Ranc Care Homes Limited

Queens Court Nursing Home

Inspection report

52-74 Lower Queens Road
Buckhurst Hill
Essex
IG9 6DS

Tel: 02085590620
Website: www.ranccare.co.uk

Date of inspection visit:
11 December 2019

Date of publication:
06 February 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Queens Court is a nursing home providing personal and nursing care to 51 people aged 65 and over at the time of the inspection. The service is split into four units and can support up to 90 people.

People's experience of using this service and what we found
People told us they were protected from harm and the service was safe. Staff were knowledgeable about safeguarding people from abuse and knew what to do if they had any concerns and how to report them. Risk assessments contained all relevant information about how staff would manage them, however, some bedrail assessments needed clarification.

We have made a recommendation the provider consider best practice guidance in relation to physical intervention processes.

Staffing levels were meeting the needs of the people who used the service. Staff had the relevant knowledge and skills to support people with their care. Safe recruitment practices were in place. People's medicines were managed and administered safely. The service was clean with effective infection control procedures in place. The service learnt lessons and improved the service when things went wrong.

Staff training was provided on a regular basis and updated. People had a balanced diet and enjoyed the food provided. Specialist diets were well catered for.

We have made a recommendation the provider consider ways in which to support people living with dementia to make a choice at the time of the meal service.

Staff liaised well with health professionals to ensure people were kept as well as could be and any treatment needed was provided in a timely way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service did not always support this practice.

We have made a recommendation the provider consider best practice guidance in relation to staff training and knowledge within the principles of the MCA.

People and their family members told us staff were caring and kind. They said they were involved in discussions about their care. People were treated individually and respectfully, and their privacy and dignity protected. Care plans were detailed and contained relevant information about people who used the service and their needs. People had access to a range of individual and group social and leisure activities which they enjoyed. People could access the local community facilities. Concerns and complaints were listened to and fully investigated. People were well looked after at the end of their life.

The service was not always well led as it had not had a registered manager in post for over a year. Despite changes to the management of the service, we found there was an experienced manager and consistent team of staff looking after people. Staff were well supported and spoke positively about working for the service. A quality assurance process was in place which ensured the service was safe and met the requirements of the law.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (24 April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor the 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Queens Court Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors, a specialist professional advisor and two Experts 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. Our Experts by Experience had cared for relatives who had used this type of service.

Service and service type
Queens Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is purpose built and four units are located over two floors.

A new manager was in post who was not yet registered with the Care Quality Commission. A condition of the provider's registration required a registered manager and the service had not had one in post since November 2018. Registration means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at information received about the service. This included information from members of the public and professionals and statutory notifications the service is required to send us by law. The provider was not asked to submit a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-
We spoke with nine people who used the service and nine relatives about their experience of the care provided. We observed interaction and daily activities of the service. We spoke with 15 members of staff including the manager, deputy manager, human resources manager, interim director of care and quality, the chef, activities coordinator, two nurses and eight care staff. We reviewed a range of records. This included 14 people's care records including their medicines, risk assessments and care notes. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance were reviewed.

After the inspection
We continued to seek clarification from the provider to validate the evidence found. We looked at improvements made to risk assessments, maintenance plans and staff training we had requested from the provider. We spoke with two professionals who visited the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as requires improvement. This was due to the deployment of staff across the service. At this inspection, this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● The service was in the process of recruiting more staff following on from the last inspection. A survey of people in October 2019 highlighted that they still felt there needed to be more staff. At this inspection people told us there were enough staff to support their individual needs.

● When permanent staff were not available, staff from other parts of the service or agency staff were deployed across each unit. The manager told us, "Recruitment is underway which will reduce the use of agency staff. People had told us they did not like so many agency staff so we are going all out to try to get a permanent staff team who know people well".

● Staff responded effectively when people needed care. For example, people's call bells were answered quickly. One person said, "Yes I feel safe, I've got my buzzer here, but I don't think I've ever had to use it as staff drop in for a little chat." Another said, "All my needs are met, and they are quick to answer my bell."

