Barchester Healthcare Homes Limited

Queens Court

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 January 2016 and was unannounced. The last inspection of this service was on 23 October 2013. At that inspection we found the service was meeting all the regulations we assessed.

Queens Court provides accommodation for up to 43 people who require nursing, personal care and support on a daily basis. The home specialises in caring for older people with dementia. It is also able to provide end of life care. At the time of our inspection there were 36 people living at Queens Court.

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

Staff working at Queens Court had a comprehensive induction programme and training to equip them to undertake their roles and responsibilities. The training was supported by the home's trainer who ensured regular refresher courses and access to external courses. The home had good links with local universities for research and the placement of students.

We saw staff were knowledgeable about people and understood how to meet their diverse needs. We observed a genuine warmth and affection between most staff and people who used the service. People were generally treated with dignity and respect. We also observed a couple of occasions where people might not have been treated with dignity and respect. This was when staff were standing and helping people to eat and by the way one member of staff spoke about people using the service.

The feedback we received about staffing levels from people, relatives and staff was mixed. Some thought there were not enough staff and others through there were enough staff. Our findings on the day of the inspection showed there were enough staff to meet the needs of people living in the home. The registered manager told us they kept the issue of staffing levels under continuous review.

People had their health needs met. This included having access to healthcare professionals when they needed them. People's nutritional needs were assessed and monitored. They received a variety of meals according to their choices and needs. People were extremely positive about the meals provided. People received their medicines as prescribed to them.

Care was individualised to meet people's needs. There was a range of social activities for people to participate in if they chose. The home had good links with local schools and churches to maintain people's involvement in the local community. Relatives were free to visit whenever they wished and were very positive about the service their relatives received.

The home was able to care appropriately for people who were nearing the end of their life, so people could

remain in the home if they wished to.

People were safe living at Queens Court. Staff were knowledgeable about what they needed to do if they suspected anyone was at risk of abuse. The provider had taken steps to ensure only suitable staff were recruited to work at the home.

People were asked for their consent before care was provided. If people were not able to give consent, the provider worked within the framework of the Mental Capacity Act 2005. The Act aims to empower and protect people who may not be able to make decisions for themselves and to help ensure their rights are protected.

We received some mixed responses about the management of the service. The majority of people and staff felt supported by the registered manager. We received some feedback that some did not feel the registered manager was open and inclusive.

The service had a number of measures in place to monitor the quality of the service. There was a drive towards continuous improvement. There was a providers' complaints policy and the home kept a log of complaints to ensure people and their relatives knew how to complain and to make sure these were appropriately responded to when received.

The registered manager has introduced a number of initiatives to promote dementia care and to raise the awareness of dementia within the home and the local community so people with dementia receive better care and support.

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. Most people told us and we observed there were sufficient staff on duty to meet people's needs.

Staff knew how to keep people safe. The provider took steps to ensure suitable recruitment checks were undertaken prior to people starting employment at the home.

People received their medicines safely and as prescribed.

Risk assessments were completed and updated regularly. Accidents and incidents were recorded and analysed so the service could minimise possible re-occurrences.

Is the service effective?

Good

The service was effective. Staff received extensive in-house training and were supported to undertake training at a higher level, if they chose.

The provider met the requirements of the Mental Capacity Act 2005 to help to ensure people's rights were protected. People's consent was always sought prior to care being provided.

People were helped to maintain good health. They had access to excellent nutrition that met their needs with a focus on high quality food and drink. People had access to a range of healthcare professionals when they needed them.

Is the service caring?

Requires Improvement

The service was not always caring. People were generally treated with dignity and respect. We observed some instances where people were not always treated with dignity and respect. Staff were knowledgeable about the people they were caring for and were able to meet their diverse needs.

Friends and relatives could visit people living at the home with no restrictions, so the risks of social isolation were minimised.

The home provided appropriate end of life care to people if it became necessary.

Is the service responsive?

Good

The service was responsive. People were offered a range of activities to suit their interests. The home had positive community links so people could feel valued as a member of the local community.

People received care that was personalised and met their needs.

There were a number of mechanisms to enable people and their relatives to raise issues or concerns.

