

# GCH (Queensway) Limited

# Queensway House

## Inspection report

Jupiter Drive,  
Hemel Hempstead  
Herts HP2 5NP  
Tel: 01442 266088  
Website: [www.goldcarehomes.com](http://www.goldcarehomes.com)

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

The inspection took place on 12 May 2015 and was unannounced.

Queensway House is an 80 bed care home for older people that does not provide nursing care. There were 72 people living at the home when we inspected.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Queensway House and were pending an outcome.

At our previous inspection on 04 September 2014 we found that the provider had not ensured that people

# Summary of findings

were cared for in a manner that identified and respected their personal needs and wishes. We found that medication had not always been administered in a manner that ensured people were offered it as prescribed and there were not sufficient trained staff on duty to care for the people in a manner that promoted their health, welfare and independence. We also found that the systems to monitor and manage the quality of the service were ineffective and we took enforcement action to ensure the provider took the necessary steps to bring about the required improvements. The provider submitted an action in November 2014 which stated that the necessary improvements would be completed by 31 December 2014. At this inspection we found that the provider had taken action to address the identified concerns.

There were suitable arrangements for the safe storage, management and disposal of people's medicines, including controlled drugs. The atmosphere throughout the home was calm during the inspection with the exception of meal times where people living on one unit

did not always receive the support they needed to eat. We raised these concerns with the manager and they took immediate action to increase staffing levels at meal times in this unit.

Staff knew how to recognise and report allegations of abuse. Staff recruitment processes were safe and a range of training was provided to staff to give them the skills and knowledge required to undertake their roles.

People told us that the staff team were kind and caring. Care and support was delivered in a way that protected people's privacy and promoted their dignity. A range of activities were available to provide people with engagement and stimulation. Meetings were arranged to support people and their relatives to share their views and opinions on the service provided.

We received positive comments about the management team from people who used the service, their relatives and the staff team. The provider and manager closely monitored and sought feedback about the services provided to identify areas for improvement and drive forward improvements in the home.

# Summary of findings

## 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 safe.

Staff knew how to recognise and report allegations of abuse.

Staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely.

Good



### Is the service effective?

The service was not always effective.

People enjoyed a healthy diet but the mealtime experience was not always positive.

People received care and support from staff members who had regular supervision and training relevant to their roles.

People were supported appropriately in regards to their ability to make decisions.

Requires Improvement



### Is the service caring?

The service was caring.

People were treated with kindness and respect.

People were encouraged to be involved in the planning and reviewing of their care by staff who knew them well.

People's privacy was promoted.

Good



### Is the service responsive?

The service was responsive.

People were supported to engage in a range of activities.

People who used the service and their relatives were provided with regular meetings to encourage them to share their views and opinions of the service provided. People were confident to raise concerns.

Good



### Is the service well-led?

The service was well led.

The people who used the service and their relatives had confidence in staff and the management team.

The manager had systems to monitor, identify and manage the quality of the service.

Good



# Summary of findings

People were given the opportunity to influence the service they received; they were kept informed of important information about the home and had the opportunity to express their views.

# Queensway 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 was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 12 May 2015 and was unannounced. The inspection team was formed of three inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with seven people who used the service, nine care staff and the manager. We spoke with two relatives to obtain their feedback on how people were supported to live their lives. We received feedback from a healthcare professional and representatives of the local authority commissioning team. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to eight people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

At the previous inspection in September 2014 we had found that the medicine practice in the home was not safe. At this inspection we found there were suitable arrangements for the safe storage, management and disposal of people's medicines, including controlled drugs.

Staff told us they had received medication training and that there were regular assessments undertaken to ensure their continued competency to administer medicines safely. We saw that each person had a medicine administration record (MAR) in their name with associated photograph to ensure staff could identify that person correctly prior to administering their medicines. We observed a staff member encouraging people with their medicine, going at their pace and without rushing them. We observed staff carry out a medicines administration round and noted they used a safe working practice. For example, medicines were not left unattended and people were told what the medicine was for. We saw that fridge and room temperatures were monitored to ensure that people's medicines were stored within a safe temperature range. This helped to ensure that people received their medicines safely.

