Carebase (Guildford) Limited

Queen Elizabeth Park

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?	Good

Overall summary

Queen Elizabeth Park provides residential and nursing care for up to 77 older people and those who have needs associated with dementia. The home is purpose built providing accommodation on three floors, with the ground floor being for elderly frail people, the second floor being for people with nursing care needs, and the second floor providing care for people with dementia. There are a range of on-site amenities including a cinema, lounge areas, a bar, a hairdressing salon and a small library.

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

This inspection took place on the 9 and 10 November 2015 and was unannounced. There were 73 people living in Queen Elisabeth Park. There were 26 people living on the nursing unit, 25 people living on the dementia unit and 22 people living on the residential unit.

Summary of findings

The home had an activity programme and staff who were part of an activity team. We observed that the activities were specific to each unit for small groups, guided by their specific social needs. There was also larger group activities for all units to join if they should choose to.

The care planning system had been reviewed and records for each person were specific to their needs, with guidance for staff to ensure people received the support and care they needed and wanted. Staff said the care plans were easy to follow on the computer system and that improvements were always being made as they continued to learn the system. For example adding particular medicines and the reasons prescribed. Nurses and senior care staff developed the care plans and all staff were expected to record the care and support provided and any changes in people's needs. The manager said care staff were being supported to do this and additional training had been provided. Food and fluid charts were completed and showed people were supported to have a nutritious diet.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance.

Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

Essential training and updates were provided for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care, falls prevention and dementia care. Staff said the training was very good and helped them to understand people's needs.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse and said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC. People said they were comfortable and relatives felt people were safe.

Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. There were systems in place for the management of medicines and we observed staff completing records as they administered medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them..

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the manager was always available, they would be happy to talk to them if they had any concerns and residents meetings provided an opportunity to discuss issues with other relatives and staff.

The provider had systems in place to review the support and care provided. A number of audits had been developed including those for care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and they were always made to feel welcome and involved in the care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Queen Elisabeth Park was safe.

The staffing levels were sufficient. Recruitment procedures were robust to ensure only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

The premises were well maintained and people had access to all parts of the home.

Is the service effective?

Good

Queen Elisabeth Park was effective.

Staff had received fundamental training and provided appropriate support.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Is the service caring?

Good

Queen Elisabeth Park was caring.

The manager and staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with kindness

and respect. Staff ensured that people's equality and diversity needs were respected.

People were encouraged to maintain relationships with relatives and friends.

Relatives were able to visit at any time and were made to feel very welcome.

Is the service responsive?

Good

Queen Elisabeth Park was responsive.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People's support was personalised and care plans were reviewed, however they were not always updated when people's needs changed.

People and visitors were given information about how to raise concerns or to make a complaint. Relatives meetings had been introduced to encourage relatives to provide feedback.

Summary of findings

Is the service well-led?

Good

Queen Elisabeth Park was well led.

There was clear leadership and support from the manager and provider.

People, staff and relatives were encouraged to be involved in developing the support and care provided.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

Quality assurance audits were carried out to ensure the safe running of the home.

Queen Elizabeth Park

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 the 09 and 10 November 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring team). We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

As part of the inspection we spoke with 25 of the people living in the home, six relatives, ten staff, the chef, manager and area manager. We observed staff supporting people and reviewed documents; we looked at 12 care plans, all medication records, four staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because they were living with dementia. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

Good

Is the service safe?

Our findings

People said, "Yes" when asked if they felt safe and nodded when asked if the staff looked after them. Relatives said, "The staff are very good, they make sure people are safe, even when they want to walk around." Another relative told us their family member was safe and settled and they did not worry about their safety.

Risk assessments were specific to each person. Their needs had been identified and reviewed and updated as people's needs changed and there was guidance to ensure staff provided appropriate care and support. These included waterlow scores to protect people from pressure sores, nutrition, risk of falls and moving and handling. We observed equipment, such as hoists, walking frames and pressure relieving devices were used to protect people, and risk assessments in the care plans identified the mobility aid people or staff used to support each person. The care plans also highlighted health risks such as diabetes and epilepsy. Where risks were identified there were measures in place to reduce the risks as far as possible. For example low beds were in place for those that may fall out of bed and pressure mattresses and cushions were in place for those that were susceptible to skin damage and pressure ulcers. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the risk assessments were transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. We saw that staff weighed certain people who were identified at risk weekly and two weekly and updated the GP regularly. The latest review for one person had recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and fortified foods. This was monitored closely by staff.