Is the service well-led?

Good

The service was well led. There was a registered manager in post. They worked with other professionals to achieve the best outcomes for people.

People and staff were generally positive about the registered manager and the way they managed the service.

There were systems in place for monitoring the quality of the service to ensure there were continuous improvements.

Queens Court

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 was planned to check 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 19 January 2016 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert by experience is someone who has experience of using or caring for someone who uses this type of care service, in this case, older people.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This 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. We also reviewed other information about the service such as notifications they are required to submit to CQC. Notifications are significant events the service is required to inform us about. We also looked at information we had received from the local authority about the service.

On the day of the inspection we spoke with 12 people who lived at the home, four relatives and a visiting healthcare professional. As some people at Queens Court were living with dementia, they were not able to easily share their experiences of living at the home with us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help understand the experience of people who cannot talk with us.

During the inspection we also talked with the registered manager and three other staff. We looked at the care records for six people and reviewed how medicines were managed. We checked other records relating to how the service was managed and this included staff training and recruitment records for four staff.

After the inspection we spoke with two further healthcare professionals who provided a service to the home and contacted three staff members over the telephone. We were also contacted by ten relatives by telephone or email.

Good

Is the service safe?

Our findings

Although we received mixed feedback about the staffing levels in the home, we found there were enough staff to meet the needs of people who used the service during our inspection. Eight people we spoke with on the day of the inspection, a relative and visiting healthcare professional told us there were not enough staff on duty to effectively meet people's needs. One person told us, "There's a shortage of staff and almost every problem boils down to that," and "I always have to wait [when I need assistance] often far too long." Another person told us that it took two carers to hoist them and if two people needed assistance at the same time it caused problems as there were sometimes not enough carers on duty. A relative told us, "There don't seem to be enough carers and people have to wait and they have 'accidents' [not being assisted with toileting]." A healthcare professional told us, "I have to walk around looking for staff members for people. They should have someone in the day rooms at all times."

However, the response from the majority of relatives post inspection was positive about the care provided at Queens Court. One person said, "There is no apparent shortage of staff and I find it difficult to comprehend how the staff from the top down find time to smile and be as friendly and helpful as they are. When I arrive, a member of staff is frequently in [relatives] room chatting and helping her solve puzzles." From our own observations throughout the day, we saw a number of staff on duty who attended to people's needs promptly. There were two nurses, five carers and a senior carer for the 36 people living at the home. In addition there was a range of ancillary staff to support the delivery of care including a trainer, kitchen staff, cleaners, volunteers and two hosts, whose responsibility it was to service snacks and drinks to people and relatives, and providing more time to care staff to attend and engage with people.

We discussed the feedback we received about staffing levels with the registered manager who told us they were constantly reviewing and monitoring people's needs and their levels of dependency to ensure people's needs were being effectively met.

People told us the service was safe because of the care they experienced from staff. Comments included, "I am grateful that there is someone around to tell me not to do things or how to do things that might be dangerous." Another person said, "They're careful about what I'm doing on my own."

The provider had made sure there were measures were in place to help protect people from the risk of abuse and harm. There were policies and procedures in place to safeguard adults at risk. Staff we spoke with knew how to recognise the signs and symptoms of possible abuse. They knew the processes of reporting any incidents of concern. Staff told us and records showed they received regular training which related to safeguarding adults at risk.

We looked at recruitment checks for members of staff to ensure only suitable staff were employed to work at the service. Among the checks completed we saw there were completed application forms, references, and proof of identity and police checks. There were also additional checks when the service was employing a nurse such as ensuring they were registered with the Nursing and Midwifery Council. This ensured people were cared for by suitable staff.

People received their medicines safely. We were told only nurses administered medicines. We checked whether the procedures for the storage, recording and administration of medicines were being followed. Those medicines no longer required were returned to the pharmacist in a timely manner. We checked the medicines administration records (MAR) and saw people had a photograph on their record with a list of known allergies. In this way the risks of people being administered incorrect medicines was minimised. People's morning medicines were stored in their bedrooms; we checked a sample of these and found no inaccuracies. Other medicines were stored in a medicines room, where the temperature of the room and the medicines refrigerator was monitored daily to make sure the medicines were stored at the correct temperature according to the manufactures instructions. A nurse told us there were regular daily and monthly audits of medicines. There was also an annual audit by a community pharmacist. In this way, any errors could be identified and rectified quickly. A nurse told us a nurses' ability to administer medicines was assessed annually to ensure their continued competency.

