Lancewood Limited

Queens Oak Care Centre

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 3 and 11 August 2017 and was unannounced. Queen's Oak Care Centre was previously inspected on 30 June 2015 and was rated 'Good' in each domain inspected.

Queen's Oak Care Centre offers nursing and personal care for up to 89 older people. At the time of the inspection there were 77 people using the service. The premises are purpose built and wheelchair accessible.

The service has 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.

We have made one recommendation which you can find in the full report, relating to management of confidential documents.

People did not always have their confidentiality maintained as records were not always stored securely.

People were protected against the risk of abuse as staff received on-going training in safeguarding and knew how to identify different types of abuse and appropriately escalate their concerns. Staff were aware of the whistleblowing policy.

The service deployed sufficient numbers of suitably vetted staff to meet people's needs safely. Records confirmed robust pre-employment checks were carried out to check staff's suitability.

People received their medicines safely and in line with good practice. Systems and processes in place ensured medicines were stored, recorded and disposed of safely.

The service provided staff with comprehensive training programmes to effectively meet people's needs. The induction programme provided by the service ensured staff were competent in carrying out their roles and responsibilities in line with the provider's expectations. Staff continually reflected on their working practice through regular supervisions and annual training.

People were supported to access healthcare professional services as and when required and staff followed guidance provided. People had access to food and drink that reflected their preferences and nutritional needs.

People were encouraged to maintain relationships with people that were important to them. The service welcomed friends and visitors with no restrictions. People's views of the service were sought and consent to

care and treatment given, prior to care being delivered. People had their privacy respected and their dignity maintained. The service encouraged equality and diversity to ensure people were able to express their views and live the way they chose.

Care delivered was personalised and responsive to their needs. Care plans were comprehensive and regularly reviewed and updated to reflect changes to people's needs. Where possible people were encouraged to participate and lead the development of their care plans.

The service had a complaints process that actively encouraged people to share their views and complaints. Records showed complaints were investigated with healthcare professionals input sought where appropriate.

People were supported in a service that was transparent and inclusive for all. People spoke highly of the registered manager and told us they found her approachable, fair and interested in both people and staff's views.

The registered manager carried out audits of the service to improve quality, audits looked at care plans, risk assessments, medicines, maintenance and staff. Quality assurance questionnaires were sent to people and their relatives to gather feedback.

The registered manager actively sought partnership working to drive improvements. Healthcare professionals told us the registered manager took on board guidance and support and implemented this into the delivery of care provided.

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 were protected against the risk of harm and abuse as the service had systems in place to minimise identifiable risks and staff received on-going safeguarding training.

People received care and support from suitable numbers of staff to safely meet their needs.

The service had robust systems in place to ensure people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

People received care and support from staff that undertook regular training to enhance their skills and knowledge.

People were supported by staff that had adequate knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to food and drink that met their dietary needs and preferences.

Is the service caring?

Good

The service was caring.

People told us staff were kind and treated them with dignity whilst maintaining their dignity.

People were encouraged to maintain positive relationships with people important to them.

Is the service responsive?

Good

The service was responsive.

Care plans maintained by the service were person centred and

reflected people's needs and preferences.

People were encouraged to make choices about the care and support they received.

People were aware of how to raise complaints with the service. Complaints were reviewed to minimise the risk of repeat occurrences.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not always ensure records were stored securely

The service had a culture of empowerment that was open and inclusive.

The registered manager actively sought partnership working with other healthcare professionals to enhance people's quality of care.

Quality assurance questionnaires and audits were undertaken regularly to gather feedback and drive improvements.

Queens Oak Care Centre

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 inspection took place on 3 & 11 August 2017 and was unannounced. The first day of the inspection was carried out by two inspectors, a specialist advisor and two experts-by-experience. The specialist advisor was a registered nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by two inspectors.

Prior to the inspection we reviewed the information we held about the service. For example, information shared with us by members of the public, healthcare professionals and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we spoke to 13 people, five relatives, five care staff, three nurses, the maintenance personnel and the registered manager. We reviewed 10 care plans, nine staff files, the training records, 16 medicine administration records and other records relating to the management of the service.

After the inspection we spoke with one healthcare professional to gather their feedback of the service.

Good

Is the service safe?

