

Chestnuts (Arnesby) Limited

Queens Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Queens Lodge is a residential care home providing personal care to four people at the time of the inspection. The service can support up to four people.

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

Right Support

- Improvements began during the inspection to support people to spend more of their time doing things they enjoyed and spending time with people who were important to them.
- The process of regularly reviewing people's aspirations needed to be strengthened so people could work towards goals which were important to them.
- Some health needs were not consistently met, action was taken immediately to rectify this.
- Staff supported people to make decisions using their preferred communication styles and methods.
- Staff supported people with their medicines safely and in the way they preferred.

Right care

- Improvements were required to ensure people always received safe care and treatment. For example, in effective recording, monitoring and review of distressed behaviour and accidents/incidents. Staff assessed and knew the risks people might face.
- There were enough appropriately skilled staff to meet people's needs and keep them safe. An action plan was in place to get all aspects of staff support up to date and maintained.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity.
- Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right culture

- Management oversight of the service had lapsed in recent months. This was identified prior to the inspection and action was underway to make improvements.
- Mealtime experiences were not enriching for people living in the service.
- Documentation to support mental capacity assessments and best interest decision making required improvement.
- People and those important to them were involved in planning and reviewing their care.

- The deputy manager and most of the care team had worked in the service for a long time, which supported people to receive consistent care from staff who knew them well.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right Support, Right Care, Right Culture.

The inspection was prompted in part due to concerns about management turnover, and food quality, as well as issues found at a nearby sister service.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Queens Lodge

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 Health and Social Care Act 2008.

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

One inspector carried out the inspection.

Service and service type

Queens Lodge 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received since the last inspection, including from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with four people who used the service and three relatives about their experience of the care provided. Some people were unable to talk with us and used different ways to communicate including gestures, vocalisations and body language. We also observed people and their interaction with staff and each other throughout the inspection visits.

We spoke with six staff including the nominated individual, deputy manager and care staff. We also spoke with two consultants who are supporting the service. We sent emails requesting feedback to eight staff, and received five responses.

We used the Short Observational Framework for Inspection (SOFI) and spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed updates from the service on action taken in response to issues raised.

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 has 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Recording of incidents where people showed distressed behaviour was not always effective. Key information was not clearly or consistently recorded. This meant the management team could not monitor and review patterns of behaviour to ensure optimal care was provided. For example, one person had experienced significant changes recently and staff told us their behaviour had been affected. There was no overview or analysis available of what this meant.
- Records of accidents, incidents and falls were not regularly reviewed by the management team. The provider could not be assured that all required actions were taken following an event taking place. The deputy manager was not always aware of what had happened. This meant opportunities may be missed to put in place measures to reduce the risk of the same thing happening again or of spotting trends or themes.
- Staff handling and support of distressed behaviour did not match information in care records. Two people's care records advised the use of physical intervention and restraint as the last resort. Staff did not have up to date training for this and confirmed they did not use restraint.
- Staff were due to complete positive behaviour support training, which reflected staff practice. Care records required revising to reflect this approach and give clear up to date guidance on how people should be safely supported.
- Aspects of people's health needs identified in their care and risk support plans were not always met. For example, one person was required to wear a piece of specialised health equipment daily. Records showed this was not done regularly. This placed the person at heightened risk of not receiving care which met their health needs. This was acted upon immediately when brought to the provider's attention.

We did not find any evidence people had been harmed. However, people were at risk of not receiving safe care and treatment. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had a range of risk assessments in their care files which were regularly reviewed. Records were in the process of moving to an electronic system so were being revised and updated as part of that process.
- Staff knew how to safely support people when they expressed emotional distress. We observed one person become emotionally distressed during our visit. Staff were calm and skilled in supporting them remain safe whilst de-escalating the distressed behaviour. Very soon afterwards the person was happy and smiling again.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff understood how to protect them from abuse.

The service followed local safeguarding protocols when required. One person told us, "Oh yes, I feel safe here."