At the previous inspection in September 2014 we had found that there were not enough qualified, skilled and experienced staff available to meet people's needs. At this inspection staff told us that they were constantly busy but were able to meet people's needs. During the course of the inspection we noted that call bells were responded to in a timely manner and that people's needs were met. We noted that the atmosphere throughout the home was calm with the exception of lunchtime in one unit where people's needs and dependency levels were greater and we found there was not always sufficient staff available to cope with the demands placed upon them at meal times. Staff told us that meal times had become a flashpoint but that the management were reviewing this matter. We raised these concerns with the manager and they took immediate action to increase staffing levels at meal times. We were told that the deputy manager for the service and the head of care had booked to work some shifts on this unit in the days following this inspection to assess whether current staffing levels were sufficient to deliver care and support to meet people's needs in a timely manner.

Relatives of people who used the service told us that they felt there were plenty of staff available to meet people's needs. One person said, "Regardless of what time of day I have visited [relative] I have always seen staff about. There is always someone to help if needed." Another relative said, "There are plenty of staff. There are always cleaners and care staff about."

People we were able to speak with told us that they felt safe at the service. One person said, "Yes I feel safe here and I wouldn't want to be anywhere else." Another person said, "I feel very safe here." A visitor told us they had, "Peace of mind" knowing that their relative was being looked after and kept safe at Queensway House.

We saw that information on how to recognise and report abuse was displayed throughout the home and safeguarding vulnerable adults training was scheduled regularly for the staff working in the home. We spoke with staff about protecting people who lived at the service from abuse. All the staff were confidently able to describe what constituted abuse and that they would escalate any concerns they had. One staff member said, "I feel well trained in recognising signs of abuse and I would raise any concerns I had straight away." This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred.

We found that risks to people's health and well-being were identified and management plans were available in the care records. We saw risk assessments were thorough and areas assessed included falls, moving and handling, ability to use call bells, pressure area care, and nutrition.

We saw that some people who used the service exhibited behaviours that challenged others. Risk assessments and management plans had been developed to enable people to have as much independence as possible whilst keeping them safe. One member of staff said, "[person's name] can get distressed during the delivery of personal care and we have clear guidance about giving them time and not rushing the personal care. It is important that we take the required amount of time to lessen the risk of causing more distress."

We reviewed recruitment records for two staff members and found that safe and effective recruitment practices were followed to ensure that staff did not start work until satisfactory employment checks had been completed.

# Is the service effective?

## Our findings

People who used the service told us they thought the staff carried out their roles well. One person said, "They know what they are doing, they look after us really well." Relatives of people who used the service told us that the staff understood people's needs well and had the skills necessary to care for people.

People were looked after by staff who had the knowledge and skills necessary to provide safe and effective care and support. Staff told us that they received the training they needed to support them in their roles which we confirmed during our inspection. New staff members were required to complete an induction programme and were not permitted to work unsupervised until assessed as competent in practice. We found that all staff members received regular supervision from a line manager and staff told us they were able to discuss any aspect of their role with seniors which made them feel supported and valued.

Staff communicated with people and gained their consent prior to support being provided and gave people time to respond and express their wishes. One person told us, "I am very satisfied; they [staff] are paying attention to what I want." Staff told us that they always asked people's consent to personal care. They said they had received training about the MCA 2005 and DoLs and that they understood what it meant. Staff were able to describe how they supported people to make their own decisions as much as possible. We saw that records of assessments of mental capacity and 'best interests' documentation were in place for people who lacked capacity to make their own decisions. The best interest decisions had involved healthcare professionals, family members or people's appointed representatives. One example was that risk assessments had indicated that the cord of a bedroom alarm bell system could have caused harm to a person and it had consequently been removed.

The manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty

was lawful. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Queensway House and were pending an outcome.

People told us that they enjoyed the food and that there was a good choice of meals. One person said "They [staff] give us everything we need, drinks, food." Another person told us, "The breakfasts here are fantastic, imagine having a full English breakfast every morning. I really can't complain about that." Relatives told us that some people had put weight on since they came to live at the home and said they believed this was due to the help and support provided by staff to encourage people to eat. One relative said, "My [relative] loves the food here."

