

Queensgate Care Home

# Queensgate Care Home

## Inspection report

The Boulevard  
Hull  
Humberside  
HU3 2TA

Tel: 01482211112

Date of inspection visit:  
17 February 2022

Date of publication:  
31 May 2022

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Queensgate Care Home is a care home that provides accommodation and personal care for a maximum of 40 older people, including people who may live with dementia. At the time of our inspection there were 28 people using the service.

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

Areas of the service required redecoration, refurbishment and maintenance. The décor looked tired. Whilst some areas within the service provided sensory and tactile stimulation, the main lounge and dining area was not decorated in line with dementia friendly guidance. The provider did not have a refurbishment and redecoration plan in place to identify and plan required works to the premises.

Not all staff received adequate supervision. The registered manager had not had a formal supervision for the duration of their employment. The provider did not have robust recruitment processes in place. We have made a recommendation about this in the inspection report.

Accidents and incidents were not effectively monitored to consider lessons learnt and reduce risks to people.

Quality assurance systems were not operated effectively and failed to ensure compliance with regulations. The registered manager and provider could not demonstrate satisfactory oversight of the safety and quality of the service because records were not always kept and maintained.

People told us they liked the staff and felt well cared for. People's relatives felt their relatives were safe.

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.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 27 December 2018)

### Why we inspected

We received concerns in relation to infection control and the premises. As a result, we undertook a focused inspection to review the key questions of safe 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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings 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. This included checking the provider was meeting COVID-19 vaccination requirements.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Queensgate Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by one inspector.

#### Service and service type

Queensgate Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Queensgate Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 February 2022 and ended on 28 February 2022. We visited the location's service on 17 February 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

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

#### During the inspection

We spoke with two relatives of people who use the service and two people who use the service. We spoke with the registered manager and the business manager. We checked areas of the premises in relation to infection control and maintenance. We reviewed a range of documents including four people's care record and associated risk assessments. We reviewed a sample of medication records and three staff files in relation to recruitment.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three staff members by telephone and another relative by telephone. We reviewed training data and quality assurance records.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- The premises had not been well maintained. Areas of the service required redecoration, refurbishment and maintenance. For example, bathroom flooring was stained, storage and sink units in the medicines room were heavily damaged and some items of furniture were worn and in need of replacement. We discussed this with the provider and registered manager who confirmed that they did not keep formal records for refurbishment and redecoration of the premises.

Failure to ensure the premises and grounds were properly maintained is a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had individual risk assessments in place to guide staff to support people safely.
- Checks were in place to monitor the safety of equipment, this included checks on fire safety equipment, window restrictors and bed rails.
- Referrals to external services were made when people's care and support needs changed.

### Staffing and recruitment

- The provider did not follow a structured interview process. Staff recruitment records did not contain formal interview questions and answers to help the provider assess applicant's suitability. We spoke with the registered manager who told us they do ask interview questions, but they do not have formal, structured interview questions.

We recommend the provider reviews current guidance and update their systems and processes around recruitment.

- The provider carried out pre employment checks to ensure suitable staff were employed.
- There were enough staff employed to meet people's needs. Staff were deployed appropriately during busy periods, for example, we observed people receive support with assisted feeding during meal times.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Actions were taken to keep people safe following accidents and incidents and when necessary escalated to the local safeguarding team. However, further work was needed to ensure systems in place supported appropriate analysis and learning from safeguarding concerns, accidents and incidents.
- Staff received training on safeguarding and understood how to identify and report concerns.

- People and their relatives told us they felt the service was safe.

#### Using medicines safely

- People received their prescribed medicines on time by trained staff.
- Medicines were appropriately stored and secured. Medicine stocks were well managed.
- Protocols were in place to guide staff to administer "as required" medicines, such as pain relief.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider followed safe visiting guidance. Visitors complied with testing and vaccination requirements. A booking system was in place to ensure that cleaning could take place in between planned visits.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance systems were not consistently used to identify shortfalls and improve the safety or quality of the service.
- Auditing and monitoring of the service was not completed in a timely manner. We found medication audits had not been completed for several months. The registered manager took action following the inspection to bring medication audits up to date.
- Records relating to people's care and support were not always detailed. Care plans and risk assessments were not always up to date. People's care records did not demonstrate consistently clear and contemporaneous notes. We could not be assured that each person's care and support needs had been met.
- Systems and processes were not in place to gather feedback from people who use the service or their relatives. The provider had not sought feedback from people using the service or their relatives since 2017.
- There was limited opportunities to learn from accidents and incidents or outcomes from quality monitoring.

We found no evidence that people had been harmed. However, systems designed to monitor the safety and quality of the service were not effectively used placing people at the risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they were happy living at Queensgate Care Home. One relative told us they had confidence that staff knew [name] needs and they were already making progress despite only having lived at the service for a short time.
- We observed positive interactions between staff and people who used the service. A caring culture was evident. Staff spoke positively about people and the registered manager.
- Staff worked closely with healthcare professionals to ensure people's needs were continually met.

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 understood the need to be open and honest and their responsibilities under duty of candour.

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment  |
|  | Regulation 15 HSCA RA Regulations 2014 Premises and equipment  |
|  | The provider had not ensured the premises were properly maintained.  |
|  | Regulation 15(1)(e)  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance   |
|  | Regulation 17 HSCA RA Regulations 2014 Good governance   |
|  | The provider's governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided and ensured compliance with regulations. |
|  | Regulation 17(1)(2)(a)(b)(c)(d)(e)(f)  |