Barchester Healthcare Homes Limited

# Queens Court

## Inspection Report

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# Summary of findings

## Overall summary

Queens Court provides accommodation for up to 43 people who require nursing, personal care and support on a daily basis. The home specialises in caring for older people with dementia. When we visited, 40 people were living in the home.

People told us they were very happy with the care and support they received. They told us they enjoyed the food in the home and the activities provided. In particular, a number of people commented they enjoyed regular trips out of the home. They also told us care staff were “very kind” and “knew what they’re doing”.

People received the support they needed at lunch time and they were encouraged to make choices about what they ate and drank.

The care staff we spoke with demonstrated a good knowledge of people’s care needs, significant people and events in their lives and their daily routines and preferences. They also understood the provider’s safeguarding procedures and could explain how they would protect people if they had any concerns.

The home’s registered manager had been in post for 13 years. She provided strong leadership and people using the service, their relatives, care staff and visiting professionals told us the manager promoted very high standards of care.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards.

We saw all communal parts of the home and some people’s bedrooms, with their permission. We saw the home was clean, hygienic and well maintained.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Are services safe?**

People we spoke with told us they felt safe in the home. People and their relatives told us there were usually enough staff working to make sure people did not have to wait for care and support. Staff also told us there were usually enough staff but there were sometimes problems if a care assistant was unable to work a planned shift.

The home was safe and well maintained. Arrangements were in place for regular health and safety checks and the service and maintenance of equipment.

People living in the home had assessments of possible risks to their health and welfare and these were reviewed at least monthly.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards.

While no applications had been submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and in how to submit one.

**Are services effective?**

People's health and social care needs were assessed and they told us staff understood and provided the care and support they needed. People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

People's care plans were detailed and covered all of their health and personal care needs. Staff made sure the plans were reviewed at least each month, or more regularly if a person's needs changed.

People's nutritional needs were assessed and recorded and records were maintained to show people were protected from risks associated with nutrition and hydration.

**Are services caring?**

People living in the home told us staff were kind and caring. They also told us they were offered choices and staff knew about their preferences and daily routines. Their comments included "we are very well looked after" and "I am very happy here."

# Summary of findings

Relatives and visitors told us they felt people were well cared for and staff treated people with respect. Staff told us their training had included issues of dignity and respect and they were able to tell us how they included this in their work with people.

People were treated as individuals. They were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

**Are services responsive to people's needs?**

Most people told us they enjoyed the activities provided, especially trips out of the home. One person said "it's not all for me but there are some things I enjoy and there's always someone to talk to."

The home trained non-care staff, including domestic, catering and administrative staff, so they could support care staff when they took people out locally to the park or shopping. A relative told us the activities provided were "excellent" but it was not always possible to involve all those who wished to take part as numbers were limited, especially for activities in the local community.

Where people were not able to make decisions about their care, staff worked with their relatives and other professionals to make sure 'best interest decisions' were agreed. Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. When we visited we saw arrangements were in place to carry out an assessment of people's capacity to make specific decisions, if this was necessary.

**Are services well-led?**

The home had an experienced and qualified manager who promoted high standards of care and support. Staff told us they felt well supported by the manager and senior staff and they understood their roles and responsibilities.

The provider had systems in place to monitor standards of care provided in the home, including monthly monitoring visits by senior managers and clinical governance systems to monitor people's health care, including accidents, falls and pressure care.

We saw evidence the home worked well with other health and social care agencies to make sure people received the care, treatment and support they needed.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with 11 people who lived in the home and four relatives who were visiting when we inspected. People living in the home who were able to express their views told us they were very happy with the care and support they received. Their comments included “the staff are all very good, I get all the help I need” and “the staff are lovely, some have been here a long time but I wish the others didn’t change so often.”

A relative told us “it’s a very good home. We did look at others but this was our first choice.”

Another relative told us “we needed to find a home at very short notice and the admission process was very efficient and very thorough. They made sure they could meet my relative’s needs but she was able to move in very quickly.” Two other relatives said “there was a quick outstanding assessment done before coming here” and “the process of assessment was smooth and efficient.”

A visiting social worker told us “it’s an excellent home, I just wish I could refer everyone here.”

# Queens Court

**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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we reviewed information we held about the home including the last inspection report from October 2013 when the service met all the national standards we inspected.

We visited the home on 01 April 2014. The inspection team consisted of an Inspector and an Expert by Experience who had experience of services for people with dementia. This inspection was part of the first test phase of the new inspection process we are introducing for adult social care services.