- Staff received training on how to recognise and report abuse and they knew how to use it. We saw staff reported safeguarding issues and action was taken to ensure people remained safe.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. A staff file audit was recently completed which identified some documents required refreshing. This was underway, supported by an action plan.
- People were supported by a consistent staff team. There were sufficient staff to provide safe care to people. Staff told us staffing levels had been stretched at times but were improving. Some agency staff worked to support the team when required.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. We saw when people required medicine to reduce their anxiety or distress, this was used appropriately.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. An electronic system was recently introduced to support the administration and recording of medicine use which was working well.
- We saw people were given their medicines in the way which best suited them, and staff knew people's preferences. Staff had received training to support safe medicines practice, and their competence in this area was checked. Some refreshers in this area were overdue, but this had been identified and was being actioned.

Preventing and controlling infection

- Sign in processes for staff and visitors, which included confirming the results of LFD rapid Covid tests had lapsed. These were immediately re-instated when brought to the deputy manager's attention. These processes reduced the risk of infection spread and helped keep people safe.
- The provider had good arrangements for keeping the premises clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the service in line with current guidance.



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 inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not supported to have enriching mealtime experiences. Meals were prepared externally and brought into Queens Lodge to be served. There were no picture menus available so people did not know in advance what they were going to eat. We heard little conversation about food prior to mealtimes so people were not supported to look forward to their meals, or involved in any selection or preparation.
- The dining area was not prepared attractively for mealtimes. For example, there were no tablecloths, napkins or condiments on the tables and for people who wore aprons these were not personalised. The dining area was attached to the lounge, and also used for craft activities and staff recording. There was little differentiation throughout the day to support people enjoy their dining room as a separate space, to enhance the dining experience.
- People were supported to eat and drink safely. We saw an experienced member of the team give clear instructions to another member of staff to ensure a person received suitable support. People came to the table at their own pace and made choices about which drink they preferred. Meals were well presented and looked nutritious and appetising. Where people preferred to have an alternative this was available. For example, one person liked to have a fried breakfast at the weekend.

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.

- Staff were working within the principles of the MCA although this was not always reflected in the documentation. The deputy manager was aware some MCA assessments and best interest decisions required completing, improving or reviewing and this was included in the action plan being developed. For example, some people required decision specific assessments for the use of a lap belt in their wheelchair, a

wardrobe being padlocked or for staff to manage a person's finances. These were put in place during the inspection.

- One relative told us they were involved annually in a DoLS review, and they were confident staff supported their relative to make appropriate decisions.
- The registered manager had made DoLS applications to the local authority when it was in people's best interests to ensure their safety and we saw where conditions had been put in place, these were being met.
- Staff received appropriate training and were aware of the principles of the MCA to support people to make choices.

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

- Where people's health needs had changed, referrals to specialist health professionals were not always made in a timely manner. We found two people required reviews from the dietician, which was actioned immediately when brought to the provider's attention. A referral was also made to a specialist nurse to review a person with a specific health diagnosis.
- Staff from different disciplines worked together as a team to benefit people. For example, people who required annual reviews from the learning disability team had these and medicine reviews had recently taken place.

Staff support: induction, training, skills and experience

- Staff received training and support in their roles through online and face to face training, competency checks, staff meetings, one to one supervision and appraisals. The provider was developing an action plan to ensure all of these areas were up to date and running smoothly, as some lapses had occurred. For example, although team meetings and supervisions took place, they were not being held at the frequency preferred by the provider. This had been identified and was being worked on.
- Staff provided positive feedback about their teamwork. We observed throughout the inspection staff working and communicating as a team. For example, for a person who required one to one support at all times, if staff were asked to undertake another task they either declined or arranged another staff member to take over their one to one role for a few minutes. One staff member told us, "The stability and consistency of the staff helps keep everything running smoothly."

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

- Most rooms were personalised according to people's preferences. One person's temporary stay had lasted a long time and their room had not yet been decorated according to their personal taste. Another person had a soft padded area in their room where they could go if they were distressed, and their room was seen to have a variety of sensory stimulations to support them. This supported the person enjoy their personal space whilst staying safe.
- The lounge area was well used by people, and one person particularly liked to spend time on a sofa in the hallway listening to music which worked well for them.
- We saw maintenance issues were logged and a variety of issues were in progress to get fixed and/or upgraded.