Our findings

The service had systems in place to monitor the safety of the environment. Checks included fire safety and equipment safety. For example, fire alarm weekly tests, oxygen cylinder checks and fire drills. Records confirmed all checks were in date. The service ensured each floor contained a current list of people and their room numbers. The service had colour coded stickers outside people's doors highlighting the level of support required to exit the building in the event of an emergency as well as emergency grab bags on each floor.

The service had one maintenance person on site throughout the working week. The maintenance personnel told us, "We are here on site throughout the week. We also respond to emergencies outside of office hours." We checked the maintenance logs for the service and found issues identified were rectified in a timely manner.

People told us they felt safe living at the service. One person said, "Yes, [I feel safe] far as I know, yes." Another person told us, "Because nobody can get in, [the service] as a rule is safe". A staff member told us, "Senior [staff members] and nurses have risk assessment training. The training involves discussing scenarios about how to plan people's care and how to make it person centred and individualised."

People were kept safe as the service protected them against the risk of harm and abuse. One person told us, "I know they [staff] do checks to make sure I'm safe." Staff received regular training in safeguarding. Staff were aware of how to identify suspected and actual abuse, how to escalate their concerns and what action to take if they felt their concerns were not being listened too. We reviewed records relating to safeguarding concerns raised by the service to the local authority safeguarding team. We observed that whilst the service had a significantly high number of safeguarding referrals the registered manager had acted to ensure all concerns were reported in line with good practice. A healthcare professional told us, "My experience has always been that staff knowledge about identifying abuse is pretty good and they do escalate concerns. The home raises them and investigates thoroughly. Although this then produces a lot of safeguarding referrals, overall people are safeguarded against abuse."

The service had developed risk assessments that detailed the identified risk and gave staff guidance on how to minimise the impact of the risks to people. Risk assessments were reviewed regularly to reflect people's changing needs and changes shared with staff to ensure care was delivered safely. Measures in place looked at risk of falls, mobility and the Abbey Pain Scale (ABS). The ABS is a risk assessment tool designed to ascertain the level of pain felt by people who are unable to articulate their needs.

People received support from a service that monitored incidents and accidents to minimise repeat occurrences. We looked at incidents and accidents that had taken place at the service. The registered manager devised an action plan to prevent future incidents and lessons learnt were recorded. Where it was identified that someone was at risk of falls, they were assessed by trained staff and the outcome documented in their care plan. The service liaised with tissue viability nurse who reviewed people who were at risk of pressure sores and gave staff guidance on how to nurse them appropriately. The service recorded

all incidents of pressure sores, falls and bruises. Photographs were taken with people's consent and placed on their files. Body maps were then completed and updated accordingly. Incidents and accidents were discussed at morning handover and again at the bi-monthly staff meetings.

There were sufficient numbers of suitable staff to safely meet people's needs. During the inspection one person and two relatives told us the service required additional staff during meal times to ensure those not in the dining room were better supported. We shared people's concerns with the registered manager who agreed to meet with staff immediately to address people's concerns. A health care professional told us, "I have never seen anything that suggests there aren't enough staff on shift on each unit. From discussions with staff, they have said they could do with a couple more staff. There's nothing that highlights staffing is inadequate. Agency staff are familiar with people, there are enough staff to meet people's needs but not enough to have adhoc conversations." We looked at the staff rota and found there were adequate staff on duty throughout the day and night to meet people's needs.

The service had recruitment systems in place to ensure suitable staff were employed. We looked at staff personnel files and found these contained completed application forms, interview notes, two references, proof of identification and a Disclosure and Barring Services (DBS) check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.

People received their medicines safely and as prescribed. People confirmed they received their medicines on time and could request pain relief medicines as and when required. The service had robust systems in place to ensure the storage, recording and administration of medicine was in line with good practice. We carried out a medicine audit and found stocks and balances of people's medicines were correct. Medicine Administration Records (MARs) reviewed showed no gaps which meant people received their medicines as prescribed. People who required their medicines administered covertly had the relevant documentation and best interests meetings with healthcare professionals including the GP, social worker, community psychiatric nurse (CPN) and pharmacist, to ensure this was done in their best interests. Trained nurses who administered medicines undertook a competency test which included a theory and practical assessment by the pharmacist employed by the provider, upon employment. Once completed, a senior staff observed a medicine administration round with the staff member. Staff's competency in medicines management was reviewed annually.

