concerns about the care and support that our clients receive from this provider, and we would be very happy to place other clients with this provider in future."

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 registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong.
- The registered manager and her deputy manager knew when they needed to report notifiable incidents to us and to the local authority.

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

- People who used the service had opportunities to feedback about the care provided. The service had obtained people's views of the service and the care provided prior to this inspection. The overall satisfaction rate was good and indicated that people were satisfied with the care and services provided.
- People's diverse and individual needs had been recorded in their care records. Effort had been made to assist people in fulfilling them. These included enabling people to have meals people they wanted, assisting them to pursue their special interests and hobbies such as watching TV programmes they liked, visiting places of interest and celebrating special occasions with them. The service had an equality and diversity policy and people told us that they were treated with respect and dignity.
- Care professionals told us that the service was well managed, and staff ensured that the needs of people

were met. One of them said, "Staff worked well with us. Overall, I am generally pleased with my client's care."

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

- There was a management team in place. The registered manager was supported by a deputy manager and a team of care staff.
- Staff felt well supported. They told us their managers were approachable and listened to them. One staff said, "The managers are very approachable. There is good communication and perfect teamwork." A second staff said, "It's good here. The manager is like a mother and treat me nicely."
- Staff meetings were held two weekly and used to share information about people and the service. Morale and communication within the team was good.

Continuous learning and improving care

- The service had a quality assurance system. Checks were carried weekly in areas such as medicine stocks, care documentation, cleanliness and maintenance of the building. Audits took place monthly. These audits included areas such as medicines, care plans, health and safety and staffing arrangements. Following these audits, action had been taken to rectify any deficiencies noted.
- Social and healthcare professionals made positive comments regarding the diligence and willingness of management to improve care for people.