

Lancewood Limited

Queens Oak Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Queens Oak Care Home is a nursing home. It provides personal care and nursing care to older people and people living with dementia. At the time of our inspection there were 69 people living at the service.

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

People told us they felt safe living at the service. Staff received training in safeguarding adults and told us they felt their concerns would be taken seriously. Staffing levels were assessed based around people's care needs and managers checked that staff were suitable for their roles. The provider maintained systems to assess risks to people and implemented plans to mitigate these. Medicines were managed safely with appropriate checks carried out by senior staff.

People were protected from infection control risks, including those from COVID-19. There were clear systems for visitors to follow and staff had access to protective personal equipment (PPE). Managers provided training for staff in its safe use and ensured staff used it correctly. Staff and residents had access to regular testing for COVID-19 and there was an enhanced cleaning routine in place to reduce the risk of cross-infection. Incidents were logged and investigated appropriately when necessary and there was a strong culture of learning from incidents, including those which had taken place in other services.

Staff received appropriate training and supervision to carry out their roles. Care workers told us they found training useful and had benefitted from online training since the pandemic began.

Residents and their relatives told us the management of the service engaged positively with them and kept them updated on what was happening in the service. Staff told us they felt well supported by their managers. There were clear lines of responsibility and a detailed audit system to ensure issues were detected promptly. The provider worked to ensure the service continued to learn and develop.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 June 2019).

At our last inspection we found breaches of the regulations in relation to staff not receiving appropriate training and supervision to support them in their roles. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

Why we inspected

On 30 October 2020 we carried out a monitoring call using our transitional approach to monitoring services. This focuses on safety, how effectively a service is led and how easily people can access the service. This call will help us to decide whether we need to take further regulatory action at this time, for example an inspection. Our monitoring indicated that there may be a higher level of risk at this service.

We were prompted to carry out this inspection in part due to a specific incident, following which a person using the service sustained a serious injury. This incident was subject to an investigation at the time of writing this report. As a result, this inspection did not examine the circumstances of the incident. However, the information CQC received about the incident indicated possible concerns about the management of behavioural risks and staffing levels. This focused inspection examined those risks.

We used the ratings from our last comprehensive inspection for the key questions not inspected this time to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Queens Oak Care Home' on our website at www.cqc.org.uk

What happens next?

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

We have not changed the rating for this key question.

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.

Queens Oak Care Home

Detailed findings

Background to this inspection

Inspection team

The inspection was carried out by an inspector and an inspection manager with the support of 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.

Service and service type

Queens Oak Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure we understood the provider's infection control protocols and agree what precautions the inspection team would take to reduce the risks to people using the service.

What we did before the inspection

We reviewed information we held about the service, including information about significant incidents the provider is required by law to tell us about. We spoke to monitoring officers at the local authority and a visiting health professional who worked as a tissue viability nurse.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, head of business improvement, the quality and risk manager and the regional quality manager.

An Expert by Experience used video calls to speak with six people who used the service and eight family members.

We looked at records of care and support for 10 people and records of recruitment for five care staff. We reviewed records of medicines management for four people and records of audit, training, communication with families and premises safety, including infection control measures.

After the inspection

We made calls to three nurses and five healthcare assistants.

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 requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

Safeguarding people from the risk from abuse

- People were safeguarded from abuse. People told us they felt safe living at the service. Comments included, "I feel as safe as you can be these days", and "Nothing's gone wrong, which is why I feel safe."
- Staff were able to safeguard people from abuse. Care workers received training in safeguarding adults and told us they felt comfortable speaking up if they were concerned about a person, and that managers took their concerns seriously.
- Managers followed safeguarding procedures. This included reporting concerns promptly to the local authority and where appropriate carrying out investigations into safeguarding concerns.