People had a plan of care in place which met their individual needs. These needs were assessed prior to moving into the home and were detailed and comprehensive. Within the plan of care there were individualised risk assessments, developed so people's independence could be promoted and to ensure their safety. The risk assessments covered various aspects of their care so any risks were identified and plans put in place to mitigate the risks. In one example, a person had been identified as being at risk of falling. An enhanced assessment had been completed which identified the action that needed to be taken to provide the person with the support required to maintain their safety. It stated a member of staff needed to stand behind the person at all times with their wheelchair in case they wanted to sit down. The risk assessments were kept up to date and reviewed regularly with people or their relatives. In this way any changing needs were identified to minimise risks and opportunities were offered to people and their relatives to discuss and contribute to the management of risks and to find out how people were being supported to maintain their safety.

The provider had arrangements in place to make sure the premises and items of equipment were maintained appropriately to ensure the safety of people and others. A partial tour of the premises showed these were appropriately maintained. The service employed a head of maintenance who was responsible for this. In addition there were risk assessments for each department, so the risks in each area could be identified and addressed. We saw incidents and accidents were monitored and analysed so the registered manager was able to identify any trends and patterns and take actions as required to minimise the risk of similar accidents and incidents from reoccurring.

Good

Is the service effective?

Our findings

People received care that was based on best practice from staff who were appropriately trained to ensure they had the knowledge and skills required to undertake their roles. We talked with the home's trainer who told us about staff induction. The provider had an induction programme which reflected national standards for people wishing to work in health and social care. Each new member of staff had to complete a number of training courses identified as mandatory by the provider including safeguarding adults, fire and health and safety, as part of their induction. New staff had to complete workbooks and have regular reviews to ensure they were meeting required expectations. After their induction staff received regular refresher courses in these 'mandatory' areas. We saw there was a high completion rate of training, with 100% having completed safeguarding adults and many other figures for completion of training being in the 80 to 90% range. One staff member told us they were only allowed to work at the service if they completed all their 'mandatory' training.

The provider had arrangements to ensure staff received training to support their personal development. For example we saw the provider offered a number of specialist courses to nurses such as wound care and catheter care. Staff were positive about the courses and training available to them. One member of staff said, "I have developed so much that I am now able to train others." Another member of staff said, "I have improved a lot, my understanding of caring for the residents has also improved because of the training I have received."

In addition, the home was affiliated with a number of London Universities. This enabled the staff to access some specialist courses and for them to keep up to date with the latest research and developments in the care sector. This on occasions had meant the service had worked with training organisations to pilot research projects in caring for people with dementia.

Staff were appropriately supported in their roles and there were various ways for them to talk about their work, personal development and aspects of the service and to share information. We saw from staff records staff received monthly one to one supervision sessions with their line manager and there were regular staff meetings. The registered manager started each day with a head of services' meeting. This 15 minute meeting allowed information to be shared about significant events happening in the home on that day. For example, on the day of the inspection a recently bereaved family were visiting the home. This information was relayed to all staff within the home so they were all aware. All staff we spoke with told us they have an annual appraisal to assess their performance and to identify any areas where they might want to develop.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider offered training to staff for MCA and DoLS and this was refreshed yearly. Staff we spoke with were able to tell us about their understanding of a person's mental capacity and how they dealt with people who might not have capacity to make some decisions. They were aware that they needed to ask people for their consent to care and treatment before providing this and where people did not have capacity to make these decisions, then best interests decisions had to be made for people with the involvement of health and social care professionals and people's relatives, as appropriate. During the inspection we heard staff asking people's consent before providing care and support. For example, staff asked "How can I help you?" and "Where would you like to see your visitor?"

The registered manager had made a number of applications to the local authority to deprive some people of their liberty and these had been granted. The conditions of the authorisations were included in people's care plans so staff were aware of these and adhered to them.

