

Mrs K B Kelly

Queen Ann House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Queen Ann House is a residential care home providing personal care to people with a mental illness, some of who were also living with dementia. The service can support up to 22 people. At the time of the inspection the home was fully occupied.

Queen Ann House consisted of three houses that have been linked together to become one adapted building.

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

People told us they felt safe and happy living at Queen Ann House. Safeguarding processes were in place to protect people from abuse. Risks associated with people's health and support needs had been assessed and detailed guidance was in place for staff to follow.

During the inspection, we identified health and safety concerns which may have placed people at the risk of harm.

We have made a recommendation about the registered managers management and implementation of health and safety checks within the home.

There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required.

People were protected from the risks associated with the spread of infection. The service was clean.

There were enough numbers of staff available to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were assessed as suitable to work in the home.

Medicines were managed and administered safely. However, guidance was not always available where medicines had been prescribed on an 'as and when required' basis. This was addressed promptly following the inspection.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. This meant people's needs were safely and effectively met ensuring a good quality of life.

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

Staff were caring and kind and relatives confirmed this. We observed staff responding to people's needs with kindness and respect.

Care plans in place detailed people's needs and preferences. People's care needs were assessed prior to admission and reviewed thereafter.

Staff supported people to meet their health and nutritional needs. Staff worked with health care professionals to maintain people's wellbeing.

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

Rating at last inspection

The last rating for this service was good (published 29 May 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During the inspection we identified concerns with certain areas of health and safety at the home and the monitoring and management oversight processes of these. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Queen Ann House on our website at www.cqc.org.uk.

The overall rating for the service has remained as good.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Queen Ann House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors. The inspection was also supported by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

Queen Ann House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

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

During the inspection

We spoke with two people who used the service. We spoke with the registered manager, the care manager, the health manager and the activity co-ordinator. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included seven people's medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, training records and health and safety were also reviewed.

After the inspection

We spoke with six people living at Queen Ann House and eight relatives by telephone. We also spoke with the deputy manager, a trainee health manager, one senior care worker and three care staff. We reviewed six care plans and associated care records. We continued to seek clarification from the provider to validate evidence found.

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 now 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

- During the inspection we identified health and safety concerns which may have placed people at the risk of harm.
- Hot water taps in six people's bedrooms and four communal bathrooms were running at temperatures exceeding 44 degrees. In one bedroom, the hot water temperature was measured at 60 degrees. The Health and Safety Executive recommend that water temperatures should not exceed 44 degrees as this could place people at the risk of scalds and burns.
- Throughout the home we found that there were no radiator covers to protect people from scalding or burning themselves.
- In one bedroom we found trailing wires, multiple plugs attached to an extension lead and a fan with the safety cover missing. The registered manager told us that this was how the person whose bedroom it was chose to keep their room.
- The registered manager explained that a few days prior to the inspection, remedial work had been undertaken in relation to the heating and this may have caused water temperatures to run high. No concerns had been reported previously and the registered manager gave assurance that water temperatures were randomly checked on a weekly basis.
- Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems in place were not always robust enough and potentially placed people at the risk of harm.

We recommend that the registered person identify and implement robust safety checks to identify and reduce the risk of people receiving unsafe and inappropriate care.

- Following our feedback, the registered manager took immediate steps to address the issues to ensure people's safety going forward. This included adjustments to the hot water taps to ensure safe water temperatures and discussions with individual people about possible safety measures to be implemented within their bedroom to ensure their safety.
- A variety of health and safety checks had been completed which included checks and tests of equipment and systems such as fire alarms, fire evacuation plans, emergency lighting, gas and electrical safety.
- Risks associated with people's health and care needs were identified, assessed and recorded within people's care plans. This included risks associated with falls, mobility, behaviours that challenge, specific health and medical conditions and moving and handling.
- Risk assessments were comprehensive and person-centred giving staff clear guidance on how to minimise risk and ensure people's safety.

- Staff we spoke with knew people well and were able to explain people's risks which included information about what they would do to support people safely.

Using medicines safely

- People received their medicines safely and as prescribed. Medicines Administration Records (MAR) were completed accurately and where minor gaps in recording were identified these were addressed immediately. Medicines were stored safely, and checks showed that medicine stocks matched records.
- The service had a medication policy in place, each person had a medication profile and the service carried out regular audits of its medication procedures.
- All staff had received the required training to administer medicines safely. Observed assessments had been completed to confirm staff competency when administering medicines
- However, during the inspection we did identify some minor issues where the service was not following all aspects of best practice and its own medication policy.
- We found that medicines prescribed 'as needed' (PRN) did not have specific written guidance in place for staff to know how and when to administer each medication. PRN medicines can be prescribed to relieve pain or anxiety.
- Where people received their medicines covertly, an authorisation for this had only been signed by the person's GP. There was no record of any consultation with a pharmacist or an involved relative as per the provider's policy. Covert administration is when medicines are administered in a disguised format hidden in food or drink.
- Following our feedback, the issues identified were addressed immediately with the required records put in place.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Queen Ann House. Comments from people included, "It's lovely here, they [staff] are very good" and "I think it's excellent, the staff are very polite. They don't upset your life. They are positive. We get good individual care. I'm not neglecting myself."
- Relatives also told us that they felt assured their family member was safe and well cared for. Comments included, "It's the best place she has ever been" and "She is happy. She is safe and I visited her today."
- Safeguarding policies and procedures explained the process of identifying abuse and what actions to take if any harm occurred.
- Staff received regular training on safeguarding, understood their responsibilities and demonstrated knowledge of how to report any concerns.
- The registered manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.