We observed people being safely supported to move from a wheelchair to armchair with the support of appropriate equipment. We observed that staff were mindful of the person's safety and well-being whilst being moved. Staff offered support and reassurance to the person being moved. People told us they felt safe whilst being moved by staff. One person said, "I can't do much myself but staff move me safely."

Staff supported people who lived with behaviours that challenged others in a competent and safe manner. Management strategies for staff to manage people's behaviour safely had been introduced and further training was being provided. We saw throughout the inspection that people were calm and staff were attentive to people's mood changes. We saw that one person became restless and staff immediately responded and engaged this person in an activity. This was done in a gentle and professional way.

Staff had an understanding of abuse and what action they would take if they had any concerns. They identified the correct safeguarding and whistleblowing procedures should they suspect abuse had taken place, in line with the provider's policy. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, anonymously if necessary. One staff member told us, "I would always tell my manager if I thought someone I was looking after was at risk. I'm sure they would do something but if they didn't, I'd let the local authority know." Another staff member said, "I just wouldn't tolerate anything like that. I'd report anything like that. I'd report it straight away." Staff confirmed the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. The manager said all concerns were reported to the local authority, they waited for a response before they took any action and records were in place to support this. This meant people were protected as far as possible from abuse.

A system was in place to record accidents/incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as an unwitnessed fall in person's bedroom. Why it happened, for example, person stepped around the alarm mat, and how to stop it happening again. The positioning of the mat was reviewed and found to be in the most appropriate position. Audits were carried out for the accident/incident forms to ensure sufficient information was recorded. Accidents were reported to the local authority in line with safeguarding policies.

Good

Is the service safe?

There were systems in place to manage medicines safely. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR charts included people's photographs, and any allergies they had. The MAR charts were up to date, completed fully and signed by staff. We observed staff when they gave out medicines. We saw medicines were given to people individually, the trolley was closed and locked each time medicines were removed, and staff signed the MAR only when people had taken the medicine. Staff followed the medicine policy with regard to medicines given 'as required' (PRN), such as paracetamol and records had been completed with details of why they had been given. Medicines were kept in locked trolley, which was secured in a locked room.

Risk assessments had been completed for each person with regard to medicines; the assessments identified that people may not remember to take medicines, therefore they were at risk and staff were responsible for their medicines. The provider had devised a medicine competency framework to look at staff capability around the administration, storage and disposal of medicines. Two staff members accurately described their role in the management of medicines and displayed a working knowledge of the provider's policies in this area. Audits were in place to check that there were no gaps in the MAR, that PRN records were appropriate, and medicines were administered safely.

People and staff felt staffing levels were sufficient to meet the needs of the people they supported. One person told us, "There is always someone to help me, I feel blessed." Another person told us, "I just press my bell and someone appears." A dependency tool was in place which calculated people's assessed level of need and the number of staff safely required to meet people's individual needs. Staffing levels consisted of one registered nurse and nine care staff, alongside the management team (registered manager and deputy manager).

On the days of the inspection, we observed Queen Elisabeth Park to be calm with a relaxing atmosphere. From our observations, people received care in a timely manner. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people discretely when they had returned to their rooms during the day. This had reduced the risk of falls without restricting their independence and freedom. One care staff told us, "We are staffed right I think, we are busy sometimes but that is unavoidable when you care for people who are frail." Staff told us that in the afternoons, the staffing numbers allowed them to spend one to one time with people and take people down to the café.

We spent time looking at the call bell responses (recorded by the home). People's call bells were answered promptly (within seconds or minutes)

We looked at personnel files for three staff. Two included relevant checks on prospective staff suitability, including completed application forms, two references, Disclosure and Barring System (DBS) check, interview records and evidence of their residence in the UK. This meant the provider had undertaken appropriate recruitment checks to ensure as far as possible only suitable staff were employed. However for one new staff member from overseas appropriate references and DBS had not been followed through. This was rectified immediately.