People were supported to eat and drink sufficient amounts to maintain their health and well-being. People were positive about the food on offer. Comments we received included, "The food is absolutely wonderful," and "The chef here is very good and has won awards. [The chef] is especially good at desserts." We saw lunch being served which consisted of three courses which was all freshly prepared and drinks of juice, water and wine were on offer. We saw there were two members of staff described as 'hosts', whose primary role was to serve food and drink, so care staff could concentrate on supporting people to eat. Mid-morning and mid-afternoon they wheeled a trolley with fruit, snacks and drinks around the home to serve people and others. This was good practice particularly for people living with dementia who may have a fluctuating appetite. There were also other arrangements to promote peoples nutrition. We saw that a high calorie dessert was available for those people who were at risk of malnutrition and the hosts encouraged those people to have that particular option. Each person in the home was reviewed regularly to assess their nutritional requirements and a traffic light system was in place to identify if people were at risk of malnutrition.

People's nutritional needs were assessed and recorded. We saw people's weight was monitored monthly and more often if required. If there was a significant change in people's weight then action was taken to address this with a referral to a relevant healthcare professional. The registered manager also arranged 'nutritional meetings' with the chef and nursing and care staff where people's nutritional needs were discussed to make sure key staff were aware of these and could monitor if these needs were being met. Where people had specific dietary and nutritional needs these were also discussed in daily meetings so any concerns could be identified early and addressed.

People had access to healthcare services as and when they needed them. There was a range of healthcare professionals that the staff could refer people to when needed. In addition to the regular GP, people could be referred to professionals such as dietitians, those working in mental health, a chiropodist, opticians, dentists and tissue viability and continence nurses. The healthcare professionals we spoke with post inspection said the home worked effectively with them. One professional said the staff contacted them quickly when someone was admitted to the home and then kept on top of the appointments so they were continuously involved in monitoring the person's condition.

Requires Improvement

Is the service caring?

Our findings

People were positive about the care they received at Queens Court. Comments from people living at the home included, "I am amazed with the patience the [staff] have with people", and "We've got some very good staff who are devoted to the job. They do it because they really care." A relative told us, "Above all it is the staff who are outstanding and make the home as good as it is."

We observed in general that staff treated people with dignity and respect. Staff were able to tell us how they ensured people had privacy and dignity when they provided personal care. This included knocking on bedroom doors and seeking permission before entering and also talking to the person as care was provided and letting them know what they were doing.

However during our SOFI observation over mealtime, we saw two staff were assisting people with their meal by standing next to them and helping them eat. One of the members of staff were engaged in the task of putting food in people's months, rather than engaging with them and coaxing them to eat their meals. We raised this issue with the registered manager who told us after the inspection some people did not want assistance with meals and could become agitated if someone was assigned to sitting with them to assist with their meals. Therefore, staff would 'put a spoonful of food on a spoon whilst standing next to them.' to remind them it was lunchtime. The registered manager was able to provide evidence from people's care plans that this was the most effective way to support this particular person with their meal. Whilst we acknowledge this method to support this particular person was documented in their care plan. We do not consider the way it was executed without any conversation or words of encouragement between the person and member of staff was the best way to encourage them to eat.

In addition, we also observed and heard a member of staff refer to people by using the third person pronoun. For example "she doesn't like" and "she wants to go". The above showed people were not always fully treated with dignity or respect.

We observed staff were knowledgeable about the people they cared for and the best ways to support them. They were assisted by information that was contained in people's care plans in a section entitled, 'All about me' which had ten to 12 small descriptors of the person and their likes and dislikes. We saw staff had signed this document as a way of showing they had read and understood the content. Staff were observed using their knowledge to provide care. In one example, a member of staff patiently and very carefully assisted someone to go for a walk, remembering their preferred route and the time of day they liked to go for a walk.

Staff were able to tell us how they communicated with and tried to understand people who could not communicate verbally. This was by knowing people well and observing non-verbal communication such as facial expressions and gestures. We saw there was information in people's records about their communication. For example there was information for staff how to identify pain in people who were unable to communicate verbally so they could help alleviate the pain.