● The provider carried out the appropriate pre-employment checks of new staff before they could work with vulnerable people. This was in line with their legal obligations.

Systems and processes to safeguard people from the risk of abuse

● Staff demonstrated a good understanding about various forms of abuse and how to safeguard people from this. One staff member told us, "We have a whistle blowing policy and a confidential email to use, I would report to the senior in charge, write a report, or go to CQC if I was worried."

Assessing risk, safety monitoring and management

● A previous incident was reported in June 2019 that found a person had become trapped between their bed rail and mattress. At this inspection we looked at people who had bed rails in place. We found risk assessments had been completed and, where people were able, had consented to their use and this had been documented.

● However, we found three people with bedrails in place and their care plans indicated they did not require them. We discussed our concerns with the manager and interim director of care and quality who agreed these three people should not have bed rails in place. They informed us bed rails came already attached to the profiling beds and were not used when people did not require them. This meant there was a risk staff could put these rails up if clear information was not provided in the care plan.

● Action was taken immediately during and after the inspection visit to assess each person's need and capacity, care plans updated, and all staff informed via verbal handover and clear instruction. The service provided evidence that this had been completed. Whilst we were satisfied the necessary action had been taken, the ongoing monitoring and the sharing of up to date information with permanent and agency staff

needed to be reviewed and improved.

We recommend the service review best practice guidance on the management and monitoring of potentially restrictive interventions and take the appropriate action.

● Risk's to people skin, eating and drinking, mobility and falls were assessed and reviewed regularly as their needs changed. Staff provided safe care and treatment as identified in the risk assessments and care plans. One person said, "I feel safe here, they look in on me, I think they are well trained so that makes it safer for me, they use the hoist really well, and they are careful with me." Another said, "I'm definitely safe and secure here because my needs are met in every way. I've not had any falls, but they'd get to me if I did." A family member said, "My relative's greatest fear is having a fall here and having to go into hospital, that hasn't happened since they have been here, in fact they are much safer here than at home."

Using medicines safely

● People told us, and records showed that they got their medicine at the right time and in the right way. For example, insulin was given after the monitoring of blood sugar. Information and guidance were available to staff about hypo and hyperglycaemia and how to deal with it.

● Medicines were managed and administered safely. Records showed medicines were received, stored, checked and dispensed of as per the provider's policy and procedure. We identified a small number of areas needing attention and these were given during our feedback. These included labelling being removed for confidentiality purposes when being returned to the pharmacy, help to know when a pain patch is to be applied and cleaning of tablet crusher.

●Regular audits were undertaken to ensure people were receiving their medicines safely and correctly.

● The service had involved and taken advice from specialist professionals such as the pharmacist and the palliative care team. Anticipatory medicines were prescribed and available should a person's condition deteriorate and with the involvement of the palliative care team and pharmacist.

● For people who were unable to make decisions about their medicines, best interest discussions were held with all concerned, with reasons for giving the medicines and the method to give them clear and correct.

● Nursing staff had been assessed as competent to give people their medicines as prescribed. We observed a staff member giving people their medicines and asking whether they required medicines for pain relief and following the correct process.

Preventing and controlling infection

● On the day of the inspection, we found the service to be clean and odour free. Some attention to detail was needed in the cleaning of people's wheelchairs which was addressed by the manager immediately.

● Staff had been trained in infection control and we saw a good standard of hygiene from all nursing, care and housekeeping staff.

Learning lessons when things go wrong

● Incidents and accidents were recorded, reviewed and investigated to prevent them from happening again. These were shared with staff during handover and in team meetings, so lessons could be learnt, and processes improved as a result.

● The provider had a quality assurance manager who provided ongoing support to the service to implement the actions and improvements needed from lessons learnt.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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, and choices were assessed in line with current legislation and best practice. The management team were proactive in ensuring people's care and support was delivered effectively.
- Care records we looked contained assessments which identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing, personal care, specific health conditions and communication. However, care plans we looked at did not detail how people's oral healthcare needs were being met. The provider had already identified this issue through their quality assurance process and had developed a comprehensive oral health plan which we received a copy of immediately after the inspection visit.

