

Fern Holdings Limited

# Queens Lodge Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Queens Lodge is a purpose built nursing and residential home located in Blackburn, Lancashire providing care for up to 40 residents. People with nursing or personal care needs can be accommodated. There are 28 single rooms and 6 twin rooms, all with private en-suite facilities. There is lift access to both floors.

We last inspected this service in February 2016 when the service was rated as good.

This inspection was carried out on the 17 September 2018 and was unannounced.

At this inspection we found evidence that continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe and staff were knowledgeable about safeguarding processes and when to report any concerns to the registered manager or local safeguarding authorities. Staff demonstrated a good understanding of people's needs, likes, dislikes and preferences. Staff were knowledgeable about risk management and how to mitigate risks to keep people safe. People were supported by sufficient numbers of staff who responded in a timely manner to people when they required assistance.

People received effective care from a staff team who had been trained appropriately and who were supported by the provider and registered manager. Other specialist health care professionals worked with the management and staff to ensure the best possible care was delivered, and staff continually developed their skills. People's consent was obtained prior to care being provided and staff explained to people what they were consenting to. Where people were unable to provide consent, the legal requirements of the Mental Capacity Act 2005 (MCA) were understood by staff and followed.

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

The views of people using the service, relatives and staff were at the core of quality monitoring and assurance arrangements. The provider and registered manager learnt from concerns and incidents and used this information for continuous improvement. The provider and registered manager recognised the importance of staff being supported in their role from the beginning of their employment. Staff had regular supervision and opportunities to discuss concerns and express their views. Staff said they felt well supported by the management team and felt involved with the development of the service. Staff spoke highly of the management team and said they were able to discuss any issues.

People were supported to have sufficient food and drinks. People had access to healthcare professionals such as their GP as and when required.

People's medicines were managed safely and overseen by a registered nurse or a member of the management team. Senior staff administered medicines and had received training and confirmed they understood the importance of safe administration and management of medicines.

People felt that they were treated as individuals and that they mattered. The care people received was personalised and we saw staff paying close attention to the needs of the people they supported.

People were encouraged to socialise, pursue their hobbies and interests and try new things. There was an activities coordinator and she demonstrated a passion for improving the quality of life for people; she had innovative ideas on how to motivate and keep a person's interest.

Care plans were comprehensive and captured people's support needs as well as their preferences regarding the care they received. Care plans were updated every time a change occurred which influenced the way people received support. People were supported to take decisions about their care and be independent.

There was a record of people's end of life wishes to ensure their needs could be met at this time.

The manager and the provider carried out a regular programme of audits to assess the quality of the service, and we saw that these were comprehensive and capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Queens Lodge Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 September 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. Following the inspection, we approached a number of health and social care professional and asked for their views about the quality of care at the home.

We carried out observations in communal lounges and dining rooms, we observed medication being administered and lunch being served.

During the inspection we spoke with seven people who lived at the home, four visitors, eight staff members and the registered manager and the provider. We looked at five people's care records together with other records relating to the management of the home.

## Is the service safe?

### Our findings

People we spoke to told us they felt safe. One person said, "Of course I am safe the staff are marvellous, so patient." Without exception, every relative we spoke with during the inspection described Queens Lodge Nursing Home as safe. Comments from relatives included, "I'm thankful for this care home, it gives me peace of mind. I know my relative is safe here" and "My Mum is really safe here. The carers know her so well, they know her limitations and that sometimes she gets tired, they keep her safe." Another relative said "I am so relieved; when my relative fell at home she was there ages and I know that won't happen here. They all keep a close eye on her and know she is unsteady."

People were protected from abuse because there were systems and processes in place to identify and report issues of concern. Staff had received training in recognising and reporting abuse. They were able to tell us about different types of abuse and to whom they would report any suspicions.

People were protected against risks associated with their care and support being delivered by unsuitable staff, staff were recruited safely. Staff files showed the registered manager ensured the necessary pre-employment checks were undertaken to ensure staff were suitable to work at the home. These included Disclosure and Barring Service (DBS) checks, references and proof of identity as well as checking with the Nursing and Midwifery Council to ensure the nurses held a current registration with them.