Assessing and managing risks; Ensuring equipment and premises are safe

- Risks to people's wellbeing were appropriately managed. The provider had suitable risk management plans in place for individuals who may be at risk and maintained a register of these.
- Skin integrity and wound management were managed safely. People had risk management plans in place when they were at risk of pressure injuries, including the use of turning charts and pressure relieving equipment. There was appropriate monitoring of wound management and healing and the provider made prompt referrals to tissue viability services.
- There were appropriate measures to keep the premises safe. There were systems of regular checks on key areas of the building, including fire safety, equipment, water safety and pest control. Responsibilities for checks and maintenance tasks were clearly allocated and there was appropriate oversight to ensure these were carried out.

Staffing; Recruitment

- Staff were recruited safely. The provider carried out appropriate pre-employment checks to ensure staff were suitable for their roles. This included obtaining evidence of identification, people's right to work in the UK and good conduct in previous health and social care employment. The provider carried out checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- Staffing levels were assessed to meet people's needs. The provider used a dependency tool to assess people's care and support needs and ensure there were enough staff allocated to each unit to meet people's needs.
- There were enough staff to meet people's needs. People told us there were enough staff available when they needed them. Care workers we spoke with told us they felt there were enough staff on duty.

Using medicines safely

- Medicines were managed safely. People had appropriate care plans in place, including following best practice when people were given medicines covertly. The provider documented people's medicines on medicines administration recording (MAR) charts, which were appropriately completed and checked.
- Medicines were stored appropriately. There were regular stock checks and checks of temperature of storage areas. Controlled drugs were stored securely with enhanced monitoring of stock levels.
- Managers had appropriate oversight of the management of medicines. There were regular audits carried out regarding medicines in each unit of the building. Audits included a clear action plan when areas for development were identified.

Preventing and controlling infection including the cleanliness of premises

- There were sufficient measures to protect people from infection, including risks relating to COVID-19. Visiting to the home was restricted at the time of our inspection, but there were clear procedures for visitors to follow, including completing health declarations, and undergoing temperature checks. The provider had a suitable infection control policy and managers carried out regular audits of infection control measures.
- Protective Personal Equipment (PPE) was used effectively to protect people from infection. People told us staff used this appropriately, and we observed staff wearing masks at all times. Care workers told us that they had access to adequate PPE and that managers checked this was used correctly. There was guidance displayed for staff on the correct use of PPE. Staff received training in the correct use of PPE and managers also made observations of staff handwashing techniques.
- There were appropriate measures to detect and contain COVID-19. There was weekly testing for staff and monthly testing for people who used the service, and clear procedures for isolation and keeping groups of people separate in the event of an outbreak.
- Premises were kept clean to prevent the spread of infection. The building appeared clean throughout and there were records of routine cleaning taking place, and enhanced cleaning for surfaces which were regularly touched.

Learning lessons when things go wrong

- There were measures in place to monitor and investigate incidents. We saw examples of where managers had become aware of concerns and had carried out detailed investigations, including root cause analysis, to understand why the incident had taken place and prevent a recurrence.
- The provider encouraged a culture of learning from incidents. When incidents had occurred, managers followed a lessons learned policy, where staff were encouraged to reflect on learning from incidents or near misses, including examples from other services. There were measures in place to ensure this information was shared among the staff 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 our last inspection we rated this key question requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support, training, skills and experience

At our last inspection we found the provider had failed to ensure staff received suitable training and supervision to carry out their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

- Staff received appropriate training to carry out their roles. The provider had assessed the training requirements of staff and monitored this to make sure training had taken place. Staff told us they felt the training was suitable for their roles, and they had benefitted from a move to online training due to the pandemic.
- Staff received regular supervision. Supervision was monitored by managers to make sure this took place regularly. Supervision included observations of staff competency and practice. A staff member told us, "They observe us and if something is not right they say."