We spent time talking with people living in the home, their relatives, visitors, the manager, nurses and care staff. We observed care in the dining room at lunchtime and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us. We looked at all communal parts of the home and some people's bedroom, with their agreement. We also looked at people's care records and records relating to the management of the home.

On the day we visited we spoke with 11 people living in the home, four relatives and visitors, seven care staff and nurses, the home's manager and one social care professional.

# Are services safe?

## Our findings

Most people told us they felt well cared for and safe in the home. Their comments included "yes, we feel very safe here;" "I do feel safe here" and "I am confident that Mum is very safe here". People and their relatives also told us staff usually responded to requests for care and support promptly. One person said "the response to nursing care is instant." Two other people told us "there would be a quick response to calls" and "the response to calls for help was generally good".

We saw people's care plans included consideration of equality and diversity issues. The care plans we saw took account of all protected characteristics in equality law: ethnicity, gender, disability, religion or belief, sexual orientation and age. Where specific needs were identified the provider made adjustments to make sure these were met. For example, menus were tailored to include choices to meet people's religious, belief or cultural needs.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards.

While no applications have been submitted, proper policies and procedures were in place but none had been necessary. Relevant staff have been trained to understand when an application should be made, and in how to submit one. People's human rights were therefore properly recognised, respected and promoted.

We looked at care records for four people living in the home and saw that risk assessments were completed when required. The risk assessments we saw covered falls; moving and handling; pressure care and nutrition. Where risks were identified, staff were given clear guidance about how these should be managed. We saw the risk assessments were reviewed by staff at least monthly and more frequently when required. Staff told us if there were changes in a person's care needs they would report to the nurse in charge and a risk assessment would be reviewed or completed. For example, staff told us this would happen if a person's behaviour changed or if they had a weight loss or gain.

Staff told us they had received safeguarding adults training as part of their induction. Staff who had worked in the home for more than 12 months said they had also completed annual refresher training. This was confirmed by the training records we looked at. We asked four members of staff what they would do if they felt a person living in the home was being abused. They all told us they would report any concerns to a senior member of staff and if they were not dealt with appropriately they would report to the manager of the home or the local authority. This meant staff had the training and knowledge they needed to make sure people living in the home were cared for safely. Since our last inspection there had been one safeguarding alert. We saw evidence this had been reported to the local authority and the Care Quality Commission and the home had cooperated with the local authority's investigation. This meant the provider worked with other agencies to make sure safeguarding procedures were followed and people were protected from possible abuse.

During the inspection we saw all communal parts of the home and some people's bedrooms. We found the premises and equipment were maintained. We saw servicing and maintenance records were up to date and action was taken to address any issues identified. For example, an electrical safety inspection in September 2013 identified the need to replace some light fittings and this work was completed within two weeks. A fire safety risk assessment was completed by the manager in February 2014 and each person living in the home had a personal emergency evacuation plan to advise staff and other people of the support they needed in an emergency. We saw fire safety records, gas and electrical safety certificates, legionella checks and service records for the home's boiler and passenger lift were up to date. This meant the provider had systems in place to monitor and maintain the premises and equipment used.

# Are services effective?

(for example, treatment is effective)

## Our findings

People we spoke with or their relatives told us they were involved in planning and reviewing the care and support they received. This was confirmed by the care records we looked at for four people. A relative told us "we were asked at the very beginning what help my [relative] needed. We are always told of any changes in her health and what the staff are doing about this." Other relatives told us the initial assessment and transfer to the home was "swift" and "efficient".

The care plans we looked at included a pre-admission assessment of the person's health and social care needs, life history and hobbies and interests. The manager and staff told us the information was used to develop a detailed care plan and risk assessments.

We saw up to date care plans and risk assessments in each of the files we looked at. The plans and assessments had all been reviewed at least monthly by staff and at least annually with the person living in the home and/or their relatives. This meant nursing and care staff had up to date information about each person's care needs and how these should be met in the home.

The staff completed daily care notes for each person and we saw these mainly covered their health and personal care needs. Activities were recorded on a separate form but this did not show how engaged people were with the activity or their enjoyment of it.

People told us they could talk to staff about their care and said they had access to health care services when necessary. One person said "if we needed a doctor they would get one quickly." A second person told us "they are trying different pills for me." We saw people's care plans included information about visits by the GP or other clinicians and hospital or clinic appointments. The nursing and care staff we spoke with were also able to tell us about people's health care needs and how these were met in the home.