We saw the provider met people's diverse needs. Staff received equality and diversity to raise their awareness about people's diverse needs. People's care plans also reflected their diverse which included relating to age, disability and gender. The provider had arranged to help meet people's religious and spiritual needs. For example there were weekly church services within the home, or people could chose to attend various churches in the community, including the church next door to the home with whom they had close links. The registered manager also told us about a monthly church service specifically for people with dementia. The home was able to support people who wished to attend by providing a minibus for transportation and staff to support them.

The provider supported people to maintain relationships with their relatives and friends. Relatives and professionals told us they visited the home whenever they wished without any restrictions and they were always welcomed. Relatives told us how they were able to have a drink or meal with their relative and this was offered. We saw there was a range of information available to people and their visitors displayed on notice boards to inform them of what was happening within the home. This included activities on offer, information about the memorial afternoon (which an event held to remember people from Queens Court who had died) and support offered by 'friends of Queens Court.

The home provides end of life care to people. The home was accredited to the Gold Standards Framework (GSF) which is a national framework to ensure frontline staff are trained and able to provide the best possible care for people at the end of their lives. The registered manager told us the home had good links with the local palliative care nurse and GP's to ensure that people received appropriate care at the end of their lives and so that they could continue to live at the home if they wished. The home also had a key carer and a lead nurse to help coordinate the delivery of end of life care. We saw that people had advanced care plans in place which recorded their wishes and for some people who requested it, a completed 'Do not attempt resuscitation' forms was also in place.

Good

Is the service responsive?

Our findings

The home provided people with a range of activities to meet their social and recreational interests. The service employed a driver who took people on outings in the home's minibus. Care workers also undertook a range of activities with people. One person summed it up with, "Every Sunday they give us a social programme of activities for the week. Some trips are out. [Name of driver] drives the minibus and he is very good. Quite a lot of fun." Another person told us "There are lots of activities; outings, Richmond park, music therapy, concerts. Everyone is involved. We're very lucky." The registered manager told us they had good links with the community, in particular a local school visiting every fortnight, which helped to make people feel included in the local community.

We observed a number of activities taking place during our inspection. For example, we saw a number of people enjoying a sherry and completing a crossword whilst waiting for the second seating of lunch, as everyone could not be accommodated in the dining room at the same time. We also saw birthday planner information, which had been completed with people who wanted their birthdays to be celebrated in the home and which detailed the food, guests and meet and greet arrangements they wanted on their birthday. Throughout the day we observed staff involved in the activities and engaging with people such as taking people for a walk, doing puzzles with them and taking time to sit and chat in a friendly and unhurried way.

The registered manager told us about their links with specialist dementia advisor from a London University and about some of the work around using activities as a way to support people with behaviours that can challenge the service. The registered manager described how staff had identified a particular activity to help a person to be less agitated and to feel more involved with staff and the service. We noted staff were given pocket sized activity prompt cards as a way of raising their awareness about the type of activities they could use to engage individually with a person to suit their interests.

People received personalised care that was responsive to their needs. The registered manager told us about the 'resident of the day'. It is an initiative where all staff, whether carers, nurses, housekeepers or gardeners take time to get to know each person using the service is turn so their care can be personalised. It prompted domestic staff to spring clean a person's bedroom; the maintenance person to visit and make sure everything was in order and the chef to visit the person to make sure they had the opportunity to choose what they wanted to eat. The 'resident of the day' was also a prompt to nursing staff to make sure care plans and risk assessments were all personalised, up to date and accurate.

The care plans we looked at were comprehensive. People's needs had been appropriately assessed and their preferences, likes and dislikes were recorded. Where people's needs had been identified, care plans had been developed with people's involvement or that of their representatives, to inform staff about the action to take to meet people's needs. There were monthly and six monthly care plan reviews with each person using the service or their relatives if appropriate, to make sure care plans remained current. The care records included a life history so staff could understand people's background and perspectives and use the information to initiate points of discussion with people. This was particularly useful if people were living with dementia and may not remember some of their own histories. It was positive to note that some people had

requested that they wished to keep this information about their past lives, private and this had been respected by the home.
The registered manager had introduced 'Care Cues' to help staff understand people's needs and preferences in a quick way or to help staff understand the needs of people new to the service. 'Care Cues' are posters in people's rooms which represented in a visual format and contained information about people's needs and preferences at a glance. We saw examples of these during the inspection.