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

- An assessment was completed prior to people moving into the service to ensure their needs could be met and a smooth transition could take place for them. There had been no new admissions to the service in the last 12 months.
- Care plans showed all key areas of people's needs were considered so care could be delivered which met these needs.

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 inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives and staff told us people were well cared for. One relative said, "I have always said it is 110%. I have never had any concerns. Staff are amazing with my [family member]." Another relative told us, "I have not got a bad thing to say about staff. They are really good and doing a good job."
- Staff were patient and used appropriate styles of interaction with people. One person enjoyed listening to music through a handheld speaker. Staff made sure there was always a speaker on charge, ready for changeover when the battery ran out. We saw staff were attentive throughout the inspection in meeting and prioritising this need, which supported the person remain happy and settled.
- Permanent and regular agency staff who had worked in the service for a while knew people well and were knowledgeable about their care. Staff spoke warmly about the people living in the service. One staff member told us, "The [people] are the best thing about working here. They are the reason I stay. I love the engagement and interaction we all have." Another said, "It is a lovely place to work. Staff will always do whatever possible to ensure the health, safety and happiness of all service users."

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

- People were involved in decisions about their day to day care. For example, when we arrived to start the inspection, there was a bath full of warm water prepared and ready for a person. This person actually decided they wanted to remain in their pyjamas and watch a musical film instead. We saw they had a bath later on, at their preferred time.
- One person liked to get up at different times in the morning, and we saw staff were flexible in supporting them with this. Care plans set out how people preferred to receive their care and their usual daily routines in detail.
- Visits by professionals to see people were facilitated. One professional visited on the day we were there. They regularly visited and told us their visits were always supported flexibly by staff.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported at all times and staff were aware of the importance of this. We saw a person took off some of their clothes when they became upset. Staff calmly and quickly helped them remove the clothes which were making them hot, and immediately replaced this with loose fitting clothes. The person responded to this by not trying to take off any more clothes.
- Staff told us how they promoted people's independence. For example, by encouraging people to wash themselves if they were able to, with appropriate supervision and support. People joined staff when they went to the supermarket for shopping, and were supported to go to the shop to buy things they wanted to,

such as a magazine or ice cream.

- Systems were in place to protect people's confidential information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- People did not spend enough time out and about doing things they enjoyed. In the records we reviewed covering almost a month, one person only left the service when they went to day centre two days per week. One person went out for drives on four days, and was otherwise indoors in the service. Another person went out twice, once for a walk and once on an outing, but no other details were provided about what this was.
- Care plans contained a range of activities people enjoyed doing away from the service, but these were not regularly taking place.
- Some staff told us they thought people should be spending more time doing activities out and about. One relative said, "I would like my [relative] to go out more. One of the staff told me [family member] doesn't go out much and feels they ought to go out more."
- Some people had started to spend time with their loved ones again more regularly following pandemic restrictions easing some months ago, but there were wider family members who people had not seen regularly for a long time. For example, grandparents or siblings, who people spent time with more often either before the pandemic or before moving into the service. Improvements were required to better support people spending time regularly with loved ones, for their own wellbeing and sense of identity as well as that of their family members.
- There was no system of key worker meetings with people taking place. There was no process of people being supported to set, review and reach targets, goals and aspirations. This meant people were at higher risk of not having their personal preferences and choices identified, promoted or met.

People did not always receive person-centred care which focused upon their personal preferences, needs and aspirations. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager immediately re-introduced a weekly calendar of events to support people starting to do more activities they enjoyed and were important to them again. The provider gave assurances the deputy manager would focus on this service full time so they could make, embed and sustain improvements.
- We observed staff who knew people well. Staff were attuned to people's needs and support them in the way they preferred. We observed positive relationships between people living in the service as well as with staff throughout, on both days of the inspection.