Staff support: induction, training, skills and experience

- Staff told us they were provided with an induction when they started to work at the service. A staff member told us their induction included working with experienced staff until they felt confident to work alone. A staff member told us, "I asked for more shadow shifts and this happened, it made me feel more comfortable."
- Staff had access to regular training relevant to their role and responsibilities. A staff member told us, "The training is good, we do refresher training some is eLearning, but some is practical. The recent manual handling training was very good." Another staff member said," "The training did help and made me feel more equipped in my role." Specialist training including dysphasia and swallowing difficulties, percutaneous endoscopic gastronomy (PEG) and catheter care was also provided. A health care professional told us, "The staff are very open to learning and seek regular advice about particular people's needs when I visit. They are very knowledgeable about people's changing needs.
- Staff had regular supervision and annual appraisals which detailed their performance and learning needs. They had their practice observed to make sure they were competent in their role.

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

- People and their family members told us the food was good, they had a choice and different diets were catered for. Comments included, "The food looks good and [relative] enjoys it", "The food is very good, it's warm and has a home cooked feel" and, "I usually have a cooked breakfast, you get a choice but they are flexible if there's nothing you like they will make something for you."
- In the lounge and dining room, people had plenty of fluids, with tea and coffee and other drinks on constant offer, reducing the risk of dehydration and were encouraged to drink as often as possible.
- We observed where people required support to eat their meals, this was done in a dignified manner. For example, we observed a staff member who sat and chatted with the person whilst they encouraged and

supported them with their meal. One family member told us, "The staff tried to give [relative] their drink in a cup with a spout but they were not having it so they agreed to give it to them in a glass, accepting they might spill it, but that's good they respected their choice."

● If people needed a specialist diet, fluid and food charts monitored this to ensure they kept well. A family member said, "The staff monitor [relative's] eating. [Relative] won't eat, apart from two or three bowls of porridge in the mornings, so they give her proteins to help her."

● Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight. The chef told us, "As soon as a new person arrives I look through any records and speak with them or relatives and find out about allergies and preferences. Things like halal meat I need to be aware of, and I'll buy that in, if someone is vegetarian or needs a textured meal because of choking, so I adapt accordingly."

● Choices of food and drinks were available, and the chef ensured people's views were taken into account about their changing preferences. One staff member said, "I have asked about people having different food based on people's culture. Family take [person] home at weekends, so they can eat the food they like. I have suggested their own cultural food on a Friday, I am waiting for the manager to get back to me." When we discussed this with the manager they told us they were planning to talk to the Chef about this idea.

● The food at lunchtime was of a good standard and staff told us people chose their meal the day before. One person was not happy with their choice and was provided with an alternative. However, for people living with dementia, these timescales could prove difficult as they may not remember making this choice.

We recommend the provider seek advice and guidance from a reputable source, about supporting people living with dementia about making choices at meal times and take the appropriate action.

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

● Staff knew people's needs very well and any changes in a person's condition was noted and discussed with the management team.

● We saw from records staff made referrals to professionals such as GPs, community nurses, opticians and chiropodists as necessary. The optician visited the service during our inspection.

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

● There was an ongoing maintenance plan for the internal refurbishment of the bedrooms and lounge areas. On the day of the inspection visit the provider was replacing carpets in several areas. Disruption to people was kept to a minimum.

● The home was well maintained, and the fabric of the building was in good decorative condition. The rooms and corridors were clutter free and fire exits were clear and well signed. There were plans to landscape the gardens to make them more useable and safer for people.

● There were several welcoming communal areas throughout the premises which enabled people to have privacy with visitors and family members somewhere other than their bedroom. In Windsor unit, a garden room and library provided smaller communal area for people to use.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The registered manager and senior staff demonstrated a good understanding of the MCA and DoLS. Where there were concerns regarding a person's ability to make specific decisions we saw mental capacity assessments had been completed for day to day decisions. However, staff knowledge and the recording of people's need for bed rails and falls sensor mats was not always up to date.

