

Barchester Healthcare Homes Limited

Queens Court

Inspection report

32-34 Queens Road
Wimbledon
London
SW19 8LR

Tel: 02089715019
Website: www.barchester.com

Date of inspection visit:
20 June 2022
23 June 2022

Date of publication:
28 July 2022

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

About the service

Queens Court is a residential care home providing personal and nursing care to up to 43 people. The service provides support to older people and people with dementia. At the time of our inspection there were 36 people using the service.

The care home accommodates people in one adapted building over three floors.

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

People continued to receive care and support to keep them safe. Risk management plans in place ensured staff knew how to mitigate identified risks. People's medicines were managed safely. Staffing levels were adequate, and the provider had robust recruitment procedures in place to ensure suitable staff were employed. People benefitted from a service that learned lessons when things went wrong.

People received support from staff that were skilled in their roles and reflected on their working practices. Staff monitored people's health and wellbeing and referral to healthcare specialists were made when required. People who had specialist dietary requirements were catered for.

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.

People and their relatives were positive about the care and support provided at Queens Court. Staff treated people with dignity and respect and wherever safe to do so encouraged their independence. Pre-admission assessments were undertaken to ensure the service could meet people's needs.

People continued to receive care and support that was person-centred and planned in line with their wishes. The service had a full activities programme for people to participate in. People's communication needs were recorded and catered for. Complaints were fully investigated, and action taken to reach a positive outcome for the complainant. People's end of life wishes were documented and respected.

Systems in place supported the monitoring of the service. People, staff and their relatives were complimentary about the management of the service and told us the registered manager was approachable. The service sought people's views and acted on them. The registered manager worked in partnership with healthcare professionals and relatives to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good. (Published 31 July 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

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

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Queens Court

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 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 two inspectors.

Service and service type

Queens Court 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. Queens Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 five people, two relatives and six staff members, including ancillary staff, kitchen staff, maintenance personnel, care workers, a registered nurse, the deputy manager and the registered manager.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Measures were in place to manage safeguarding concerns. Staff understood how to ensure any potential signs of abuse were reported. They told us, "We have to protect the [people] from harm, abuse and neglect. As carers, whatever we have to do to protect the [people]."
- The provider ensured that appropriate investigations were carried out and that any safeguarding concerns were raised with the local authority in a timely manner.

Assessing risk, safety monitoring and management

- People continued to receive support from a service that kept them safe. People told us they felt safe. One person said, "Personally I feel safe here, doors are locked at night, lots of people around here so I feel safe."
- Risks were identified and monitored to mitigate their reoccurrence. For example, where people needed help with moving and handling records included clear steps for staff as to how to assist the person.

Staffing and recruitment

- People received support from sufficient numbers of staff to keep them safe and were quick to respond to their needs.
- The provider had robust recruitment processes in place to ensure only suitably vetted staff were employed. We reviewed the staff recruitment files and identified these contained two suitable references, an application form, photographic identification and a Disclosure and Barring Services check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received medicines at the times that they needed them. People told us, "Nurses do the medication and they certainly do with me, I have [condition] so have quite a lot of help."
- We reviewed the medicines administration records (MAR) of three people living at the home. These records were up to date and appropriately signed by staff.
- Where people required PRN 'as needed' medicines there were suitable protocols to advise staff as to when these should be administered.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in

their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.

Visiting in care homes

- The provider was following current government guidance in relation to visiting at the service.
- At the time of the inspection there were no visiting restrictions in place.

Learning lessons when things go wrong

- The provider ensured that any incidents or accidents were promptly recorded and investigated. These included details of the occurrence and any action taken following the incident. Records showed that the registered manager had oversight of these.

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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to joining the service to ascertain if the service could effectively meet their needs.
- Pre-admission assessments looked at all aspects of people's lives including for example, medical needs and communication needs.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to meet their needs.
- Staff received ongoing training in a variety of areas, including, dementia, fire safety, food hygiene, infection control, manual handling and safeguarding.
- Newly employed staff underwent a comprehensive induction to familiarise themselves with the service, people, their role and responsibilities and the provider's policies.
- Staff reflected on their working practices through regular one-to-one sessions with senior staff. Staff told us they found the supervision sessions beneficial to their role, whereby they could discuss any concerns they had and any areas of improvement required.

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

- People continued to receive support with food and drink and they spoke highly of the meals they received. One person said, "Yes I would give the food a thumbs up" and "I think it's very well cooked and varies so much."
- We saw that where people were supported at meal-times staff sat and spoke with them.
- Kitchen staff were clear about people's dietary needs and any allergies. These were clearly recorded in the kitchen area so that staff could ensure food met their preferences and needs.

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

- People's health and well-being was consistently monitored to ensure where possible they maintained their health.
- People told us they had access to a wide range of healthcare professionals, for example, physiotherapists and the G.P.
- The registered manager made referrals to healthcare services to seek guidance and support where needed. For example, one person's care file contained a referral made to a speech and language therapist.
- During our visit, we saw that staff supported people with limited mobility to use a specialist bicycle to take

exercise and improve their fitness and wellbeing. The bicycle had a video screen so that people could feel as though they were riding through streets, in areas they knew and elsewhere around the world. ● Staff knew the importance of highlighting a change in healthcare needs to the appropriate support agencies. They told us, "If [a person's] unwell, the first thing is to tell the nurse, they come to take their vital signs. I document it." Records showed that referrals were made in a timely manner.

- We received feedback from a healthcare professional that visited the service. They told us, "I get very good communication from staff, I normally get a good, thorough handover."