Good

Is the service effective?

Our findings

People were supported by staff that underwent on-going training to meet their needs. We received mixed reviews when we asked people and their relatives about staff knowledge and skill. For example, one person told us, "All staff should be fully trained on how to deal with residents before working here, I feel that a lot of them are learning on the job." We found no evidence to support this statement. Another person said, "They [staff] seem to know what they are doing, really I haven't been here long but have not seen anything that I'm worried about, they all seem to be ok." Three relatives we spoke with told us they believed the service was run fairly effectively with trained staff.

Staff and records confirmed they received a comprehensive induction upon employment. One staff member told us, "I did one week of shadowing when I started. I did it with a senior person. They made sure that I got all of the training I needed. I had an induction pack which was signed off and dated." All staff received mandatory and people specific training as part of their induction that included safeguarding, medicines management, end of life care and the Mental Capacity Act 2005. One staff member told us, "On the first day we covered fire safety and exits, staff [roles and responsibilities]. On the second day we covered daily routines of people. The third day we had training on manual handling, safeguarding, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), customer care, infection control, food safety, health and safety, COSHH, dementia and equality and diversity training."

During the inspection staff were receiving training from the University College London Hospital (UCL) in 'agitation in dementia' so that they could understand the reasons people with dementia experienced agitation and how best to support them. A healthcare professional told us, "The excel training is good. Staff have always been able to speak about recent training and what they've learned on that training and how they apply it to their work. I have never seen anything that suggests that staff don't have the skills to carry out their role."

People received care and support from staff that regularly reflected on their working practice through supervisions and appraisals. One staff member told us, "We can discuss ways to develop and any issues. It might be something I don't like, ways to make things better." Records confirmed what staff told us.

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. The application procedures 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. At the time of the inspection there were 39 people subject to a DoLS authorisation. Staff were knowledgeable about how to support and raise

their concerns should someone's capacity fluctuate. For example, one staff member told us, "We would involve the family, social services, the GP, the registered manager. We would discuss the person's best interests. We would arrange a day we could all meet and put a care plan into place and involve the CPN if needed." Another staff member told us, "Everyone has a right to live how they want with no violation of their right. You cannot force them. If they want to stay in bed that's fine. Give a variety of choice. Try to accommodate their wishes".

People told us staff sought their consent before delivering care. One person said, "Sometimes staff ask me what I want to do, they don't keep going on at me. They ask me, listen to me and let me decide." Another person said, "Well, I've not been aware of a time that I haven't been asked." We observed staff seeking consent with medicines administration, support with personal care and support with mobilising.

People were supported to have sufficient food and drink to meet their preferences and dietary requirements. People spoke positively about the food provided, confirming they were offered choices, with one person saying, "The food is very good. I can ask for what I want and they [staff] sometimes bring the food to you if you don't want to sit in the dining room. I always go to the dining room and sit with the others." Another person told us the menu was varied and that the choices available catered for everyone. The menu for each week was displayed on the wall in the dining room and staff went through the menu with people and communicated their choices to the kitchen staff. During the inspection we observed a table in the dining room with seven people that had dishes of potatoes, meat and vegetables available for people to help themselves. People who required direct support with eating their meals were supported appropriately.

Good

Is the service caring?

Our findings

People and three relatives we spoke with spoke highly of staff, for example, one person told us, "They [staff] try their best and it feels like a family here." Another person said, "We [staff and people] join together and all work together. If I'm not feeling well, they [staff] care for me. They will march me into bed to rest." A third person said, "They [staff members] are very, very good, they look in on me and check on me." Throughout the inspection we observed staff speaking in lowered voices and in the 'nurse's stations' when discussing sensitive and personal information, ensuring they could not be overheard. Staff were also observed speaking quietly when addressing people.

We received mixed reviews regarding the staff. A relative we spoke with told us the staff were pleasant and cared for their relative's needs in a caring way. However one relative told us, "There are a few [staff members] that do seem to take their time with my relative. There are some [staff members] that don't appear to have much compassion. Sometimes it's task based and they treat people in the same way and not as individuals." After the inspection we spoke with a health care professional who told us, "Staff have a pretty good rapport with people. I've seen staff be friendly and patient with people that live there. Sometimes I've observed staff short with one another but professional with people that live there." Throughout the inspection we observed staff interacting with people in a kind and compassionate manner.