The home was clean and well maintained. There were records to show relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. The fire alarms system was checked weekly and fire training was provided for all staff and the records showed they had all attended. External contractors maintained the lift, electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details. The floors were clear of obstruction and people were able to move safely around the home with walking aids. One person chose to walk around the home rather than sit down; staff observed them to ensure they were safe and did not restrict their movement.

The provider and manager had assessed the environment of the home and looked at areas that could be improved to assist people living with dementia, such as signage, so people could navigate their way around the home. Staff said, "We don't really notice it and it doesn't prevent people from walking about."

Good

Is the service safe?

The provider had plans in place to deal with an emergency. There was guidance in the care plans for staff regarding the action they should take to move people safely if they had to leave the home at short notice.

Good

Is the service effective?

Our findings

People told us they liked the food. One person said, "Have you tasted it, it's very good. It might not look much but it tastes alright." Relatives told us choices were available and they met people's specific needs, like diabetes. Staff had a good understanding of people's dietary needs and had the time to support people when they were ready to eat their meals. One staff member said, "We have a good idea what people like and dislike and they can change their mind and we give them something else.

All new staff underwent a formal induction training period. Staff records showed this process was structured around allowing staff to familiarise themselves with policies, protocols and working practices and was based on the Skills for Life Care Certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to when they provide support and care. Staff 'shadowed' more experienced staff until such time as they were confident to work alone. Staff felt they were working in a safe environment during this time and were well supported. One staff member told us, "I'd never done this type of work before so I did a lot of shadowing. If I still felt unsure I know that the manager would have let me do it for longer." Another staff member said, "Yes, that was fine. I never felt that I was on my own. There was always someone around to ask."

The training plan and staff files showed that staff had access to relevant training which they felt enabled them to provide the care and support people living at Queen Elisabeth Park needed. The training was provided either internally or by external training agencies. The provider had made training and updates mandatory, these were dementia awareness, infection control, moving and handling, food hygiene, fire awareness, safeguarding, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, management of challenging behaviours, falls prevention, pressure area care and medication management. Additional training offered to staff included maintaining confidentiality, care planning and documentation, reporting and recording, person centred care and risk assessing. Staff were satisfied with the training opportunities they had. One staff member said, "I've learned a lot since I've been here. The training is good." Another staff member told us, "It has helped me understand my job better. I realise how important it is now." There were opportunities for staff to develop professionally and one staff member said they had signed up to start the Health and Social Care qualification.

Staff had attended equality and diversity training, and they had a good understanding of the issues and their implications for the people they were supporting. One staff member told us, "I think we need to make sure we understand each person's background to make sure the care suits them. For example, I know that a lot of people living here don't like the television on all day. That's because they were more used to listening to a radio. We have to be mindful of that and not just use the television for company."

Staff told us they had regular one to one supervision with the manager and felt this gave them a chance to sit down and talk about anything, as well as find out if there were areas where they could improve. The supervision records showed staff attended regularly and appraisals had been carried out or were planned. Staff said they could talk to their colleagues, including the manager and provider, at any time, and they were clear about the disciplinary procedures if the registered manager or their colleagues thought they were not providing the care and support people needed. One staff member said, "I do feel well supported anyway but supervision really helps." Another staff member told us, "The manager is always around but it's good to be able to sit down and talk." All of the staff said they felt well supported by the management.

Staff had completed training and had a good understanding of the Mental Capacity Act 2005 (MCA) including the nature and type of consent, people's rights to take risks and the necessity to act in people's best interests when required. They described the purpose of the Act and its potential impact on people they were supporting. A mental capacity assessment had been completed for each person with information about their individual capacity to make decisions and understand the support and care provided. Most people were unable to tell staff verbally about their wishes and needs and staff said as they got to know people they were able to interpret people's responses. One member of staff said, "Some people are unable to speak, but we know if they want to get up or have something to eat, they let us know by turning away or they use a particular facial expression and body language."

Good

Is the service effective?

Staff had attended training in Deprivation of Liberty Safeguards (DoLS), which is part of the MCA. The purpose of DoLS is to ensure someone, in this case, living in a care home is only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interest of the person, and has been agreed by relatives, health and social care professionals and there is no other way of safely supporting them. Staff were aware that the locked front door, which prevents people entering and leaving the home, was a form of restraint and applications had been made to the local authority under DoLS about this. Staff told us people should be encouraged to make choices and felt they were able to make decisions about the day to day support provided. We saw people decided where they sat and how they spent their time, some sat in the lounge or the dining area and others were supported to return to their room after lunch.