Where people had been assessed as being at risk from inadequate nutritional intake, we saw that dieticians and speech and language therapists had been consulted to help ensure people ate and drank sufficient quantities. Records of food and fluids consumed were maintained and kitchen staff told us of the steps they took to fortify people's calorie intake by adding cream and butter for example.

Breakfast time in all areas of the home was calm and unrushed and people were offered a plentiful selection of hot and cold food and drinks. However, people's lunchtime experience was less positive. On the ground floor of the home there was not enough space available in the dining room for people. We saw that some people ate their meal seated in armchairs in the communal hallway with their food on low coffee tables in front of them. Staff confirmed to us that there was insufficient space for everyone in the dining room but also said that some people found that the dining room was too crowded and noisy for them. The manager and regional manager acknowledged that the communal lounge and dining areas were not suitable to accommodate approximately 58 people who used these areas for dining or socialising. We were told of plans to extend the ground floor communal areas and the manager's action plan identified this as an area for improvement however, there were no timescales identified for action at this time.

People received varied levels of support to eat and drink. We saw that staff working on the ground floor of the home did not assume that people required support and that they checked with people first and put the decision into the hands of the person.

## Is the service effective?

People's health needs were well catered for. We saw that chiropodists, dentists and opticians visited the home when people needed them and people had easy access to their GP. Relatives told us that they were satisfied with the health care people received. A healthcare professional told us they attended the home regularly to provide nursing support. They said the team was satisfied with support that was provided for people and that the staff team were responsive to instruction. We noted that timely referrals

had been made to external health care agencies. For example, we noted that a person had lost weight and saw that a dietician, speech and language therapist had reviewed the person's care needs and that the advice given had been incorporated into the person's care plan and implemented. This showed us that people's day to day health care needs were met and that external agencies were consulted as needed and on an on-going basis.



# Is the service caring?

## Our findings

People were very complimentary about the care they received. One person said, "The staff really care, I am very well looked after." Relatives were also positive about the way in which care and support was provided. One relative told us, "They can't do enough for [relative], or for me too for that matter. The staff are so warm and friendly." Another relative said, "The staff are lovely, they all talk with my relative when they pass."

We observed sensitive and kind interactions between staff and people who used the service. We observed one interaction when a person became distressed and displayed behaviour which could have caused harm to others. We noted that the staff member spoke in a quiet voice and knelt down to make eye contact with the person. The staff member engaged the person in asking them if they wanted a drink and the person calmed and accepted the offer.

Results from a satisfaction survey undertaken on behalf of the provider in March 2015 showed that relatives and other stakeholders identified good relationships with the staff and management team and that the staff team were kind and compassionate.

Staff were knowledgeable about people's individual needs and preferences in relation to their care and we saw that people were involved in discussions about their care. We

noted that staff gave people enough time to respond and then acted upon the choices people made. Throughout the course of the inspection we heard staff provide people with choices about what they wanted to eat and drink and where they wished to sit in the dining room and lounge areas. For example, people were able to spend time in communal areas with other people or in quieter areas where they had music playing.

Care plans had been developed with input from family members as many people lacked the capacity to contribute. We noted that a document called, "this is me" had been incorporated in the development of care plans and contained details of individuals' needs, preferences, likes, dislikes and interests.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. We saw from the communications log that information was regularly passed on from relatives to all staff to ensure their requests, ideas and any concerns they may have were noted and acted on.

People told us that staff knocked on doors before entering their bedrooms, and we saw staff knock on doors and allow people time to respond before they entered. When people required support with using the toilet or personal care needs, they were supported discreetly to ensure they received support in private and with their dignity intact.

# Is the service responsive?

## Our findings

At the previous inspection of this service in September 2014 we found that the provider did not have systems to ensure that people were cared for in a manner that identified and respected their personal needs and wishes.

At this inspection we found that planned care was centred on the needs of individuals. People's care plans addressed all areas of their lives and we noted that their views were sought in creating the care plans to reflect their individual preferences and needs. Where this was not possible we found that people's relatives had been involved. We observed interactions by staff with people who used the service and found that the interventions described in the care plans were put into practice by staff. We saw that staff responded to people in an individualised manner and it was clear when we asked the staff that they knew what the people's needs were.

