

Mrs K B Kelly

# Queen Ann House

## Inspection report

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21 June 2016

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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

This inspection took place on 20 and 21 June 2016 and was unannounced.

Queen Ann House is a care home that provides accommodation and care to a maximum of 22 people who have mental health issues. On the day of the inspection there were 19 people residing at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home and safe with the staff who supported them. They told us that staff were kind and respectful and they were satisfied with the numbers of staff on duty at the home.

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks should be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service, their relatives and staff were positive about the registered manager and his management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. People told us the registered manager took their views into account in order to improve service delivery.

## 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. People told us they felt safe at the home and we observed positive and kind interactions from staff.

Risks to people's safety and been discussed with them where possible and action had been taken to minimise any identified risks.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

### Is the service effective?

Good ●

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support people properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

### Is the service caring?

Good ●

The service was caring. We observed staff treating people with respect and as individuals with different needs. Staff knew about various types of discrimination and its negative effect on people's well-being. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes, dislikes and cultural needs and preferences. Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space

was respected.

### Is the service responsive?

Good ●

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the home.

Care plans included an up to date and detailed account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

### Is the service well-led?

Good ●

The service was well-led. People were asked about the quality of the service and had made comments about this. They felt the registered manager took their views into account in order to improve the service.

The service had quality monitoring systems in place including surveys for people using the service, their relatives and other stakeholders.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff had a clear understanding about the visions and values of the service.

# Queen Ann House

## 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 checked 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 unannounced inspection was undertaken on 20 and 21 June 2016.

Before the inspection we reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

This inspection was carried out by one inspector. We met with 12 people who used the service and asked them if they were happy with their care and if they liked the home and the staff who supported them.

A few people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We also looked at the comments people and their relatives had made about the quality of the service from the results of the most recent quality survey carried out by the service.

We spoke with eight staff, the registered manager and provider, a relative and a social care professional who had regular contact with people living at the home.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

# Is the service safe?

## Our findings

People told us they felt safe and had no concerns about how they were being supported at the home. One person told us, "I get on well with all of them." We observed staff interacting with people with kindness and in a friendly and patient manner. Relatives commented that they trusted the staff and were happy with the way their relatives were treated. One relative commented, "[My relative] is very happy because she feels secure."

Staff could explain how they would recognise and report abuse. They were aware that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) the police or the local authority. Staff told us that information about safeguarding vulnerable people was discussed in team meetings.

Earlier this year the registered manager raised a safeguarding alert regarding a number of thefts from people who use the service. This was passed to the local authority and the police for investigation. The registered manager told us that the whole matter had caused a lot of upset from staff and management of the service and had a negative effect on staff morale. We saw that there had been several meetings with staff to discuss the implications of the issues and to support them. The registered manager showed us how policies and procedures regarding managing people's finances had been reviewed and improved so that people's money was more secure. This included moving the office to a quieter location, making sure people's cash cards were always stored separately from any PIN numbers and carrying out risks assessments for all people in relation to the potential risk of financial abuse.

Care plans we looked at included relevant risk assessments. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, risk assessments had been completed for people who were at risk of a relapse of their mental health issue. The staff had clear written guidelines and knew how to reduce this risk by identifying known potential warning signs and relapse indicators.

We saw that risk assessments had also been completed in relation to people's health, mobility and risks of falling. Staff we spoke with were aware of the risks people they supported faced and the actions required to minimise these risks.

We saw that people's risk assessments had been discussed with people where possible and were being reviewed on a regular basis. We saw that changes had been made to people's risk assessment where required.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. Staff confirmed they had not been allowed to start working at the home until these criminal record checks had been returned. However, we noted that one staff member did not have a reference on their file. We were told that this staff had been recommended by a deputy manager and that reference request had been sent abroad but not

returned. After the inspection the registered manager wrote to us to confirm the reference had now been received.

People using the service and staff we spoke with didn't have any concerns about staffing levels. We saw that staff had time to be with people and to sit and chat together with them. The registered manager confirmed that staffing levels were adjusted to meet the current needs of people. We saw that the level of help and support people needed to keep safe had been recorded in their care plan and this was being regularly reviewed. One person told us, "We can sit and chat."