The manager told us residents' meetings were held each month with an external facilitator. The manager joined the meeting part way through to respond to questions from people living in the home. Following a suggestion from a resident at a recent meeting, the manager told us people were supported to go for a walk to the local park two or three times a week. Residents also ran a Health Club to talk about health issues that interested them. A recent meeting had discussed hearing aids and as a result, a named nurse had been given lead responsibility for coordinating the care and maintenance of people's hearing aids.

People's care plans we looked at included an assessment of their nutrition and hydration needs. We saw nutrition assessments were completed and regularly reviewed. Where needed, additional risk assessments were completed and regularly reviewed for people with diabetes and those at risk of choking. We saw the home carried out a monthly assessment of each person's nutritional needs and this was used to develop a 'traffic light' system to identify those people at risk of not having their nutritional needs met. The assessments were discussed with the catering staff and copies were kept on the floors so care staff had up to date information about people at risk.

Lunch was served in two sittings. We observed the first sitting where most people needed some assistance with eating and drinking. There were enough staff to individually support those people who needed assistance to eat and drink. The day's menu was displayed in the main entrance and people were given individual menus at their table. Staff offered people a choice of drinks, including water, juice or wine. There were two choices of starter and main course and people were encouraged and allowed time to make their own choices. Where needed, people had the use of adapted plates and cutlery. Where people needed assistance from staff to eat their meal this was done with respect, patience and good humour.

We also observed the second lunch sitting where we saw three staff members served 14 residents, the meal consisted of three courses with choices, smelt appetising and was served hot. Some residents were helped with their meals in their rooms.

# Are services caring?

## Our findings

People we spoke with told us staff were kind and caring. They also said they were offered choices and staff knew about their preferences and daily routines. Their comments included “the nurses and carers do care;” “most of the staff are gentle and nice;” “we are very well looked after” and “I am very happy here.” Relatives told us “there is a caring and attentive attitude by staff to residents” and “generally we are very happy with the care she has received.”

Some of the people we spoke with told us they were not involved in their care but all said staff offered choices and asked them about their preferences. This was confirmed by our observations during the inspection when we saw many good interactions between staff and people living in the home.

Each of the care plan files we looked at included an “All About Me” chart at the front that briefly described the person’s likes, dislikes and daily routines. Staff we spoke with told us they used these forms to quickly get to know a person the first time they worked with them. Staff were able to talk to us about individual people and demonstrated a good knowledge of significant events and people in their lives.

The care plans we looked at also showed people were encouraged and supported to maintain their independence. For example, one person’s care notes read “[resident] got into her night clothes by herself this evening.” Another person told us “I get my newspaper every morning, that way I can keep up with what’s happening.”

During the inspection we saw staff offered people choices about activities and what to eat. Staff usually waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices they had made the day before from the menu but also gave them the opportunity to change their choice and this decision was respected.

We observed care in the dining room at lunchtime and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us. We saw people were offered choices by staff who supported them to make decisions about what they wanted to eat and drink. Where people needed support with eating and drinking this was done sensitively, respecting the person’s dignity.

Through the day we saw staff treated people with patience and understanding and always spoke with them in a respectful way. Staff were able to tell us each person’s preferred form of address and how some people preferred staff to use Mr or Mrs while others preferred their first name to be used. We also saw staff respected the dignity of residents by knocking on doors before entering rooms and closing doors when supporting people with their personal care.

A relative also told us she had attended the quarterly residents and relatives meeting. She said “it’s a good opportunity to hear news about the home and give our views.”

We also saw the home had a ‘Resident of the Day’ scheme. Each day, one person was identified and their care and support needs reviewed. This involved a visit by the nurse in charge for a health screening. Domestic staff deep cleaned the person’s room and maintenance staff carried out odd jobs and checked equipment and furniture. The chef also visited and discussed the food provided and any special requests for meals. This meant people were treated as individuals. They were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People living in the home told us they enjoyed the activities that were arranged. One person said "it's not all for me but there are some things I enjoy and there's always someone to talk to." Another person said "we often go to the park if the weather allows, it's lovely." Most of the relatives we spoke with told us staff kept them informed about their relative's care and any significant events or changes. We saw people's care plan files included contact details of their next of kin, including whether or not they should be contacted during the night.

During the day we saw a group of people took part in a seated exercise session, another group went for a walk to the local park and during the afternoon, a volunteer came with two dogs to visit people. We saw those people who took part obviously enjoyed each of these activities. We also met visitors from the local Roman Catholic church who told us they came to the home each week to talk with people. However two people living in the home told us "there's not great deal to do here" and "on a nice day I would like to get out more". A relative also told us "my [relative] loves to go out but the numbers are limited. We will talk to the staff to see if anything can be done."