People told us the food was good and we saw staff asked them what they wanted at mealtimes and with drinks in between. The staff were aware of people's preferences and the chef had a good understanding of people's needs and their likes and dislikes. This included the types of plate or dish, cutlery with grip handles, vegetarian and finger foods. The chef was very keen that people had fresh vegetables as often as possible and had prepared swede, sprouts and cauliflower at lunchtime and fresh fruit was provided regularly. The chef said, "I enjoy cooking for people."

All three units had their own dining rooms and lounges. The dining experience was different on all three units. People who lived on the residential and dementia units made good use of the dining areas and the meal times were busy. The nursing unit was very different with only five people eating in the dining room. We discussed this with staff who told us that over time some people were preferring to eat privately and some were sometimes too poorly. They also said that it can change daily. On the second day we saw that more people were eating meals in the dining room .

The lunchtime meal was prepared and presented in relation to individual needs, with mashed, pureed and cut up food provided as required, and if people did not like what was available staff said they could have something else. People sat at the dining tables which were attractively set with tablecloths and cutlery. Drinks and condiments were available. There were people that needed assistance or prompting with meals. Staff supported some people on a one to one basis and they were provided with this in a calm and unhurried manner. Staff chatted and checked in between mouthfuls if people were ready for more and drinks were offered throughout the meal. The atmosphere was relaxed and social and staff were available when people came in to the dining room late and places at the table were re-arranged to suit them.

Tea and coffee was available throughout the day when people wanted it. The chef and staff said snacks and drinks were available at any time and if people did not want their meal at the usual time, for example if they had had a late breakfast, their meal was kept and they can have it when they are ready. Staff said they would notice if people were not eating and drinking as much as usual and would report this to the nurse or the manager and they were confident GPs would be contacted if there were concerns. Food and fluid records were kept for some people, particularly people who had lost weight or who appeared disinterested in food. They had been completed daily and reflected the meals and drinks we observed during the inspection. People were weighed monthly and records were kept and audited to ensure staff were aware of any weight loss or gain. Relatives felt the food was good and people could have what they wanted. One relative said, "Some people need assistance and staff are very good and make sure they eat enough." This meant that systems were in place to ensure people were supported to have a nutritious diet.

People had access to health care professionals as and when they were required. These included the community mental health team, continence nurse, dentists, opticians and chiropodists. GPs visited the home as required and staff felt they could contact them if they had any concerns. A relative told us, "Yes they'd get the doctor, the chiropodist comes here too and I am going to mention glasses to the manager."

Advice had been sought from the Speech and Language team with regard to people's swallowing difficulties. There was guidance in the care plans for staff to follow with regard to the use of thickener for fluids and meals that were suitable to each person's needs. Staff were aware of each person's needs and demonstrated an understanding of why people had mashed or pureed meals and which people needed thickener in their drinks. The manager and staff said people's dietary information was on display above the table where drinks were kept in the dining room, because some staff were on holiday and agency staff were

Good

Is the service effective?

employed to cover them. It provided information for agency staff to follow if permanent staff were not available, but all staff said it was a temporary measure, relatives had been asked about is use and it would be removed when a full staff team was in place.

Good

Is the service caring?

Our findings

The home had a relaxed atmosphere and people responded to staff as they approached them in a kind and dignified way. People nodded and smiled when asked if staff were kind and caring. Relatives felt staff offered the care and support people needed and wanted. One relative thought the staff were, "Caring enough" and, "We have a laugh and a joke." Staff told us they spent time with people and didn't try and rush them to get everything done. One staff member said, "We provide the care people need when they are ready for it, rather than when it suits us, which is how it should be."

People were treated with kindness and respect, as individuals, and it was clear from our observations that staff knew people very well. Staff made eye to eye contact as they spoke quietly with people, they used their preferred names and took time to listen to them. Staff knocked on people's bedroom doors before they entered, saying "Hello my darling" and, "Good morning sir." We saw several lovely interactions, staff used affectionate terms of address and gentle physical contact as they supported people, and people responded with smiles. Staff said, "Hello you look at lot better today. I'm here" whilst stroking their arm. "Hello my sweetheart" while gently wiping the person's mouth and asked, "Is that better" and, "What would you like for breakfast? You hold my hand if you like."