People we spoke with felt their privacy and dignity was maintained at all times. For example, one person told us, "Yes, when my door is closed no one comes in, which is good." Another person said, "Yes, yes they [staff members] do [respect my privacy]." Three relatives we spoke with told us their relative was treated with respect and dignity and that their privacy was maintained. We observed staff knocking on people's doors prior and ensuring authorisation to enter was given before doing so. Where people's dignity was compromised staff were quick to respond and minimise the risk of further incidents.

The service acknowledged, embraced and celebrated diversity and encouraged equality. For example the service held a 'Diversity Day' whereby people were encouraged to share what was important to them and those who wished were supported to dress in traditional clothing that represented their heritage. A staff member told us, "We provide person-centred care with no discrimination. We have to accept that we have different languages and religions. There's many ways to find out about people's likes and dislikes. We ask the family and we read the care plan."
The service also recognised all religious and cultural dates to ensure people who wanted to participate could do so.

People told us they were given sufficient information to make decisions about the care and support they received. Throughout the inspection we observed staff informing people of what was happening in a manner they understood and reflecting their preferred method of communication. For example, staff were observed informing people of the plan for the day and asking if they wanted to participate in planned activities. People had their decisions respected.

Where possible people were encouraged to maintain their independence. One person told us, "The staff do

try to get me to do things for myself." Another person said, "The staff let me do things on my own and don't really go on at me." During the inspection we observed staff encouraging people to eat and mobilise independently, with support on hand in case needed. Staff were aware of people's limitations, however supported them to do as much as practicably possible without direct support to enhance their skills and self-esteem.

People's wellbeing was monitored regularly. One person told us their care needs were certainly met by the service. A relative told us, "They [the service] are responsive if [my relative] seems unwell and get [them] access to healthcare professionals or call an ambulance and send [her/him] to hospital." People were supported to have access to a wide range of healthcare professionals who visited the service twice weekly or more frequently when required. Where staff identified a need for professional healthcare input, referrals were made in a timely manner. We saw records of referrals to the dietician, local authority, tissue viability nurse and GP.

People receiving end of life care were treated with compassion and kindness. We looked at people's End of Life care plans which documented people's wishes in relation to the care and support they wanted. We observed where agreed, Do Not Attempt Resuscitation (DNAR) forms and relevant documentation were signed and dated and included information about meetings relating to End of Life decisions. The service is part of the Namaste and Sonas programme, which benefits people receiving end of life care. And also, The National Gold Standards Framework (GSF) Centre in End of Life Care. Queen's Oak Care Centre had been awarded the 'Beacon status' which is the highest status awarded and had successfully secured the status for over six years. The GSF 'enables frontline staff to provide a gold standard of care for people nearing the end of life.'

Good

Is the service responsive?

Our findings

Not everyone we spoke with was aware of having a care plan. For example, two people told us they did not think they had one. However, we saw that each person did have a care plan in place at the time of the inspection. One person told us, "I'm aware that I have a care plan, but I'm not sure of all the contents. My relatives are good and they sort these things out. If staff ask for my input I give it to them." A relative we spoke with said, "I have seen my relatives care plan and am involved in the decision making. We are encouraged to attend [care plan review] meetings." Care plans were person centred and detailed people's preferences, history, medical and health care needs. Person centred information such as a preference for a light to be left on in their room at night was documented. Care plans were reviewed regularly by staff, ensuring they met people current and changing needs. Care plans were maintained electronically and all care staff had access to the records to ensure they had current information available to them to deliver responsive care.

People confirmed they were encouraged to make choices about the care and support they received. People told us, they could make choices about their care for example, what they wanted to do that day, whether they wanted to have their meals in the dining room or their room and when they wanted to receive support with personal care. A staff member told us, "Staff were observed offering choices with the meals provided and people had their decisions respected.

People received responsive care in a timely manner. The service had a call bell system in place that enabled people to alert staff that they required assistance. People told us they did not have to wait long for assistance once pressing their call buzzer. For example, one person told us, "Yes, always, if on shift they [staff members] help me, there is nothing to bother about." One relative told us there were times when call bells sound for longer than other times, primarily during the lunch period. During the inspection we observed call bells were answered within two minutes.

