

Chestnuts (Arnesby) Limited

Queens Lodge

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 ●

Summary of findings

Overall summary

About the service

Queens Lodge is a small residential care home providing personal care to 4 people with learning disabilities and autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People continued to receive safe care, and staff we spoke with understood safeguarding procedures and how to raise concerns. Staff were confident that management took appropriate actions safeguard people.

Risk assessments were in place to manage risks within people's lives. This included plans for supporting people who may display behaviour which challenges. Staff were confident in supporting people in this area.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out, and staffing support matched the level of assessed needs within the service during our inspection.

Medicines were stored and administered safely, staff were trained to support people effectively and were supervised well and felt confident in their roles.

People were able to choose the food and drink they wanted, and staff encouraged healthy options. Any requirements with food and drink were understood and respected by staff.

Healthcare needs were met, and people had regular access to health and social care professionals as required. People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them. Care was personalised to each individual, and staff were passionate about achieving good outcomes for people.

Care plans reflected people likes, dislikes and preferences. People were involved in activities that were tailored to them.

People and their family were involved in their own care planning as much as was possible. A complaints system was in place and was used effectively.

The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

Audits of the service were detailed, and any issues found were addressed promptly. The service had a registered manager in place, and staff felt well supported by them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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, (published 16 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor 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?

Good ●

The service was 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?

Good ●

The service was well-led.
Details are in our well-led findings below.

Queens Lodge

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 one inspector.

Service and service type

Queens Lodge 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete 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 met the people who used the service, and observed staff supporting them. We spoke with one relative of a person using the service, two staff members, the deputy manager, and the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care. One relative of a person using the service told us, "Yes [name] is safe here, the staff treat them very well."
- Staff demonstrated their understanding about how to keep people safe. They knew how to report any concerns. Records showed that staff received up to date training about keeping people safe.
- The provider and staff fully understood their responsibilities to keep people safe and knew to raise any safeguarding concerns with the local authority and notify the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risk assessments in people's care plans documented any risks that were present in their lives, and supported staff to work safely with people. This included detailed plans in how to support people who may display behaviour which challenges them and others. Staff were trained to safely support people to manage behaviours in the least restrictive way possible.
- Staff reviewed the risk assessments regularly and as required, and put actions in place to reduce these risks.

Staffing and recruitment

- Staffing levels were suitable to keep people safe. People had staff assigned to them for specific one to one support at various times, to ensure they could remain safe and receive the care they needed.
- The provider had ensured staff were safely recruited by undertaking pre-employment and identity checks. These included a Disclosure and Barring Service check which helped to support safer recruitment decisions.

Using medicines safely

- Medicines were managed and stored safely. Effective systems were in place to ensure people received their medicines as prescribed. Medicines were audited regularly with action taken to follow up any areas for improvement.
- Protocols were in place to manage medicines that were prescribed to be taken on an 'as and when' basis. Staff understood the procedures and approaches required to people's support, to ensure medicines were taken appropriately.
- Staff received training in medicines administration and were confident in supporting people in this area.

Preventing and controlling infection

- The service was clean and tidy, and good hygiene practices were observed throughout the service. Staff told us they had the equipment they required to prevent the spread of infection.

Learning lessons when things go wrong

- The provider regularly reviewed information when things did not work well or when there were shortfalls in the service and shared the learning with staff. For example, when daily care records were lacking sufficient detail, this was raised with the staff team to improve upon.

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 before they moved into the service. This ensured they received care and support that was right for them and was in line with standards, guidance and the law.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff support: induction, training, skills and experience

- Staff told us they received a suitable induction training experience before starting work at the service. This included completing basic training courses and shadowing other more experienced staff to get to know people and their routines. Staff confirmed the training equipped them well for the role, and they were not ever asked to do anything they did not feel trained for.
- Ongoing training and supervision was in place to support staff. This included training in supporting people who may display behaviours which challenge.

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

- People were supported to maintain a balanced diet and had full choice about what they could eat and drink, and when. We saw staff ask people what they would like to eat, and what they would like added to the shopping list to ensure they had the things they wanted.
- Staff and management were aware of what people's dietary requirements were, and this was recorded in people's care plans.

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

- People had rooms which were personalised to their own tastes, and suited their own requirements. There were communal spaces for people to sit and use, and a small garden for people to access. All areas were accessible to people and well maintained.