People's preferences were recorded in the care plans and staff had a good understanding of these. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and told us each person was different, they had their own personality and made their own choices, some liked music and noise while others liked to sit quietly with a soft toy, and they enabled people to do this as much as possible. People chose how and where they spent their time. People, who wanted to walk around the home, rather than participate in activities, were supported to do so safely.

People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. We saw staff encouraged one person to return to their bedroom to change, although they wanted to remain in the lounge, staff spoke quietly with them, encouraged them and they agreed to change their clothes. Staff told us, "We have to remember it's their home. We won't go wrong if we remember that" and, "People need a lot of support with their personal care and we keep in mind at all times that some things are very private. We would not like everyone to know that we had had an accident and our clothes were wet and needed changing. We just need to imagine how we would feel if it was us or a relative." This showed staff understood the importance of privacy and dignity when providing support and care.

Staff promoted people's independence and encouraged them to make choices. Eight people living in the home were unable to mobilise independently, they needed the assistance of staff to move around the home safely and transfer from wheelchairs to armchairs. Staff observed two people discretely as they walked around the lounge and to and from their rooms, as they were at risk of falls, and supported them if required. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "I am just moving you along a little bit so someone else can sit at the table and join in, is that alright." They leant down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "It is our responsibility to make sure people are as independent as they can be, they make decisions about all aspects of the support we provide, even if we don't agree with them." "I don't interfere if I think someone can do something for themselves" and, "I like to get people to make their own decisions if they can. For example, if someone doesn't want to do something then it is up to them."

People's equality and diversity needs were respected and staff were aware of what was important to people. One person liked to wear make-up, nail varnish and particular clothing to reflect their lifestyle and staff supported them to do this. Staff said to them, "You look lovely today, would you like a bit of make-up on? The person was assisted to put some make-up on and nail varnish of their choice had previously been applied. Another person liked to look smart and have their handbag with them as they sat in the lounge. Staff ensured their handbag was with them as they were transferred from their room to the lounge and it was positioned so that it could be easily accessed.

Good

Is the service caring?

Staff said relatives and friends could visit at any time and relatives told us they were always made to feel very welcome. One relative told us, “We ring the bell and wait to be let in, so people here are looked after, and they always make a cup of tea for me and I have a chat with the staff, manager and provider. They always let me know what is going on and they have got used to me as I visit every day.”

Good

Is the service responsive?

Our findings

People liked their rooms and had individualised them with colour schemes, memorabilia, photographs and personal possessions with the assistance of relatives and friends. Relatives said they were involved in discussions about and the planning of people's care and felt able to talk to the staff about this at any time. One relative said, "I know there is a care plan and they have recently been updated, they are much easier to look at, but I don't get involved in them."

People's needs had been assessed before they moved into the home and the computerised care plans had been developed from this information. Staff had reviewed this information and updated it with the help of relatives, friends and representatives. The main care plans included all the required information about people's needs, including risk assessments, mental capacity assessments and hospital appointments, The staff also used specific care plans on daily basis, for example wound care and nutritional needs. These contained important information covering areas of care and support needed on a daily needs.

Each computerised care plan looked at the person's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. For example, one person's need was assistance with their hearing, a hearing aid had been provided to assist them. The outcome was for the person to be able to hear what staff were saying and what was going on around them. The action was for staff to encourage the person to wear the hearing aid, and if they chose not to this for staff to talk clearly and loudly, not shouting, so they knew what was happening. This was important not only as it enabled them to be aware of what was happening, but also because the person had become agitated when they were not sure what people were saying or doing and staff were clearly able to address this. Staff spoke clearly with the person when they provided assistance, and when necessary moved closer to ensure they spoke privately about personal care support.