We recommend the service consider training for staff, based on current best practice in relation to the principles of the MCA and take the appropriate actions.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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
● We observed staff spending time with people. Staff chatted to people while they were in the lounge and when passing people's rooms. People appeared to be happy in staff members' company. People told us, "The staff are marvellous, they take care of me and everyone is kind", "The staff chat to me, they're nice people and they seem good with everyone and get on well with each other", "I have a nice relationship with the staff. I tease them a bit. When I make a joke, they join in and laugh with me" and, "They are very friendly. The staff on reception always say hello and know my name."
● Staff were sensitive, caring, warm and sociable. Support to people who needed assistance with moving and repositioning was provided in a gentle manner with reassuring words such as, "You're so strong getting up, well done you."
● Staff received equality and diversity training and spoke respectfully of people's needs and preferences. A staff member told us, "We should handle people like we would our parents and talk to people calmly, I tell all new staff this. [Person] takes all the crockery and put it around, but we just collect it up and put it back discretely."
● People's beliefs were supported. There were regular church services held at the service.

Supporting people to express their views and be involved in making decisions about their care
● We observed staff asking people for their views on several topics throughout the inspection. For example, when doing activities and their choice of drinks.
● Family members also felt involved in their relative's care. One family member said, "The staff tell us what [relative] is doing, like they were doing a 'bake off' and they helped make a chocolate cake. They're dignity is maintained at all times." Another said, "We get regular updates on what [relative] has been doing, it's so good to know and we can have a say if we are not happy."

Respecting and promoting people's privacy, dignity and independence
● Staff were mindful of maintaining confidentiality and respected people's privacy. People's records were kept securely. We observed staff were discreet when supporting people with personal care and they spoke to people in a respectful way, addressing them in the way the person preferred. One staff member told us, "Staff will close the door when doing personal care. A ladybird on a person's door means they have chosen female staff only." One family member said, "Staff go out of their way to be considerate, like when I am going to be late, I phone, and they find my [relative] and give them the mobile phone so they know I am on my way."
● People were well groomed and dressed appropriately for the season. One family member told us, "The

nurse spoke to us and suggested [relative] might benefit from having some new trousers and tops. Next time we brought some in and a staff member went through their clothes with me sorting what should be thrown away. I felt touched they were so caring that they wanted [relative] to look their best."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 plans contained personalised and detailed information about the way people liked to be supported and what was important to them. For example, one person's care plan documented they wanted their radio to play classical music and they liked a hand massage.

● Staff were knowledgeable about people's backgrounds, likes and dislikes and showed understanding of people's physical needs and emotional wellbeing. One staff member said, "[Person] likes us to do their hair and her nails and likes a nice handbag. People like to go out with activity staff. They have gone today to a school for lunch." Another staff member said, "[Person] has their own routine, staff get their notebook out and watch Strictly Come Dancing with them. They ask us all about it, they want us to learn the dance moves with them, which we do."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's specific communication needs were recorded at their initial assessment. For example, one care plan recorded the person required staff to speak clearly and slowly.

●Documents were available to people in formats they were able to understand such as, easy read, pictorial formats or larger texts.

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

● During our visit we saw staff were very enthusiastic, which appeared to encourage people to engage and enjoy themselves. An exercise to music class was held in one area, the activities coordinator included everyone in the group and encouraged people to move to the music. People were laughing and singing during this session. One family member said, "[Names of the activities coordinators] are fantastic, amazing. They've made such a difference to what they offer the people here."

● Staff spent time with people in their rooms, chatting, doing hand massage and ensuring they were not isolated. A family member said, "The activity coordinators come to [relative] and talk to her. They are brilliant those two. They've made sure some pigmy goats were brought up to their room and [relative] loves the visits to the hairdresser's."