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

- The service had been adapted to ensure it met people's needs.
- The service had wide corridors enabling people using mobility aids to move throughout the service freely.
- People were encouraged to personalise their rooms with furniture, pictures and ornaments from their homes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who had restrictions on their liberty were done so in line with legislation. Where people required a DoLS in place the provider had ensured they were applied for in a timely manner. Records of best interests' decisions were on people's files where those important to them and relevant professionals had supported them with choice making.
- Staff received MCA training to enable them to have a clear understanding of their role and responsibility in line with legislation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff that were respectful of their diverse needs and treated them equally. A visiting friend told us, "The care she [person] has received here has been excellent" and "Her [person] quality of life was enhanced by the care provision."
- Throughout the inspection we observed staff interacting with people in a kind and compassionate manner, staff were responsive to people's needs and were seen joking and laughing with people.
- Staff told us how they supported people to practice their faith, with a priest visiting the service for communion for example. Where people did not speak English as a first language, staff were available to support them to communicate in their native language.

Supporting people to express their views and be involved in making decisions about their care

- People continued to be encouraged to share their views and made decisions about the care they received.
- People told us, and our observations confirmed they could make decisions and staff were supportive and respectful of their decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and treated them with dignity.
- One person said, "I would say they [staff] take the lead from me, how much I'm prepared to do, they let me do."
- During the inspection we observed staff supporting people to mobilise independently with verbal reassurance and encouragement.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records reflected the way in which people wished to receive their care. Where people were non-verbal records highlighted the verbal cues, they gesticulated so that staff could understand their needs.
- People's life histories were explored to ensure staff understood people. Staff were attentive, and people expressed to us how they knew them well.
- Care plans detailed people's health, emotional, physical and medical needs and were regularly reviewed to reflect their changing needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented, and staff knew how to speak with people in their preferred method. People at Queens Court could have access to information in a manner they understood for example, large print, audio and braille.
- The service worked in partnership with other organisations to further meet people's communication needs. For example, the audiology department at the local hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to spend time in the communal areas and participate in planned activities both in the service and in the wider community.
- People told us, they enjoyed the activities available to them and could choose to participate if they so wished.
- Relatives and others important to people living at the home were welcomed and enabled to visit regularly. Comments included, "The home is very relaxed about coming into see [person], family have sometimes popped in for a few minutes and the home facilitated that."
- Celebratory events were held to mark religious, historic and community events. Relatives spoke highly of these, telling us that activities were held regularly.
- The provider took time to understand people's individual interests. Where a number of people had past

experience in literature, they arranged for a local author to visit and share their views and readings.

Improving care quality in response to complaints or concerns

- People received support from a service that sought positive outcomes for those who raised any concerns and complaints.
- People told us they could raise concerns with the management team and staff; and were confident their concerns would be addressed in a timely manner. Comments included for example, "I always feel someone in the office would absolutely be prepared to listen [to any concerns I have]." And, "The head nurse is excellent and gives one a feeling of confidence that whatever said to her will be dealt with in right way" and "I always feel someone is absolutely prepared to listen."
- Records showed that complaints were responded to in line with the providers policy. Outcomes and any actions taken were clearly recorded.

End of life care and support

- People's end of life wishes were documented and implemented when people neared the end of their lives.
- People had end of life documents that set out their faith and cultural needs, where they would like to receive support and who they would like involved in their care and support.
- The service had previously been part of the Gold Standards Framework, which is an 'evidence-based end of life care service improvement programme, identifying the right people, promoting the right care, in the right place, at the right time, every time.' The registered manager informed us they were hoping to be reassessed however there had been a delay due to the COVID-19 pandemic.
- At the time of the inspection one person was receiving end of life support in a kind, compassionate and person-centred manner.
- The service also provided relatives with an information booklet to explain what they can expect to happen when someone's life has ended, what they will need to do and what the home can support them with at this difficult time. The service also held annual 'in memorial' services for people and relatives.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care and support from a service that was well-led. that People, their relatives and staff members spoke highly of the management team. Comments included, "I think [the service] is five stars really, realistically I think they give a great service." "[The registered manager] manages the home nicely."
- The service had an embedded culture of inclusivity and a focus which seeks to achieve positive outcomes for people at Queens Court.
- Staff told us they felt valued and well supported and the registered manager and the deputy manager were a visible presence in the service.
- The provider ensured staff were offered opportunities to develop their skills, attain qualifications and be promoted to new positions within the service.
- Throughout the two-day inspection there was a positive and warm atmosphere within the service. People were observed speaking with staff who were receptive to their needs and were often seen laughing and sharing jokes.
- A healthcare professional told us, "As a care home [Queens Court] is one of the friendliest I work in."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Governance systems in place ensured there was ongoing robust oversight and monitoring of the service and where issues were identified action was taken to address them swiftly.
- Audits undertaken included for example, clinical governance which reviewed risk assessments and high-risk people, staff training, required referrals, falls, nutrition, fire safety and recording and monitoring.
- The registered manager had a clear understanding of their role in submitting notifiable incidents to the Care Quality Commission in a timely manner.
- The registered manager knew of the importance of apologising when things went wrong in line with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives, friends and staff were encouraged to share their views of the service.
- The service held house meetings, regular keyworker sessions and questionnaires for people to share their

views. We reviewed the most recent questionnaire outcome report and found there had been a 44.7% response rate.

- The questionnaire covered, for example, issues people identified and the action the service would take to address these issues. For example, changes to the menu, activity options and staffing levels.

Working in partnership with others; Continuous learning and improving care

- People benefited from a service that worked closely and in partnership with healthcare professionals and others to drive improvements.

- Partnership agencies spoke positively about the service working with them and that there were good lines of communication which enabled information to be shared and guidance provided implemented into the delivery of care.

- The registered manager placed importance on continuous learning to advance the service wherever possible. Improvements to the service were then shared with people to ensure they were aware of action taken.