

Chestnuts (Arnesby) Limited

# Queens Park Care Home

## 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 Park Care Home provides care and support for up to 16 adults with a learning disability, some of whom have additional needs relating to mental health and/or physical disability. At the time of our inspection there were 16 people using the service.

Queens Park worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could 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's experience of using this service:

People were safe at the home. A relative said, "[Family member's] always happy every time we talk and never says anything that worries us." People were supported to reduce risk to themselves. For example, people had emergency call bells in their room to summon assistance. A person said, "The staff do hourly checks at night to see if you're breathing, or if you've left your telly, or are asleep wearing your glasses." The home was well-staffed and all areas were clean and tidy. People had their medicines safely and, where possible, took some responsibility for them.

The staff were well-trained and knowledgeable and had a good understanding of the people they supported. A person said, "The staff know what I like and what I don't like." People were supported to prepare their own meals where possible. A person told us they made their own breakfast and were learning how to make poached eggs with their keyworker. People's medical needs were met by a range of healthcare professionals who visited the home. People's rooms were personalised and they chose what was in them and people had access to a safe garden area and a sensory room.

The staff were caring and kind. A relative said, "The staff are wonderful. I've faith in the staff - they've become dear friends." Staff had a good rapport with people and knew how best to communicate with them. For example, they understood people's non-verbal ways of expressing themselves. People made decisions about their own routines and were encouraged to make independent choices about all aspects of their lives.

Staff provided people with personalised care and supported them in the way they wanted. For example, a relative told us staff knew what to do if their family member had a low mood. They said, "They see them through it absolutely. If [family member] is tearful they take them to one side. They are brilliant." People were encouraged to have goals which staff supported them to achieve, for example going for walks independently, making meals, or going on a day trip. People took part in a range of mainly one-to-one activities and staff supported them to follow their own hobbies and interests.

The service was well-managed and people and relatives were satisfied with the care provided. A relative told us, "[Family member] absolutely loves it here. I couldn't rate it highly enough. The staff always go the extra mile." People, relatives and staff said the managers were friendly, approachable, and supportive. A person

told us the names of all the managers at the home and said, "I like them because they do a good job." The provider and registered manager carried out audits to ensure the home was operating effectively and safely and acted if improvements were needed. People, relatives and staff were asked for their views on the home and consulted on how it was run.

For further information please see the full report.

Rating at last inspection: At our last inspection (report published on 09 April 2016) the service was rated as Good.

Why we inspected: This was a scheduled inspection based on the service's previous rating.

Follow up: We will continue to monitor this service.

## 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 Park Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care and support of people with learning disabilities.

#### Service and service type:

Queens Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We carried out the inspection visit unannounced on 22 January 2019.

#### What we did:

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about. On 5 April 2018 the provider had sent us a completed provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit we spent time with the people who lived at the home. We spoke with three people individually and four relatives. We also spoke with the registered manager, care manager, the two deputy managers, one senior care worker, and one care worker.

We looked at two people's care records as well as other records relating to the management of the home. These included records of accidents, incidents and complaints, and audits and quality assurance reports.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- Relatives said people were safe at the home. Their comments included: "I feel [person's] safe - I don't worry about that" and, "It's a very safe place for [person] to live - I am very happy with it."
- Staff used a pictorial 'Am I safe?' pack to support people to understand safeguarding and learn what to do if they felt unsafe.
- Staff were trained in safeguarding and knew who to report safeguarding concerns to, both inside and outside the home.

### Assessing risk, safety monitoring and management

- Staff understood risks to people and knew how to keep them safe. A staff member said, "People have written risk assessments which we read, but we also know people very well. We do positive risk taking, for example [person] wanted to post a letter themselves so we supported them to do that."
- People completed a 'Dangers' quiz which alerted them to hazards in the home and in the wider community.
- Staff understood people's awareness of danger fluctuated due to mental health and other issues and their risk assessments reflected this. Risks were highlighted in yellow in people's records so staff could easily find out what they were.
- The provider's maintenance person, the registered manager and staff carried out safety checks and audits on the premises to ensure they were safe and fit for purpose.

### Staffing levels

- People told us the home was well-staffed. A person said, "We're not short staffed." Another person told us, "[There's] enough staff. I can find them."
- Staffing numbers were calculated depending on people's needs and took into account the number of ancillary staff on duty and how much support people needed on a day to day basis.
- The registered manager told us if they needed to use agency staff, they tried to get the same ones to help ensure people had continuity of care.
- There were enough staff on duty to meet people's needs and enable them to take part in activities both in and out of the home. Staff answered people's call bells promptly.
- The provider and registered manager carried out checks to ensure staff were suitable to work with people who use care services. These included references and clearance from the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

### Using medicines safely

- People had their medicines safely and, where possible, took responsibility for them. One person said, "I do

my own medication in the morning and I fill out the MAR [record] sheet." A relative told us, "[Family member] gets their medication and staff are very good with that."