Staffing and recruitment

- The service followed safe recruitment procedures to make sure staff were suitable to work in a care setting.
- Staff recruitment records showed relevant checks had been completed such as application forms, references, proof of identity and Disclosure and Barring Service (DBS) Checks. DBS checks inform the service if a prospective staff member has a criminal record or has been judged to be unfit to work with vulnerable adults.
- On the day of the inspection we observed that there were enough staff available to safely meet people's needs. One person told us, "There is enough staff, I know them well."

Preventing and controlling infection

- The provider had appropriate procedures in place to prevent and control infection.

- The premises were clean and there were clear processes in place with regards to daily cleaning to prevent the spread of infections. Current guidance was also available, including policies and risk assessments, around managing COVID-19 safely.
- Staff told us they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control. We saw hand sanitiser stations around the home.
- However, we did note that there was no hand wash in communal toilets and bathrooms that we looked at. This included two bathrooms/toilets on the ground floor and four bathrooms/toilet on the first floor. This meant people and staff were unable to adequately wash their hands. This was brought to the attention of the care manager who placed hand wash in all the bathrooms.
- The management and staff at Queen Ann House had successfully managed to keep people safe from the COVID-19 infection, with no positive cases recorded since the start of the outbreak.

Learning lessons when things go wrong

- Accidents and incidents were recorded with details of the event, actions taken and any follow up required.
- The registered manager and care manager reviewed and analysed all accidents/incidents on a monthly basis so that any trends or patterns could be identified to support further learning, development and improvement where required. Findings were shared with the wider care team.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were able to access all areas of the home which included the garden and outdoor areas independently or with the support of a staff member where required. People also had access to a designated smoking area.
- The registered manager had made arrangements to facilitate safe visits during the current COVID-19 pandemic so that relatives could visit their loved ones.
- People were able to personalise their own rooms with items, furniture, photos or pictures that meant something to them.
- However, the service had not considered adapting the home in ways which promoted the needs of people living with dementia. There was a lack of appropriate signage which supported way finding and promoted people's independence.
- The home was also in need of modernisation and re-decoration. There were boxes and clutter stored in communal areas. We were told by the registered manager that the boxes stored in communal areas was due to recent deliveries that had been received and that these would be removed in due course. The registered manager was aware of the other shortfalls and improvement plans were in place to address these.

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

- People's needs were assessed prior to their admission to Queen Ann House, so that the service could determine and confirm that they would be able to meet people's needs.
- People's needs and preferences were discussed during the assessment ensuring their involvement and contribution to the process. Relatives and health care professionals were also involved in the assessment as part of a multi-disciplinary approach.
- Information gathered at the assessment was then used to create a comprehensive care plan which detailed people's support needs, preferences and wishes.
- Care plans were then reviewed every month to ensure they were receiving the right care and support.

Staff support: induction, training, skills and experience

- People received care and support from staff that were appropriately skilled and trained to carry out their role.
- Staff told us that they received an induction when they began working at Queen Ann House which included shadowing a more experienced member of staff.
- Records confirmed that staff also received training in a variety of topics which enabled them to support people effectively with their needs. Training was refreshed on a regular basis.

- Staff confirmed that they felt well supported in their role and received regular supervision and annual appraisals which allowed them to assess their performance and further development. One staff member told us, "I get regular supervision. Last one was February. We talk about what is working well, what we need. In January I had my first appraisal, we discuss my development always. I feel very supported."

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

- We observed people to be eating and drinking well. People, where required, were supported with their meals by care staff with dignity and respect.
- People spoke positively about the meals they received. Comments included, "Food is alright, yes I get snacks and drinks when I want them" and "It's okay, now we had a meeting. Speak to the staff and they help. I say to staff if I don't like it and then they make me something else. They help me with a snack or drink, anytime of the day."
- People were offered a choice of meals and alternatives if they did not like what was on the menu.
- Feedback from relatives about the meal provision at the home included, "He likes the food and has a healthy diet. They get a variety of food and it is home cooked" and "She enjoys the food but she needs someone to help her eat."
- Care plans recorded people's dietary needs including any specialist or culturally appropriate dietary requirements.
- Where people's food and fluid intake required monitoring due to specific health risks, this was done with records of actions taken where concerns were noted.