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. This included fire risk assessments, Legionella and hot water checks. Fire drills took place on a regular basis and staff knew who needed prompting to leave the premises in the event of a fire. Although the premises had a fire risk assessment, this had been completed before recent changes were made to the layout of the home. The registered manager told us that they would ensure a risk assessment would be completed, taking into account the new home layout.

We noted that radiators were not being routinely covered to reduce the risk of burns. The registered manager told us that this had not presented a problem but, as some people were becoming frailer, as they became older, he would ensure that a risk assessment would be carried out on all radiators in the home and covered if required.

People we spoke with said they were satisfied with the way their medicines were managed at the home.

We saw satisfactory and accurate records in relation to the management of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work. Staff confirmed that their competency was observed by a deputy manager and we saw records of these checks. Medicine audits took place regularly and staff recorded any medicine errors straight away so this could be investigated.

# Is the service effective?

## Our findings

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. One person commented, "They do a good job." Another person told us, "I'm very well since I've been here."

Staff were positive about the support they received in relation to supervision and training. One staff member commented, "The training is brilliant." Another staff member told us, "This is a place I can grow, both personally and professionally."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about training they had undertaken including moving and handling, medicine management, food hygiene, first aid and fire safety. In addition to the mandatory training, staff told us that they were also offered nationally recognised vocational training. Staff told us that they could also request other training courses and staff had attended training with regard to dementia and end of life care.

We saw training certificates in staff files which confirmed the service had a mandatory training programme and staff told us they attended refresher training as required. One staff member told us, "I'm on top of my training." Staff told us that they would discuss learning from any training course at staff meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision from the registered manager. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. They said the registered manager was open and approachable and they felt able to be open with him. Staff also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision or a staff meeting.

Staff were positive about their induction and we saw records of these inductions which included attending initial training courses as well as looking at the philosophy of care of the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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. The application procedure 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.



Staff understood the principles of the Mental Capacity Act (MCA 2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals.

The registered manager understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS). We saw that a number of people at the home had been subject to a DoLS assessment to make sure they were not being unduly restricted and that any restrictions required for their safety were being regularly monitored and reviewed with the local authority. The appropriate and necessary documentation was in people's files however, the registered manager was not sending the required notifications to the CQC. He told us that this would be completed as a matter of urgency. After the inspection the registered manager wrote to us to confirm these notifications had been sent to us.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do. One person commented, "They always ask me."

People told us they liked the food provided at the home. We saw that choices of menu were available to everyone and the records showed that the menu was regularly discussed with people each week. One person told us, "We say what we would like to eat and they put down what we want to eat and we get it." Another person commented that the food was, "Fantastic."

People's weight was being monitored and discussed with the registered manager and staff and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs and dieticians. People's records contained information and advice from dieticians regarding healthy eating and advice on potential swallowing problems and high calorie menus for people with weight loss issues. A relative commented, "[My relative] looks well fed."

We met with the cook who was able to tell us about each person's individual dietary requirements which matched the information recorded in their care plans and included any cultural requirements.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

We saw that assistance from medical professionals was sought quickly when people's needs changed. People confirmed they had good access to health and social care professionals. One person commented, "I've got an appointment with the dentist soon." Another person told us how happy they were after visiting the dentist and how nice their teeth looked. A relative commented, "I'm very happy, they are forever taking [my relative] to [healthcare] appointments."

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and that they were well treated. One person commented, "[The staff] treat us quite nicely." Another person told us, "They are very friendly."

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. Staff knew people well and responded to them in a caring way and in line with guidance from their individual care plans.

We saw that people had commented and had input in planning their care. The registered manager told us that people reviewed their care needs with the deputy managers on a regular basis. We saw that care plans had been reviewed and updated where required and people confirmed they were involved in their care if they wanted to be. One person commented, "We always sit down and talk about it [care plan]."

There were weekly house meetings between people using the service, staff and management. We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do.

Staff had discussed people's cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship. We saw that people were supported to maintain relationships with their family and friends as well as make new friendships. One relative commented, "I'm always made welcome." Another relative told us, "They are very good with families."