People were supported by sufficient numbers of staff both during the day and at night. At the time of the inspection, in addition to the registered manager and provider and registered nurse, there were seven care staff on day duty. Overnight there were two care staff and one nurse on duty. The home also employed catering, housekeeping and laundry staff. An activities coordinator was also employed four afternoons each week.

Throughout our observations, we saw call bells were answered promptly and staff spent time with people in the communal areas. During our inspection one resident had to be transported to hospital as an emergency, we saw staff went with him and stayed there until a family member arrived. This indicated there were enough staff on duty to meet people's needs even in the event of an emergency.

Risks to people's health and safety, including those associated with healthcare conditions, were assessed and management plans put in place to reduce these. Care files contained assessments in relation to risks associated with poor mobility; skin care; nutrition and hydration, including the risk of choking due to swallowing difficulties, as well as needs associated with health care conditions such as epilepsy.

We observed staff assisting people who had limited mobility. This was carried out unhurriedly, with patience and at the resident's pace. We saw equipment was available such as hoists, assisted baths and a stair lift was available for those people not wanting to use the passenger lift.

Accidents and incidents were recorded and reviewed by the registered manager. This helped the management team ensure that action was taken to mitigate further risks occurring.

People received their medicines safely. During the inspection, we observed some people receiving their medicines; people received this safely. Nurses signed people's medicines administration record (MAR) charts to confirm people had received their medicines in line with the prescriber's instructions. Medicines were stored safely and securely and regular audits were undertaken of stocks, MAR charts and the temperatures at which medicines were stored.

The environment was well decorated, clean and was tidy. One relative said, "My relative's room is always kept clean and tidy, there's never any unpleasant odour in her room, or anywhere around the home for that matter." We saw that the handyman was decorating a bedroom. We spoke with the management team about any planned decorating or refurbishment. They said "It is on-going, if we see something looking shabby we replace or re decorate. We are very particular about keeping our standards high."

Infection control practices were safe. Protective clothing such as aprons and gloves were available throughout the home for staff use. Staff had completed training in infection control and food hygiene.

Equipment used to support people's care, such as hoists, was serviced regularly to ensure it remained safe to use. All appropriate servicing of equipment used throughout the home had been carried out in accordance with recommended maintenance schedules. Fire safety checks and personal emergency evacuation plans were completed. Staff received regular fire safety training and records confirmed the fire detection equipment was tested weekly. One staff member told us, "We have regular fire drills."

## Is the service effective?

### Our findings

People and relatives told us staff were sufficiently trained to support their needs. One person said, "They definitely have the right training, some of the people here are really quite frail and poorly and the staff all know how they need to support them. I have never been concerned about their competence."

Staff told us they were supported through regular supervision, and an annual appraisal. Staff told us "The management team are very approachable and will source any training we request."

Staff received an in-depth induction in order to have the skills required to support people. New staff undertook the care certificate and also completed additional mandatory training. All new staff were supernumerary for a number of shifts, when they worked alongside experienced staff to get to know people and their care and support needs.

The provider placed a significant emphasis on training and staff development. They ensured staff had regular opportunities to update their knowledge and skills. All of the staff said how good the training was at the service. One commented, "We get lots of training and its concise and relevant, it keeps us up to date with new things especially when the law changes."

A training plan was in place that showed staff had attended training in a range of areas including safeguarding adults from abuse, end of life care, health and safety, infection control and moving and handling. The registered manager said, "I must look at this plan daily to ensure everyone is up to date."

We observed staff asking for people`s consent before they carried out any aspect of the care and support people needed. We saw that people's consent had been recorded within their support plans and related to all aspects of their care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The management team had good knowledge of the principles of the MCA and gave us examples of how they ensured they applied this in their day-to-day work. The staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. We saw documentation was in place to confirm the correct process had been followed.

People told us they enjoyed the food provided at Queens Lodge Nursing Home. One person said, "The food



is very good and you can get anything you want really, there's always a nice selection." A second person said, "It's like restaurant standard food, I can have it in my room if I wish."

People had a choice of food and were assisted to eat and drink sufficient amounts to maintain their health and wellbeing. We saw that people ate and drank at times that suited them. Meal times were pleasant and provided people with the opportunity to socialise. Dining areas were appropriately designed with tables nicely laid out with condiments on the table, glasses and cutlery. This was particularly effective for people who lived with dementia, as it gave them a visual prompt that the room was the dining room where their meals were served. Lunch was unrushed and encouraged to be a sociable event.