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

- People were supported by staff to access multiple agencies and healthcare professionals so that they received consistent, effective and timely care. One person told us. "They help me to my doctors on Green Lanes."
- Staff knew people well. Any changes in people's health were acted upon immediately. Care plans documented details of referrals made to healthcare services where a specific need had been identified. Relatives told us, "Yes they monitor and are aware of health needs" and "They act speedily and try to meet her needs."
- Care plans also recorded visits from health care professionals including GP's, social workers, opticians and psychiatric nurses and detailed the nature of the visit, the outcome and any follow up actions.
- People were supported to attend all health care appointments where required. Staffing support was arranged accordingly.
- Most people living at the home were quite independent and maintained their own personal and oral hygiene. Oral care and hygiene was promoted as an activity within the home where people came together daily to brush their teeth. This encouraged people to maintain good oral hygiene.
- Staff maintained records of people's health and wellbeing, weight and behaviour charts so that they could work together to ensure people received effective care and support.

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.

- The registered manager understood the key the principles of the MCA. Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Where people lacked capacity and best interest decisions had been made on behalf of people, these had been clearly documented and incorporated into the care planning process.
- Where people had capacity, records confirmed that they had been fully consulted and involved with the care planning and delivery process. People had signed their care plans to confirm this.
- Staff understood the MCA and how these influenced the ways in which they support people. One care staff member explained, "Its about supporting someone to make decisions in their best interest. We must ask what they want, give them choice, give them every confidence."

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The registered manager had several systems and processes in place which allowed them to monitor and oversee the quality of care people received. Audits and checks were completed for medicines management, health and safety, infection control, the environment and staff recruitment.
- However, whilst, an explanation was provided by the registered manager in relation to the hot water temperatures, other issues identified throughout the inspection including the lack of PRN protocols, radiator covers and the environment had not been identified by any of the management oversight processes in place.
- During and following the inspection, the concerns identified were discussed with the registered manager who promptly acted on our feedback and provided evidence and assurance that the concerns identified had been and would be addressed going forward. This gave reassurance that the service acknowledged our feedback and was open and willing to continuously learn, develop and improve the quality of care delivery.
- Service improvement plans were in place which acknowledged the required improvements including the environment and recorded actions to be taken and timeframes within which work would be completed.
- The registered manager encouraged and promoted learning, development and improvements within the home. Where accidents/incidents had occurred, or complaints or safeguarding concerns had been raised these were discussed at daily handovers and team meetings so that the staff could discuss and implement change where required. One staff member told us, "We talk about the residents and their care needs. We discuss and find a better way to assist people. What can we bring new to make the residents care safe and better."

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

- The registered manager and staff team worked towards ensuring people received person centred care which achieved good outcome for them whilst living at Queen Ann House. Queen Ann House had been some people's home for more than 25 years.
- People knew the registered manager and staff team and told us that they were always available when they needed them. People's feedback included, "Yes, it's well managed. There are deputy managers, I am happy, very positive, never been neglected, if I ask them a question, they answer it" and "The manager is [name of registered manager]. It's lovely."
- Relatives also spoke highly of the registered manager and the staff team. Feedback included, "[Registered manager] is nice and approachable and they [people] like him" and "They know me well and they listen. The

staff in charge have been there a long time."

- People were empowered to live an independent life as possible and were encouraged to be involved in all aspects of their care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager clearly understood their responsibilities around duty of candour and being open and honest when something had gone wrong. Statutory notifications were completed and submitted to the required authorities including CQC.

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

- People and relatives knew the registered manager and the management team and felt confident in approaching them with their comments and concerns. One relative said, "My concerns would be taken seriously with [registered manager]."
- People, relatives and staff were encouraged to engage and be involved in the day to day delivery of care and support. One person stated, "They [staff] talk to us before support." One relative told us, "I am involved in reviews and other things that are going on. They regularly email."
- Relatives also commented that communication during the pandemic had been good and that the home kept them regularly updated through emails and telephone calls.
- People were encouraged to participate in residents meeting on a regular basis and discussed topics such as food, activities and how they were feeling. One person told us, "they tell us what's going on and all that, for example treating us to a takeaway on Friday."
- People and relatives were asked for their feedback about the quality of care and support they and their family member received. The last satisfaction survey exercise was completed last year in 2020 and feedback was positive.
- Staff told us that they were engaged, involved and listened to about the management of the service and ensuring people receive good quality care. This was done through daily handover, regular staff meetings, supervision and annual appraisals.
- The service worked in partnership with a variety of healthcare professionals such as GP's, district nurses, community psychiatric nurses and psychiatrists to maintain the health and wellbeing of people.