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 requires improvement. At this inspection we have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership vision, values and culture

- The service had a positive culture. This was reflected in the values of staff who gave us examples of how they worked to put people at the centre of the service. People's care plans contained detailed personalised information about what people liked, didn't like and how they wanted to be supported. We saw examples of how the service promoted equality. This included working with residents who identified as LGBT+ to provide positive support and inclusion. The service provided activities which reflected the diversity who used the service, such as celebrating key religious festivals and national cultures.
- Staff told us they found the manager approachable and supportive. Comments from staff included, "The door is always open, he's someone you can relate to and talk to" and "They look after their staff and put residents first". In addition, staff members told us that the provider's senior managers regularly visited the service and were available to discuss any concerns they may have.
- People and their family members spoke positively about the management of the service. Comments included, "I see the manager, he says hello. A really lovely man, a good man", "The home is well managed, there is more structure, policies and procedures" and "[the registered manager] has a lovely way with him."

Acting with honesty and transparency if something goes wrong

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- We saw examples of communications to relatives to update them on what had happened in the home, including changes to the service as a result of the pandemic and to make sure relatives were aware of significant incidents. The registered manager told us, "If they heard from elsewhere there would be an impact on trust."
- People knew how to complain and felt that concerns were responded to appropriately. A relative told us, "I have talked to the people in charge and they have taken it seriously."

Managing the quality of the service, meeting legal requirements and staff and managers being clear about their responsibilities

- The service had detailed systems of audit to ensure the quality of the service remained good. This included audits of infection control, fire safety and medicines, with findings of audits acted on by managers. We saw evidence of findings of a call bell audit being followed up with staff and relevant learning shared with the team. A relative told us, "The manager is on his toes and has an eye on everything."

- There were regular systems to ensure information was up to date. There was a daily dashboard meeting for heads of department to be briefed about the planned events of the day and to provide information about potential concerns or key performance indicators in their services. Weekly meetings were used to discuss and monitor clinic risk. The provider used a resident of the day system to ensure people's plans were kept up to date.
- Managers used monthly quality indicators to monitor the quality of the service. This included monitoring when people had suffered pressure injuries, infections and falls, and reviewing when people were subject to possibly restrictive measures such as bedrails.

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

- The provider ensured that staff were kept up to date with changes in the service. This included regular team meetings and video calls for staff. Care workers told us they felt up to date with new guidance. Managers updated guidance to reflect current best practice in terms of infection control and visiting and to highlight to staff what had changed at times when guidance was updated frequently. Staff were provided with training and knowledge on how to promote equality and diversity, including appointing a champion to help staff understand sexuality and intimacy for older people and celebrating Black History Month with residents.
- The provider engaged positively with people's family members. Comments from people included, 'The home is always obliging and approachable', 'The new manager keeps everyone informed', 'They're doing a good job', and 'I am able to ask questions'. A relative told us, 'The provider used video calling to ensure team meetings and family meetings continued despite the COVID-19 pandemic. "There is a families' meeting and the home is very approachable"
- The service had tried new ways of engaging people's family members during the pandemic. This included providing training for family members on understanding legislation that was relevant to them such as the Mental Capacity Act. The provider made guides available to relatives on how to choose a care home during a time of restricted visiting and encouraged relatives to provide peer support to people whose family members had recently moved into the service.
- The provider told us they had created a local network with key health professionals using instant messaging. This allowed them to seek prompt advice and support as needed. A member of staff told us, 'The virtual support has been amazing; it's brought systems together'. The service maintained weekly calls with the local authority and other care homes in the area to share learning and discuss the impact of the pandemic.

Continuous learning, innovation and improving the quality of care

- The provider had adapted to new ways of working during the COVID-19 pandemic. This included maintaining the activity programme and accessing virtual activities and providing innovative ways of ensuring people could visit and maintain contact with their family members as appropriate. We saw examples of the service providing new infrastructure to allow visits to take place in line with new government guidance, such as transparent screens in visiting areas.
- Managers had a clear vision for the future of the service. This included implementing new systems for care planning and rostering. The provider told us they wished to implement a new rostering system which would integrate with records of training and experience to ensure there was an appropriate mix of skills on each shift. There was a new induction programme for new staff members.
- Systems enabled managers to have oversight of important indicators. For example, following a concern about a person's fluid intake records, a senior member of staff regularly downloaded and checked fluid intake records for all residents, and could ask for people's fluid intake to be checked.