If staff had any concerns about people's food or hydration this was monitored through robust recording in the daily diary notes. Staff regularly monitored people's weight and where they identified a weight loss people were seen by the GP and, if in agreement, the dietician. People who had specific dietary needs, such as diabetic diets, or difficulties swallowing, were provided with an appropriate diet. For example, soft or pureed diets for those people at risk of choking.

People were supported to access a range of healthcare professionals. People told us that their day-to-day health needs were met and they had access to health and social care professionals when necessary.

Queens Lodge Nursing Home is a specially designed care home. Corridors and access to bedrooms was sufficient to ensure staff and people can walk around and work safely. Bathrooms, en suite rooms and access to the home and gardens were fully accessible. Communal areas were spacious and with numerous areas for people to spend time either with their visitors or socialising with other people. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including items of furniture, photographs and personal memorabilia.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the caring environment and the kind and compassionate nature of all staff. One person told us, "The girls are lovely, they have made me very welcome they are all very nice. I can't praise them enough, they are absolutely smashing." Another person said, "The staff will do anything for you, they have become my family." This view was shared by all the people we spoke with. One relative told us, "The staff are fantastic. I come every day and I've seen nothing but kindness towards people here." Another relative said, "The staff here are amazing. My relative is really happy here and it is reassuring for me and her friends to know that she is treated so kindly."

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good-natured interaction between staff and the people they supported. Staff spoke with people in a calm, considerate and respectful manner, providing explanation or reassurance as necessary.

People were encouraged to communicate in ways which suited them. Although most people were able to communicate verbally, we saw some people, including those that had suffered a stroke, needed additional support to express themselves. Personalised care plans included staff guidance to help ensure communication was effective and appropriate for each person. Individual care plans contained details regarding people's communication needs, their personal history, interests, likes and dislikes. This helped ensure staff were aware of people's individual needs and personal preferences and meant they supported people in a structured and consistent manner, in the way they liked to be cared for.

We observed interactions and conversations between staff and the people they supported were friendly and good natured; they were not just task related and people were relaxed and comfortable with staff. People were encouraged and supported to make decisions and choices about all aspects of their care. Their choices were respected by the staff.

Relatives confirmed that, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

Before moving to the service, the registered manager or provider visited the prospective resident and carried out a comprehensive assessment to establish a person's individual care and support needs. This was to help ensure any such needs could be met in a structured and consistent manner.

People told us that staff respected their privacy and dignity. Throughout the day staff demonstrated a strong commitment to providing respectful, compassionate care. For example, staff told us they always knocked on bedroom and bathroom doors to check if they could enter. This was confirmed by people and their relatives we spoke with and demonstrated people were treated with respect and the care and support they received promoted their privacy and dignity.

## Is the service responsive?

### Our findings

People received personalised care from staff that were knowledgeable about their assessed care needs. One person told us, "You will never get better staff, they know just what I want and I get everything I need." A relative we spoke with told us, "I think it's really good here; the staff are marvellous and my relative is happy and very settled."

Staff we spoke with demonstrated an awareness of people's interests and preferences, their personal life histories and what was important to them.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences.

The registered manager confirmed that, as far as practicable, people and their relatives were directly involved in the assessment process and planning their care.

"We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need."

Care plans were kept electronically and an email was sent to every member of staff should there be any changes to care a person needs. Computers were placed around the home for staff to access and keep up to date with any changes. The system also alerted the management team of the staff who had yet to read the email. We looked at five care plans, all were personalised to reflect people's wishes, preferences and what was important to them. They contained details of their personal histories and interests and guidelines for staff. These provided staff with key information about how to respond to people's individual needs. Care plans were reviewed on a regular basis with people and updated as and when their needs changed. Staff demonstrated they were knowledgeable about the things that mattered to people. People told us staff always respected their preferences which made them feel valued and happy.