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

- People received support to manage their health care effectively. Any health care needs people had were documented within their care plans and staff had good knowledge of people's conditions. For example, one person had specific support needs with fluid intake, which staff supported them to manage. When the person's needs changed, the appropriate referrals were made to health professionals to help manage the changes in their health.

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, and found they were.

- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. Some people using the service lacked capacity to consent to care and treatment. Processes were clearly documented.

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

- People were well cared for by the staff. A relative we spoke with said, "This place is a lot better than all the others, [name] gets on with all the staff. The staff understand [name] well, they know what [name] likes and doesn't like." A staff member said, "People get good care here, staff are all passionate about care."
- During our inspection we saw staff support and interact with people in a kind and caring manner. Staff took time to communicate with people in a way that suited them and were not rushed. We observed that people were comfortable in the presence of the staff supporting them and appeared to enjoy their company.

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

- One relative we spoke with confirmed they were regularly consulted about their relatives care and felt involved in the process of planning and reviewing their ongoing care. They told us, "I come here regularly, I am very much involved in [name's] life. I make sure they have enough money. I take [name] to the dentist. The staff always keep me informed about what's going on."
- Staff understood people's different communication requirements, and provided different ways to support people to express their views and choices.
- When people did not have family to support them in making decisions about their care, the provider arranged for independent advocacy services to support people in this area.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards people. One staff member said, "From my view, we [staff] are in their home, they are not in our workplace, people have a great bond with us all."
- People's privacy and dignity was respected, and all personal care was delivered in private. Personal information was securely stored and protected in line with the General Data Protection Regulation (GDPR).

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

- People received care that was personalised to them. Care plans outlined what people's preferences were, and staff had good knowledge of each individual and how best to support them.
- A keyworker system was in place which gave staff members the responsibility of ensuring a specific person's care plans were regularly checked and updated, to ensure they reflected the person's current needs, as well as liaising with family members.
- People were able to take part in activities that were suited to them. A relative we spoke with said, "[Name] goes out every morning for a walk, they often go out for lunch. [Name] has had great holidays, they had two last year."
- There were several examples of personalised care being delivered, which met and improved people's needs. For example, staff working consistently with people over time to improve their diet, health, and mental wellbeing, enabling them to remain living in the home.

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.

- The management were aware of the need to provide people with information in different formats and did so with pictorial information when required. Staff understood each person's individual communication needs.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. At the time of inspection, no complaints had been made. The system in place ensured that all complaints would be recorded and responded to promptly.
- A relative we spoke with told us they had not had to make any complaints, but they were happy and comfortable to talk to staff if they needed to.

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive and open atmosphere. A relative told us, "It's good management here, [registered managers name] was the one who suggested [name] move here because it's a quieter environment, and it has been much better for them."
- The staff were committed to achieving good outcomes for people, and understood each person's wants and needs. Staff and managers were flexible in their approach to ensure good outcomes for people.
- Staff felt well supported by management, one staff member said, "I get great support from the registered manager and the deputy manager, even if it's personal stuff, they are very flexible."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications the provider was required to send to CQC by law had been completed. The provider had also displayed their current CQC ratings within the home.
- Staff and the registered manager maintained records of accidents and incidents. Information and learning were shared with staff to reduce the likelihood of any recurrence.
- Management and staff were clear about their roles and responsibilities. Some staff had more senior roles and took on more responsibilities within the service. The staff team were organised and confident in running the service efficiently and achieving good outcomes for people.

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

- Staff meetings were held which enabled staff to share their views and ideas. Staff told us they felt comfortable to share ideas to further improve the service and address any issues within this forum. We saw minutes to meetings which showed topics such as training and updates on people using the service.
- Feedback was sought directly from people using the service and their representatives regularly. We saw that questionnaires had been sent out to some people's family members to comment on the care provided.
- The daily approach that staff took with people ensured they were always included in making decisions as much as they were able to. Staff treated people as individuals and understood and respected their

individual characteristics.

Continuous learning and improving care

- Regular and detailed audits took place to identify areas for improvement and act upon them. For example, records kept were checked regularly, and individual staff members were supported to improve the level of detail required, when this was needed.
- Systems and processes were in place to regularly check quality in all areas of the service, and management staff took prompt action as required.

Working in partnership with others

- The staff and management regularly worked in partnership with outside health and social care professionals to make sure people got the support they needed.
- People accessed their local community with staff support regularly, and staff had a good knowledge of places in the community that were of benefit to people.