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 had a range of communication abilities and ways of communicating their needs, wishes and feelings. Care plans included information about people's individual communication needs and preferences. We saw staff and people communicate effectively together throughout the inspection. At times this differed to the preferred approaches set out in people's care plans. For example, one person's care plan stated they used Makaton and pictures as well as other communication styles. We did not see the person or staff use Makaton or pictures, but we did see staff offering choice to the person through showing them two options and the person picking their preference.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something for those who did not use verbal communication.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. No formal complaints had been received within the last 12 months.

End of life care and support

- There was an end of life policy which would be followed in the event this type of care was required. Staff training took place.

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

- Management quality assurance checks of key areas of the service had not been completed since March 2022. These included care planning, recording and monitoring, accident and incident review, infection prevention and control, and medicines. No separate audits were undertaken by the provider to identify these lapses and take prompt remedial action.
- A range of weekly audits were undertaken by senior care staff, although some of these records could not be found during the inspection. This meant the provider did not have effective oversight of all aspects of the service and could not fully assure themselves of people's safety or the quality of their care.
- Aspects of an open and person-centred culture at the service had weakened, and this had not been identified prior to the inspection. People did not spend enough time doing the things they wanted to, with the people they wanted to. Mealtimes were not a fulfilling experience. The key worker system required strengthening to ensure people were regularly supported to set and review their goals and aspirations.
- There were areas of quality improvement in record keeping required, some of which had been identified before the inspection, but required implementing and embedding. This included ensuring people had all required mental capacity assessments and best interests decisions, refreshing care plans as part of the transition to the electronic system and reviewing what information staff entered onto people's daily records.
- Improvements were needed to the system of recording, reviewing and monitoring incidents of emotional distress to ensure people always received safe care and support which met their needs in this area.
- A system to ensure people's regular and routine health appointments took place on time had not been embedded into the new electronic system. For example, the last optician appointments took place prior to the pandemic, but this had not been flagged up in the system.
- At the time of inspection the provider could not be fully assured that staff had been sufficiently supported to perform their roles optimally as oversight of supervision, training and competency checks had lapsed in recent months, and monthly team meetings needed to be re-instated.

We found no evidence that people had been harmed, however, people were at risk of harm due to failures in management and provider oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to the inspection taking place, the provider had identified the need for support to help them

implement and embed improvements. Two external consultants had already started to work with the service, and the provider gave assurances they would remain until a new registered manager had started in post and settled into their role. For several months the deputy manager's time had been diverted to focus on supporting a sister service, which contributed to the decline in management oversight. Prior to the inspection the provider made a decision for the deputy manager to return full time to Queens Lodge, which occurred immediately following the inspection.

- The provider took immediate action during and following the inspection. They were open and supportive of the inspection process and were working closely with the consultants on an action plan to identify and prioritise the tasks to be done. The team were working on these at pace throughout the inspection.
- Consistently positive feedback was received about the approach and management style of the deputy manager. One staff member told us, "[Deputy manager] holds this place together", and others told us they felt well supported and could approach the deputy manager at any time.

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

- Systems were in place to support open and transparent working. Relatives told us they were informed when things went wrong and provided examples of this.
- The management team and consultants recognised the importance of embedding a 'lessons learned' culture in the service to openly discuss and review when things went wrong and share learnings at all levels. Processes and documentation were being developed to support this way of working and an example was shared.
- Relatives told us they were confident any concerns they had would be dealt with properly and felt comfortable to raise issues with the staff and management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff and relatives were usually invited to complete an annual survey to provide their feedback. A staff survey was completed during the inspection, and there plans for a survey to be sent out to relatives in the near future.
- The management and staff team were working in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service.
- Regular house meetings were held with people living in the service, and notes were taken to show areas discussed. These could be improved by including an update on action taken in response to people's views and feedback. For example, one person gave some suggestions of trips they would like to go on, but there was no record of what happened about this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not consistently ensure that all aspects of people's care and support was person-centred.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not robust enough to ensure people consistently received safe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective oversight of all areas of the service to assess, monitor and improve the quality of the service.