People were supported on a regular basis to participate in meaningful activities. There was a programme of activities advertised in the lounge area. We spoke to the activity coordinator who was extremely passionate and motivated about what she does. She told us, "I believe my job is about learning to get to know people and not about learning my job." She went on to explain the range of activities she does with the people living in the home. Some people liked going out and she had recently taken someone back to where they spent their early years. Another person wanted to visit the place where her husband's ashes were scattered; she explained she was in the process of arranging this. A new initiative has recently been introduced and Queens Lodge Nursing Home had paired with a home in Australia, and some of the residents in each home had become pen pals. This was helping people learn about different parts of the world and different cultures. Staff we spoke with said the activities coordinator was amazing and made such a difference to the

life of the people living in the home.

It was clearly evident from our observations across the home. We found all people living at Queens Lodge Nursing Home had been supported to maintain their interests and live their life as they wished. One person told us "It is good to have things to do to keep my mind active and to feel less alone." A second person said, "I enjoy the trips out."

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the time of our inspection and no recent complaints had been logged. However, people felt that the staff would listen to them if they raised anything and that issues would be addressed. One relative said, "I visit regularly so I see what's going on. There are never any problems". Another relative said, "They are very receptive. Both the management and staff are always happy to listen."

## Is the service well-led?

### Our findings

The service was very well led. This is a family run business and has been owned and managed by the same family for 28 years. The management team aims were to provide people with high quality care and support. Since the last inspection the management team continued to strive for excellence. The ethos of the home was to treat and care for people with compassion and in a way that people felt they mattered and had self-worth. People who used the service, and what was important to them, were the focus of the management and staff's work.

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The management team was made up of, the registered manager and the provider, they supported and complemented each other to take responsibility for the entire running and quality of the service provided at Queens Lodge Nursing Home. They had established a strong, open and visible culture within the service. They led by example and staff responded by providing high quality care to the people. This was reflected in the comments from people and relatives, without exception comments were very positive about the management team commitment. They said they were always available and ensured there was always time to discuss things important to them. Comments included, "Yes, they are very, very good" and "They are very good, treat you like family. Things run smoothly." One person said, "No rules and regulations. A home, a peaceful home like you would have yourself with help on tap when you need it."

Without exception staff spoke positively of the management team and said they felt very well supported. No concerns were voiced. Comments included, "The managers are so supportive, even if you have a personal problem, nothing is too much trouble. They (Management team) are so open and understanding, they are a good team. They are always responsive. I liked where I worked before but it is better here. They really practice what they preach" and "Its brilliant here, I love it. The staff and managers listen to you and if you suggest an idea they will run with it or give you a good reason why not. They are proactive. It's very personalised here." A senior member of staff said, "The management team continually strive to improve the service and their own practice, they lead by example. There was open and transparent communication amongst all team members. They worked with people, relatives, staff and other health and social care professionals to ensure best practice was always used."

The whole staff team, including the cook, laundry assistant domestics and handyman demonstrated they shared responsibility for promoting people's wellbeing, safety and quality of life. The culture within the home was an approach where everyone was responsible for ensuring people felt safe, important and supported well. To drive improvement and maintain continuity staff were rewarded if they remained, committed, motivated and had no absences. To help drive improvement the management team had introduced a reward scheme for staff that went the extra mile. Staff spoken with said "we would do a good job without being rewarded but it is nice to know your efforts are appreciated."

Staff benefitted because the management team were passionate about providing excellent care in a culture where staff had the opportunity for continuous development. There was a strong supportive ethos which reflected a 'no blame culture'. This enabled staff to ask for guidance from senior or qualified staff in order

that issues arising are used as a learning opportunity for the benefit of not only the staff but the people living at Queens Lodge Nursing Home.