People told us that they enjoyed the recreation and stimulation that was provided for them. One person said, "I can join in activities and I do go down to the garden from time to time in a wheel chair but other than that I'm quite happy doing what I want to do." One relative told us, "They take my [relative] out on trips and to the pub for lunch for example."

People were able to decide how they wanted to spend their days. We saw people engaged in a knitting club and we saw an arts and craft club where people spent time colouring. We saw a lot of people reading newspapers and magazines and a staff member reading the newspaper aloud for people who were visually impaired. Some people were

knitting and joined in discussions about the news, sharing their views on what was said. Other activities provided within the home included crosswords, bingo, card games, sing-alongs and film evenings. We were told that a programme of entertainment had been booked up until Christmas, this included musicians coming into the home to entertain people. We saw that people had been supported to visit the local polling station to vote in the recent general election.

The staff and management team had developed a café on the first floor of the home. This was used for people to take their relatives for a cup of tea or activity groups such as playing dominoes. The manager told us that this was also used for family parties such as birthdays.

People told us, "If I have a complaint I will share it with my special carer [staff], [they] will sort it for me." The manager told us that they had been no complaints received at the home. They said there were the occasional issues over a missing sock for example and that relatives spoke with them directly about that kind of issue. The manager did not keep a record of minor issues raised but undertook to do so following this inspection in order to be able to have an overview of any trends or patterns that may emerge.

Meetings were held for people to share their views and talk about any improvements they would like. We saw that these views were taken into account. For example one person asked if crumpets could be introduced in the menus and when we checked this had been done. Some people asked if their room could be decorated and we saw that the provider had a refurbishment plan in place to ensure these needs were met.

# Is the service well-led?

## Our findings

At the previous inspection in September 2014 we had found that the provider did not have systems to capture and act on the views of the people who used the service. At this inspection we found that the provider had secured the services of an impartial feedback service to conduct a satisfaction survey involving the views of people who used the service and their relatives, staff members and health and social care professionals. We saw from the results of this survey that 86% of respondents had indicated that they agreed or strongly agreed that the service was well-led.

Relatives of people who used the service told us they thought that the home was well-led. One person said, "They are doing a really good job and always making improvements." Another person said, "It is run very well."

Staff told us of improvements that had been made at the service since our last inspection in September 2014. These included better evidence of food and drinks consumed by people, an amended handover regime to ensure that the system was effective and improved care plans that reflected people's needs more accurately. Also activity recording had improved to reflect the stimulation that had been offered to people.

Staff told us that the manager was approachable and that they could talk to them at any time and that there was a meeting for senior staff every Monday to discuss any issues arising in the home. Staff told us that the manager was always open to suggestions from the staff team. An example given was to try advertising in specific local publications in an attempt to recruit staff living locally to the home. Staff told us that the manager listened to everybody and always provides them with opportunities for improvement. One said, "I think [they're] a very good manager."

The manager ensured that all areas of the service were reviewed and audited to be assured that a good standard of service was provided for people. Amongst others we saw examples of kitchen audits, health and safety, medications, care plans, accidents and incidents, infection control, pressure ulcers and nutrition. Staff told us that they were involved in some of the routine audits in the home. These included medicines, care plans, dining room experience, health and safety and infection control. Staff told us this was a positive experience because it provided them with an understanding of the standards expected.

We saw records of a monthly audit undertaken by a representative of the provider on 31st of March 2015. We noted that insufficient seating had been identified as being an issue in the communal lounge area. The audit went on to state that the manager was in discussions around creating a conservatory to provide additional seating. We discussed this with the manager and regional manager at the end of the inspection. It was confirmed that plans were in place to provide an additional communal area on the ground floor of the home. We also saw that the provider's representative reviewed such areas as accidents and incidents for the month, reviewed care plans for a sample of people who use the service, reviewed staff training undertaken since the previous monthly visits and reviewed any complaints made.

Staff told us that they had had interview with the investor in people assessor the previous week and the management team advised us that the service had achieved re-accreditation with the Investors in People Award. This showed us that the provider was committed to improving the performance of the service.