- Trained staff who were assessed as competent managed and administered medicines. Medicines were kept securely and administered according to the prescribers' instructions.
- The home's contract pharmacist carried out regular checks of the home's medicines systems and gave staff good practice advice. A senior member of care staff said that at their latest audit the contract pharmacist gave staff extra training on managing fridge temperatures which they found useful.
- There had been no medicines errors at the home and staff said if they did have one, they would contact the person's GP or the emergency services depending on the person and how they were.
- Some people were on PRN (as required) medicines for behavioural issues. The home's ethos was not to use PRN medicines unless there was no alternative. The senior care staff member said if a person asked for their PRN medicines, or appeared to need them, staff would try other techniques first to try and improve the person's well-being.

#### Preventing and controlling infection:

- Staff were trained in infection control and used personal protective equipment such as gloves and aprons as necessary.
- The home was clean and fresh. We saw staff cleaning people's rooms and communal areas using suitable equipment and products.

#### Learning lessons when things go wrong

- Managers and staff learnt from accidents and incidents. There were systems in place to monitor and learn from these and they were analysed to look for any patterns or themes.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ 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 were assessed before coming to the home to ensure their needs could be met.
- People were involved in the assessment process, as were relatives [where appropriate], health and social care professionals, and interpreters.
- The assessment process considered protected characteristics under the Equality Act 2010. Staff recorded people's religious or cultural needs so they could discuss ways of meeting those with the person and their representatives.

Staff skills, knowledge and experience

- A person said, "They [the staff] are well-trained. They do training, induction, and staff meetings."
- A relative told us that staff were trained and they understood their family member and what the person did and did not like.
- Staff completed courses in general and service-specific care and support including health and safety, epilepsy, managing behaviour that challenges, and equality and diversity.
- Staff were trained in Huntington's Disease, a condition the home specialised in. A relative said staff might benefit from further training in this condition as it was so complex. We discussed this with the registered manager who contacted us after our inspection visit to say they had booked further Huntington's Disease training for staff.
- Some staff member's dementia care training had expired. The registered manager said this would be re-arranged and they would consider making one staff member a 'dementia lead' to help ensure the needs of people living with dementia were met at the home.

Supporting people to eat and drink enough with choice in a balanced diet

- People were involved in shopping and meal planning. A person, who had just discussed what they wanted for lunch with the cook, told us, "I'm having sausages and mash and coleslaw and roasted tomatoes."
- Mealtimes were flexible if people wanted them to be. A staff member told us, "[Person] requested dinner early, they have their meals when they're ready. Others tend to eat around the same time."
- People's nutritional needs were assessed and if they needed specialist support, staff referred them to dieticians or the SALT (speech and language therapy) team.
- Staff knew people's likes and dislikes and favourite meals and drinks.

Supporting people to live healthier lives, access healthcare services and support and staff providing consistent, effective, timely care within and across organisations

- People's healthcare needs were met. One person said, "I go to the GP, not often, but they [the staff] ring up

for me. I'm due to see the dentist and the chiropodist comes here every six months." Another person told us, "I'm happy with my health action plan."

- A relative said staff had found ways of meeting their family member's medical needs without causing them distress.
- Relatives said staff kept them informed about their family member's health and contacted them straight away if their family member was unwell.
- Staff were knowledgeable about people's healthcare needs and worked closely with healthcare professionals to ensure they were met. The home employed a private physiotherapist to support people on a one-to-one basis.
- The home had its own defibrillator, and a new portable suction device used to clear an upper airway obstruction, which had been recommended by the home's first aid trainer.
- If people were hospitalised, staff continued to provide their personal care while they were there.

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

- People's bedrooms were personalised. A person said they liked their room and staff had supported them to choose the décor. A relative said their family member had chosen every item in their room themselves.
- A person had lost a family member and marked their passing with a memorial in the home's garden which they could visit when they wanted.
- The sensory room was large with relaxing colours and light features. The door was open and people walked in when they wanted to. The garden had swings, and a sheltered covered area for smoking.
- Some parts of the premises needed redecorating and some furniture was stained and worn. The registered manager said this was being addressed as part of the home's ongoing re-decoration and improvement plan.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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 were being met and found the service to be compliant.
- The home was working within the principles of the MCA. Restrictions on people's liberty had been authorised and DoLS representatives, independent of the home, visited people to ensure they were being appropriately supported.

# Is the service caring?

## Our findings

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

The service involved people in their care and treats people with compassion, kindness and respect.

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

- People and relatives said the staff were caring and kind. One person said staff valued them. They told us, "If I'm emotional I can ask for a hug and they say yes."
- A relative said their family member got on well with the staff. They told us, "[Family member] looks happy when we come and when we go they are always still happy."
- Staff supported people to see their relatives and friends. One person's family lived a long distance away so staff drove them halfway to meet them. A staff member said, "We do this because [person's] family are very important to them."