People were supported to participate in activities provided in-house by the service. The service employed an activities coordinator who developed an activities rota based on people's needs and preferences. For example, activities included growing fruit and vegetables, bingo, trips to the Albert theatre, cooking classes, cards and reminiscence sessions. The service also provided a 'not for profit' shop situated on the ground floor, which is a purpose build building, enabling people to access the shop and purchase items of their choice. One person told us, "I go out for walks and the staff come with me and help me." A relative told us, "There are things for people to do but my relative likes spending time alone. It would be nice if staff had more time just to sit and speak with people who remain in their rooms. I don't think they [staff] do that enough." People were protected against the risk of social isolation. One person told us, "If I go and ask what to do, they [staff members] advise me. They encourage me to keep busy." Another person said, "I don't really want to join in with everyone else. I have lots of things to do in my room to keep me occupied." Staff we spoke with understood the importance of supporting people to remain socially active.

People were aware of how to raise their concerns or complaints with the service. The service had a notice board in the main entrance on each floor which contained a copy of the complaints policy in an 'easy read'

format. One person we spoke with told us, "I have seen the notices up on the board about making a complaint so I can make one if I need to." Another person we spoke with told us, "I usually give staff a hard time if they don't do something." A relative told us, "[Relative] is totally dependent on others, therefore it is important that they get good care. I would know where to go and who to speak to if I had any issues." We reviewed the complaints file and found the service had received seven complaints since January 2017. Complaints detailed the nature of the complaint, when the acknowledgement letter was sent, the date of the investigation and the outcome.

Requires Improvement

Is the service well-led?

Our findings

The service did not always ensure records were stored securely. During the inspection we observed two boxes in a staff toilet on the third floor, labelled 'pay slips' and 'resident's files'. The boxes contained the aforementioned documentation and furthermore records pertaining to incident investigations. Despite the toilet door being locked and only accessible by staff members, confidential information was available to those who may not have had authorisation to access the records. We raised our concerns with the registered manager who was unaware the boxes were stored in the toilet room, however immediately removed them and assured us the documents would be stored securely awaiting archiving.

We recommend that the service consider current guidance on storing and securing confidential records.

Most people we spoke with told us they found the registered manager open, transparent and approachable. One person told us, "I know who she is and she takes time to come and talk to me and make sure I'm ok." A healthcare professional said, "The registered manager is a good manager." A staff member told us, "I feel well supported. [Registered manager] is available at any time, you can call her if she's not here. Anytime she's in her office you can go in, she's quite helpful".

People and staff confirmed the registered manager was a visible presence within the service. One staff member told us, "The manager has an open door policy, you can go and see her anytime. She says just come in if you're not happy about anything." Throughout the inspection we observed staff of all grades seek guidance and support from the registered manager. Staff were aware of the visions and values of the service, with one staff member telling us, "Resident dignity, privacy, giving choices and making them happy. We also have customer care training which reminds us about making people happy, that we are always here for them. We smile and we treat them with respect and dignity. We provide care to a high standard with choices."

The registered manager promoted a culture that was inclusive and empowering to both people and staff. Annual quality assurance questionnaires were sent to people and their relatives to gather feedback on the service and to drive improvement. We looked at the completed questionnaires and found on the whole people were happy with the care provided and support given at Queen's Oak Care Centre. Staff were also encouraged to share their views during regular team meetings. One staff member told us, "I've been to two staff meetings. Staff can speak up, they get listened to and things get actioned." We looked at the team meeting records and found meetings covered people's needs, staffing, training and other matters relating to the service.

The registered manager and staff carried out regular audits of the service. For example audits covered care plans, training and maintenance. We reviewed the audits held by the service and found these were up-to-date. Where issues were identified the service took reasonable steps to ensure action was taken in a timely manner to rectify the issues. For example, repairs to one person's bedroom furniture.

The registered manager notified the Care Quality Commission of safeguarding and statutory notifications in

a timely manner.

The registered manager actively encouraged partnership working with other outside organisations to enhance the service provision. Records confirmed the registered manager sought guidance and support from other healthcare professional services. For example, the service liaised with the local authority, tissue viability nurses, mental health services and the university college of London. A health care professional told us, "When the service is given guidance on things to improve these have been taken on-board. There's nothing outstanding for long, as it's acted on and they [the service] take feedback on-board."