The registered manager and provider had a strong commitment to improvement and finding new ways to help people live their life to the full. A number of innovative ways demonstrated this, for example, a monthly newsletter had been introduced for the people and their relatives. This was called Queens Lodge Chronicle, subtitled, The Monthly News Letter with News, Views and Stories to Amuse. It had a number of key topics that featured each month. The registered manager told us about a number of topics that people had found interesting and sparked a lot of interest. One was about a gentleman who had served in World War 2 and had some very lucky escapes. Articles in the newsletter also included updates on the pen pal project with a home in Australia, Healthwatch updates and trips out etc. Another initiative was 'Who do you think you are'. With consent the registered manager researched a person's past history and relatives. She told us, "Whilst this is time consuming, the reactions I get from people I am researching with is amazing. It gives so much pleasure, I just wish I could capture their spontaneous reaction on film". Desert Island Discs was another project where two people a month profile their lives, music and luxury item. The registered manager also told us of some work she did with a gentleman who had also served in the war and by following his story she found that he was entitled to a war medal. The registered manager said, "I followed this through and he did get his medal awarded, you can see how proud he was when you look at the pictures of the presentation, it is a privilege to do this sort of work." The registered manager also spoke of a project she will be implementing when recruiting new staff. People that use the service will be asked to sit on the interview panel and take an active role in the recruitment of new staff.

The management team was committed to maintaining an excellent service, this was demonstrated throughout the inspection. We witnessed many positive practices. This was also demonstrated through the provider's information. The registered manager had recorded in the Provider Information Return (PIR), "Our residents should be supported to maintain their independence as much as possible and be allowed access to the relevant equipment and external agencies in order to make this possible, that our residents should be protected from danger and feel safe and secure at all times, that our residents should be afforded privacy in all respects whenever and wherever they wish, that all our residents should receive equal treatment in every respect and that our residents should be treated with dignity at all times. Our priority is the pursuit of quality, person centred care and to this end a Quality Assurance programme is implemented, the distinctive feature of which is its emphasis on service. The concept of quality pervades every activity in the home and it comes from the commitment to and enactment of our organisational principles."

The staff team were fully involved in the provider's governance process and trained to identify issues, address them and find more creative ways to support people's health and wellbeing. Whole staff meetings were held regularly to discuss any issues and to receive feedback about changes. These meetings provided an opportunity to explore and discuss new ideas. The meetings were used to ensure staff were an integral part of the continued service development. Records of meetings showed staff were able to express their views, ideas and concerns. Each shift was informed of key information about each person's care by either the management team or the senior staff member. However, we saw in practice that staff arrived early for their shift so they could access the electronic care and email system to familiarise themselves. This gave them opportunity to question the previous shift members on issues to be addressed.

Staff feedback was recognised as a fundamental part of service development and sustainability. Staff told us the management team are hands on and are keen to hear how we are, what we feel and what we need.

The management team had found a creative way of providing feedback to the staff they had received from people, relatives and visiting professionals, this was done in speech bubbles and was a fun way to see what

people were saying. This was then placed in the staff room for all to see.

The provider was keen for the home and people living there to be an integral part of the local community. Several of the people at the home were from the local area and had family and friends who visited regularly. The provider invited local organisations and schools to come into the home to meet the people. The home had strong links with two charities and held frequent fundraising events. In total nearly £15,000 pound had been raised by staff and residents with over £11,000 being donated to the guide dogs for the blind. People we spoke to were very proud of this achievement and pictures of the dogs supported could be seen in the foyer of the home.

Systems were in place that continually monitored and assessed the quality of the service. There were audits in place for all aspects of the home. This ranged from audits for checking the training matrix and medication daily, to large annual audits reviewing things like environmental hazards, electrical appliances/installation, checking and updating policies and procedures and checking all staff were aware of risks. There was a schedule for the audits (Audit of Audits) and reviews to ensure they were all completed regularly. The data collected was then reviewed with the aim of identifying any trends and enabling continued improvements within the home.

The provider continued to work closely and ask for feedback by sending surveys to numerous other professional agencies and bodies. This was to review joint working arrangements and to ascertain their views on the quality of service provided at Queens Lodge Nursing Home. They worked with local multi-disciplinary teams, which included Local GP surgeries, social workers and local authority commissioners and various community nurses and dieticians. A community professional told us, "The management team often invites us to give them feedback about their care practices and will take on board our views and advice." The service had good communication links with social services and local authority DoLS leads."

The management team were aware of their responsibility to inform the Care Quality Commission (the CQC) of any important events within the service. They had informed the CQC of notifiable events in a timely and appropriate fashion. They also adhered to the principles of openness and transparency, as laid out in the Duty of Candour. This regulation provides a set of guidelines which providers must follow if things go wrong with care and treatment. The management team were very familiar with all the regulations and based the running of the home on the principles laid out by the CQC.