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

- People were given opportunities to express their views. We saw four people sitting with staff planning their summer holidays and where they would like to go.
- Staff involved people in their care plans and supported them to make decisions about all aspects of their care and support. A relative said, "[Person] understands what's in their plan and staff follow it."
- A staff member told us how a person they supported had their own routine which staff supported them to follow. The staff member said, "[Person] says every day what they want and picks their own clothes."

Respecting and promoting people's privacy, dignity and independence:

- People said staff respected them and their privacy. A person said, "They respect me yes - they knock on my door to give medication and I say yes."
- Staff kept people's records securely and maintained confidentiality. For example, each care plan began with a full-page 'stop sign' and the question, 'Have you got permission to read my care plan?' to remind staff of their responsibilities.
- Staff encouraged people to be independent. For example, a person said they were now making their own meals supported by staff.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff provided people with personalised care. A relative said, "The staff look after [family member] very well [...] they deal with them calmly."
- People had personalised care plans with clear instructions to staff on how to support people in the way they wanted. For example, one person's communication care plan stated, 'Staff to speak clearly and slowly [to person], not using any jargon words and phrases.'
- Care plans included a section called 'Things I am good at' which showed positivity and staff supporting people to be independent.
- Staff ensured people's cultural needs were met. One person had an interpreter who worked with the person and staff to enhance communication. Staff also learnt a few words of the person's own language to help them feel welcome at the home and celebrated the person's national holiday with flags, food, and a party.
- People were encouraged to have active lives and take part in a range of activities. A relative told us, "[Person] is fine and very well occupied. [Staff] take [person] out, shopping and to the disco and help [person] get things for [person's hobby]."
- A person told us, "I choose things. I go clothes shopping with the staff. I've just been watching telly but later [staff member] is making strawberry cupcakes with us."
- The registered manager was aware of the legal requirements of the 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. People's communication needs were identified and met, for example the menus were pictorial to make them more user-friendly for people.

Improving care quality in response to complaints or concerns

- People and relatives told us they would speak out if they had any concerns. One person said, "If I needed [to complain] I'd tell my key worker or the manager."
- The pictorial easy-read complaints procedure was displayed in the home for people and relatives to see.
- At group and individual meetings run by the day care co-ordinator, people were asked for their views on the home and their keyworkers supported them if they needed to raise any concerns.
- The registered manager recorded complaints and analysed them to see if there were any themes.

End of life care and support

- Staff were trained in end of life care and support and had experience of supporting people at the end of their lives.
- They worked closely with the person, their family, and health and social care professionals to ensure people's wishes were followed and they remained comfortable and pain-free.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives made many positive comments about the home. A person told us, "The best thing about this place is that I like it. My family like it too."
- A relative said, "It's a good service as it suits [person's] needs. In five years [person's] made no complaint and is happy with the home, the staff and the management."
- The care was personalised. Each person's routine, lifestyle and activities were unique to them and the home accommodated people's diverse needs and aspirations.
- The home had an open and transparent culture and the registered manager analysed accidents, incidents and complaints and used them to improve the home.
- A relative said, 'Communication is very good with managers and staff. They all know who I am and they always have time for me and [person].'
- Staff were well-supported by the management and had regular supervisions and meetings. A care worker told us, "The manager is extremely supportive and there is always someone senior go to if we need advice."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager carried audits to ensure the home was operating effectively and safely. Some audit documentation was unclear, for example the water temperature audit did not show all the taps in the home and the fire audit did not show all the fire doors or exits. The registered manager said this documentation would be reviewed and improved where necessary. If shortfalls were identified in the audits, they were addressed. For example, a fire safety audit identified that a full fire drill had not been carried out in the previous six months. This was promptly carried out.
- The area manager carried out a monthly monitoring visit to the home on behalf of the provider. They reviewed its operations and spoke with people, staff and relatives to get their views on the quality of the care and support provided.
- All staff had supervisions throughout the year and were encouraged to train and improve their practice.
- The registered manager was experienced and knowledgeable and led by example.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager and provider were working in accordance with this regulation.

Engaging and involving people using the service, the public and staff

- People, relatives and staff were asked for their views on the home and the care provided at meetings and one-to-ones and through regular surveys and questionnaires.
- The registered manager was surveying relatives' views at the time of our inspection. Three forms had been returned and showed a high level of satisfaction with the home. One person wrote, 'You [the staff team] are doing a splendid job that requires no improvement.'
- The 2018 staff survey showed positive feedback on how the home was managed. Some respondents wanted improvements to staffing levels and rota management. In response the provider increased staffing levels which meant the rota was more flexible for staff.

Continuous learning, improving care, and working in partnership with others

- The home was subject to ongoing improvement. Since we last inspected the provider had installed ceiling hoists in most bedrooms. Staff and people had developed the garden making it sensory with night lighting. Each person had their own garden tub or patio area to plant and care for.
- Managers and staff worked in partnership with health and social care professionals including specialists in Huntington's Disease and learning disabilities.
- The registered manager liaised with the local authority, the health authority and CQC for advice, support and information and guidance.