Another staff member said, "We have our daily meeting which is very useful. We can talk about things, and get other people's ideas and support and make a decision." The purpose of the daily meeting was to review the care and support provided over the previous 24 hours and to share knowledge and developments with a view to maintaining high standards of care. The meeting was conducted in an open and inclusive manner and all staff were invited to share their observations and opinions. The discussions were focused on people's care needs with clear plans of action drawn up following the meeting. For example, people's dietary needs were reviewed and potential issues discussed and action agreed. One person was having antibiotics to treat an infection. The team discussed the care of this person and the need for extra fluids to be taken at this time and for closer observation until the person has recovered, with fluids recorded so they had a record of how much the person had consumed. Minutes of the meeting were taken and given to staff. We looked at a selection of these and found they were clearly focused on the care needs of people living at the home. This meant that staff had a good understanding of people's support needs.

The support and care provided was personalised and based on people's preferences. An activity programme was displayed on the notice board, for people to think about and choose to attend if they wished. A number of activities were provided throughout the two days of inspection and these varied depending on what people wanted to do. The three units undertook activities within their units and also joined main group activities in the bar area on the ground floor. We saw people enjoy pampering sessions and one to one time with staff. Activity staff said they spent time with people who remained in their rooms and we saw them talk to people sitting in the lounge. Conversations were relaxed and friendly, people responded when spoken to and there was a considerable amount of smiling and laughing. We saw that staff enabled families to personalise their loved ones bedrooms with photographs and pictures. We also saw that people who were on continuous bedrest had visual hanging mobiles and decorations to provide mental stimulation. It was acknowledged that improvements could still be made on developing meaningful activities for those people who were unable to participate verbally and physically due to the restrictions of the medical condition they lived with. Ideas were being discussed and developed.

Care staff said they did not have a lot of time to spend with people doing activities, but felt they should be involved in this and expected this to change when they have a full complement of staff. One staff member said, "We have

Good

Is the service responsive?

some time to sit and talk to people, but often it is when we are supporting them during meals, but it is still chatting about something that is not about the care they need which is important."

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. Staff told us they rarely had any complaints, and the manager kept a record of complaints and the action taken to investigate them. The complaints folder contained one recent complaint. People told us they did not have anything to complain about, and relatives said they had no concerns and if they did they would talk to the manager, provider or the staff.

The provider and manager wanted to encourage feedback from relatives and friends and had arranged relatives meetings. We looked at the minutes from the meetings in July and September 2015. It was clear the staff were quite open about what was happening in the home, including the issues about staffing, and relatives were encouraged to raise any concerns.

Good

Is the service well-led?

Our findings

From our discussions with relatives, staff, manager, provider and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing the support people living at Queen Elisabeth Park needed and wanted. Relatives and staff said the manger was always available and they could talk to them at any time. We observed the manager sitting with people and talking to them while assisting them with lunch. Relatives said the management of the home was very good, they could talk to the manager when they needed to and staff were always very helpful. One relative said, "The home is well led, the area manager is always here and keeps any eye on what is going on."

The registered manager had been in place at Queen Elisabeth Park since December 2014. Support was provided by an area manager and heads of departments throughout the service. Staff said the management structure was supportive, fair and transparent. One staff member said, "The manager is very knowledgeable and approachable."

Quality monitoring systems had been developed. A number of audits had been introduced, including for care plans, which had identified that additional training and support was required to ensure care staff updated the care records when people's needs changed. Medicine audits looked at record keeping and administration of medicines and the manager said action would be taken through the supervision process if issues were identified. Staffing levels had been reviewed, although a recognised tool was not used, and an active recruitment programme was in place.

Relatives felt they were able to talk to the manager and staff at any time and the relatives meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it."

Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and the monthly staff meetings. Staff said, "We are encouraged to be involved in developing the service here, I think that is very good considering we are the ones who actually provide the personal care for people." "I think the management has really improved and we now work much better as a team. The nurses and care staff are no longer separate and the manager keeps any eye on everything and picks us up if we do anything she doesn't like, which is only right" and, "I feel sure that if I speak to the manager about anything, something will be done about it, I don't just mean complaints, suggestions are encouraged as well and they listen to us."

The provider had informed CQC of any issues that might affect the safety of people living in the home. Such as safeguarding concerns raised by the local authority. The manager said she used the notification system to inform CQC of any accidents, incidents and issues raised under safeguarding and we were able to check this on our system. We found information had been sent to CQC within an appropriate timescale.