● People could get involved in the full and varied entertainment programme available. This provided both group and individual social and leisure activities. The service had a good relationship with groups in the

community and utilised their support. One activity coordinator told us, "We try and keep everything varied and interesting to people in what they want. We have the school children, both primary and secondary in to chat or sing to people twice a week and it's a very positive experience for both. People light up when they come into the room, it's a room full of smiles. We have our action board which has the monthly activities and special events shown, last week we had dog racing which went down really well, and also have a choir".

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure in place and people knew how to complain should they wish to. Concerns and complaints were recorded, and investigations took place, with outcomes and written apologies.

● The manager had an open-door policy and family members could talk about their views and concerns with them in an informal way.

End of life care and support

● People's end of life wishes were considered as part of the assessment and care planning process.

● Care plans had information about decisions people had made about their preferred place of care and where appropriate, a Do Not Attempt Cardio-pulmonary Resuscitation (known as a DNAR) was in place. A DNAR is a way of recording the decision a person, or others on their behalf had made, not to be resuscitated in the event of a sudden cardiac arrest.

● Anticipatory medicines were in place where needed and available should a person be in pain or discomfort. Staff responded to people and their families in a respectful, compassionate and attentive way.

Requires Improvement

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

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

- The location has a condition of registration that it must have a registered manager but has not had one since 8 November 2018. Satisfactory steps have not been taken to recruit and retain a suitable registered manager within a reasonable timescale.
- The new manager was clear about their role and responsibilities. They were supported by a management team, deputy, administrator, nurses, care, activities, housekeeping and maintenance staff. One person said, "The place seems to run very well, and everyone knows what they're doing. I'm happy here."
- Staff carried out their role well. One staff said, "We are developing really good care for people, the team work is great."
- There was a quality assurance process in place. We saw a range of daily, weekly, yearly audits which showed the service was being managed, was safe and had effective oversight.

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

- People told us the service had been through some change recently. One person said, "We don't seem to get much continuity of management here, they seem to come and go but this manager seems alright. The staff are all okay and usually the same though so that's the important thing." A family member said, "The place has become homelier and communication has got better and hope it continues."
- Whilst staff were confused about the changes in the management team, they acknowledged that initial impressions of the new manager had been positive and felt supported in their roles. One staff member told us, "I do feel supported, we all work together and [senior] trained me to be a senior. I can go to [senior] about anything. The new manager seems nice and has already sorted out something out for me." Another staff member said, "It is good here, staff have worked here quite a while and we like our job."
- The management team were visible and approachable. One family member told us, "The managers are easy to access, and we've never really had any need to complain." Another said, "Everything runs smooth as far as I can see. This place is first class when taking everything into account."

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; Continuous learning and improving care

- The management team were open and transparent about making improvements to the service. Ongoing meetings with people, their family members and staff were planned to move the service forward and involve

everyone in the process. For example, a meeting was being held on the day of the inspection to discuss future developments. One family member said, "There have been a lot of changes lately and I want to understand about the future plans. I just hope it all works out." Another said, "There are meetings for relatives. We also get letters then an email as well." One staff member said, 'It's good we get lots of relatives turning up as we can work with them to make things better for their loved ones."

● The service sent notifications to CQC as required by the regulations about specific incidents that occurred at the service. Safeguarding concerns were raised and dealt with in a timely way, with lessons learnt put in place from the outcomes.

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

● People and their families were able to express their views about the service. We saw evidence that staff actively included people in giving their opinion and making choices. They welcomed people's individuality and acted upon their wishes, for example having food of their cultural choice and visits to places of interest to them.

Working in partnership with others

● We saw good liaison and partnership working between a range of health and social care professionals, organisations and community groups so people received good care and support whilst living at Queens Court.

● One social care professional told us, "The manager and staff are working closely together to support [name of person] to enjoy their life at the service. The staff are very caring and close to them despite the difficulties and are going out of their way to make the new plan of care work so they can stay at Queens Court."