Staff knew about the law in relation to people's 'protected characteristics'. They understood that racism, sexism and homophobia were forms of abuse and told us they made sure people at the home were not disadvantaged in any way. A relative told us that the staff saw the person before they saw their disability. They told us that the management and staff made sure that people experienced, "As normal a life as possible."

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. We observed staff knocking on people's doors and waiting for a response before entering. A person told us, "I'm happy with privacy, staff knock." Another person told us, "We all have a key to our room."

## Is the service responsive?

### Our findings

People using this service told us that the management and staff were quick to respond to any changes in their needs. We saw, from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would report these changes and concerns. Relatives told us they were kept up to date with any issues.

Staff told us that the registered manager kept them updated about any changes in needs of the people using the service. Staff had a good understanding of the current needs and preferences of people at the home.

Each person had a care plan that was tailored to meet their individual needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs, choices and preferences. People told us they were actively involved in developing their care plans and people's care plans recorded their input.

We checked the care plans for six people. These contained a pre-admission document which showed people's needs had been assessed before they decided to use the service. These plans were centred on the individual and outlined what support people needed to be as independent as possible whilst being mindful of any identified risks to people's physical and mental health.

People's needs were being regularly reviewed by the management, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the service had made changes to the person's care plan. We saw a number of examples of changes that had been made in response to people's changing needs. These included increased staff support with mobility and the ordering of a profile bed as people had become frailer. We also saw that improvements to peoples' wellbeing were recorded in areas such as eating and their mental health.

People could take part in recreational activities both inside and outside the home as well as take part in activities of daily living. Staff told us that the registered manager encouraged staff to look at ways of maintaining people's independence and we saw that people were supported to carry out activities of daily living such as tidying their room or helping with meals.

We spoke with the activities coordinator during the inspection. They told us that activities were discussed at weekly house meetings and suggestions then acted on. A person told us, "We go to the cinema and the seaside. Every week we have a meeting. They ask us what we want." Another person commented, "We go to the cinema quite often. We go to Clacton."

The activities coordinator also told us that activities that were designed to meet the cultural preferences of people at the home and we saw this during our inspection.

People were positive about the activities available at the home and trips out that were organised on a regular basis. People were able to go out of the home either alone or with staff depending on identified risks and any Deprivation of Liberty Safeguards in place.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management.

People's comments included, "No complaints" and "I would tell them if I was worried about anything."

Records showed that there had not been any recent complaints about the service however; the registered manager had addressed any minor concerns that had been raised in the most recent quality survey. We saw that these had been appropriately investigated and dealt with by the registered manager.

## Is the service well-led?

### Our findings

People were positive about the registered manager and provider and confirmed that they were asked about the quality of the service and had made comments about this. They felt the registered manager and provider took their views into account in order to improve service delivery. The service is family run and everyone we spoke with knew the family members well. One person, talking about the registered manager, told us, "He's lovely; I really get on with him."

Staff were also positive about the registered manager and the support and advice they received from them. They told us that there was an open culture at the home and they did not worry about raising any concerns.

Staff told us and we saw from staff meeting minutes that staff were regularly praised for their work and received positive feedback from the registered manager. Staff told us they enjoyed working at the service and supporting the people at the home. They told us that they completed regular quality surveys and felt able to make suggestions for service improvements. Staff gave us examples of suggestions they had made to improve the service including requesting a management review of staff roles and responsibilities in order to provide a clearer job description.

The registered manager had developed a number of quality monitoring systems. These included quality monitoring surveys that were given to people who used the service, their relatives and representatives and other stakeholders. A person who used the service confirmed, "I've been sent questionnaires." The results of these surveys were analysed and a summary of the results, along with any actions required were developed in order that the service could improve. We saw, from discussion with the registered manager and provider, that service improvements were sought, explored and acted on.

We asked staff how the home's visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. Staff understood the ethos of the home which they told us looked at everyone as a unique individual with different care, social and cultural needs and preferences. Staff told us that the needs of people using the service always came first. When we discussed these visions and values with the registered manager and management team it was clear that these values were shared across the service.