We saw people's care plans included a record of activities that each person participated in but this did not include information about the duration of the activity, how much the person had taken part and whether or not they had enjoyed it. This meant it was not always possible to judge whether or not people's social care needs were being met.

People who needed an assessment under the Mental Capacity Act 2005 had received one. Some of the care plans we looked at included advanced care plans where staff had discussed end of life care wishes with people and their relatives. Where possible, this was done with the person living in the home but if they were unable to make decisions about their care, appropriate people were involved, for example their relatives and GP. Do Not Attempt Resuscitation (DNAR) forms we saw on some care plan files had been appropriately signed by the person living in the home or their relatives, the GP and staff from the home. Where a relative had a power of attorney this was clearly recorded so staff knew who to contact about decisions relating to the person's care.

The manager also told us she met each month with GPs, the end of life nurse, hospice nurse and continuing care nurse to discuss any people living in the home who were approaching the end of their lives. Staff also told us a weekly meeting was held in the home to review any people receiving end of life care.

Relatives told us they had been given a copy of the provider's complaints procedure as part of a welcome pack given to their relative when they moved to the home. The people living in the home and their relatives told us they had never needed to make a formal complaint. They told us "I have nothing to complain about, but I would if I was unhappy and it would be to the manager" and "I would probably complain to the manager." A relative added "they would listen to comments." The manager told us most complaints were resolved by people's key worker and named nurse and did not proceed to the formal procedures. She confirmed there had been no formal complaints in the last year.

# Are services well-led?

## Our findings

The home's manager was a qualified nurse who had managed the service for 13 years and was completing a doctorate in the leadership and management of care homes at the time of this inspection. She told us "I work here to show that care homes can be excellent places to live and work."

People living in the home, their relatives and staff told us the manager provided strong leadership and promoted high standards. Their comments included "the management is good, it's in the background;" "the management is OK but it could be a bit better" and "the manager has a good influence on the staff." Staff we spoke with said the manager promoted a positive culture and told us they felt supported by the manager and the provider to maintain high standards of care and support for people.

We saw the home took part in a national satisfaction survey for care home residents carried out in September and October 2013. The survey was independently conducted by a market research company and involved over 21,000 people living in more than 1,000 care homes. The survey asked people for their views on staff and care; home comforts; choice and having a say and quality of life. Each area was scored out of 1000. 31 people living at Queens Court completed the survey. The home scored 925 for staff and care; 940 for home comforts; 913 for choice and having a say and 964 for quality of life. This placed the home above average in each area.

Staff told us they felt well supported by the manager and senior staff and they understood their roles and responsibilities. They told us they were able to access the training they needed to do their jobs and training a development opportunities were able to all staff working in the home. For example, the home was hosting a Dementia Friends event the day after our inspection to look at communicating with people with dementia. The event was open to all staff in the home, including catering, domestic and administrative staff. A second workshop on the medical aspects of dementia had also been arranged for the home's nursing staff.

Staff working in the home and the manager also told us the provider ran a leadership course for staff. One of the nurses was taking the course at the time of this inspection. In addition, the manager and three staff were trained as mentors for new staff and student nurses working in the home. The staff we spoke with told us they found the support offered by mentors helpful to them.

Nurses and care staff we spoke with told us there were usually enough staff to meet people's needs safely. One person said "if someone needs help from two people, there's always someone to help, we work well as a team." Another person said "there are enough staff most days. It can be a problem if someone is sick and we can't get cover but this doesn't happen very often." During the inspection we saw there were enough staff to support people in communal areas and their bedrooms. We did not see people having to wait for staff when they needed help. At lunchtime, there were enough staff available in the dining room to serve people and support those who needed assistance.

Visitors told us "there seems to be enough staff about" and "they all seem well qualified." One person did say "the carers are lovely, but there aren't enough of them." The manager told us that since January 2014 the home had been operating a staff to resident ratio of 1:4 and more nurses and care assistants were being recruited.

We saw accidents and incidents were well recorded and reported to the provider under their clinical governance systems. The manager told us all reports were analysed by the provider and, if required, additional support would be provided to resolve any issues identified. The provider also carried out monthly monitoring visits to speak with people living in the home, review health and safety, medicines management, risk management and care planning. A written report was sent to the home's manager after each visit and actions taken to address issues identified at one visit were always reviewed at the next visit. This meant the provider had systems in place to monitor the day to day running of the home and the services provided.