The provider had a complaints policy. Some of the relatives who contacted us after the inspection were positive about the provider's response to issues they might have raised. One relative summed it up by saying, "Time is always made to listen to any concerns which may arise and every effort made to alleviate them." The registered manager told us they had an open door policy and relatives were also able to email if they wished to raise any issues or concerns. We also observed the registered manager had a good knowledge of the people who used the service and visitors to the home and engaged with them, making it easier for them to approach her if they had any concerns.

We saw that people were able to attend six weekly residents meetings which were chaired by an individual from the 'Friends of Queens Court'. This ensured there was some degree of independence from the provider and people could speak out freely and voice their views about the service and equally make contributions about areas that could be improved.

Good

Is the service well-led?

Our findings

We talked to people and staff about the openness and inclusivity of the service. The vast majority of people and staff were positive about the way the service was run. A member of staff said, "[Managers name] is approachable and you can talk to her about your concerns and she will listen and take action. She is a good manager." Another member of staff told us, "The manager is proactive, she is strict with the standards of the home and makes sure we maintain the standards." Many of the relatives who contacted us after the inspection were also very positive about the registered manager. The provider also ran an annual satisfaction survey to gain people's views about the service. Queens Court has scored consistently high with 'Your Care Rating' a national organisation that independently surveys care homes.

Whilst the majority of people and staff were positive about the approach of the registered manager we did receive some negative comments. A member of staff told us the registered manager could be abrupt with them and felt they were not so approachable. We also received direct feedback from two people who used the service about this and a further two who indicated they felt uneasy in the presence of the manager.

The service had a registered manager who worked alongside other professionals. The registered manager was fully aware of their responsibilities and obligations as a registered person. They had notified CQC of significant events in the home in line with the requirements of registration. Staff were aware of their roles and responsibilities within the home and said the registered manager made sure they were clear of these. The registered manager reviewed whether staff were aware of the direction and vision of the service. This was through supervision, staff meeting and direct observation of practice by the registered manager. We noted that the management team worked alongside staff during out of hours and at weekends to provide support where required and to ensure the quality of care remains high over a 24 hour period.

The provider had arrangements to help to develop the leadership and management skills of staff to help ensure team leaders and others in a position of responsibility were clear about their roles and for people to receive a high quality service. In addition to being supported locally by the registered manager, the provider had developed its own business school that staff could attend if recommended by the registered manager.

One of the nurses working at Queens Court was nominated for the Nursing Times Awards 2015 in the category 'Rising Star Award' and the staff team was also nominated for the 'Team of the Year Award'. These awards are given at a national level to individuals and teams to recognise the qualities that embody the best of nursing and the leadership skills to inspire others to follow their examples. Both entries were finalists in each of the categories.

The provider had a comprehensive system of audits and checks on aspects of the service. We saw for example, the checks on care plans and risk assessments were completed via the 'resident of the day' initiative. There was also a system of audits for medicines which included a daily and monthly internal audit and an annual check that was completed by the community pharmacist. We checked a range of safety certificates in regard to the premises such as gas, electrical wiring and Legionella tests certificates and found they were current and up to date. We also checked maintenance records for some items of equipment used

within the home and can confirm that these were being serviced regularly and maintained. This level and depth of audits and checks ensured that the service was being run safely and in people's best interests. We saw there was a range of business continuity plans available to ensure the service could continue to operate and people could receive safe care if there were unforeseen emergencies.

The registered manager kept an active presence and ensured she was 'visible' in the home. The registered manager carried out night and out of hour's visits, the outcomes of which were recorded and kept in the office. There were a number of initiatives instigated by the registered manager to drive continuous improvements within the service. For example the registered manager told us about a weekly 'quality circle' where staff were encouraged to raise any issues which could improve the care of people living at the home.

The registered manager promoted the home and the care of people living with dementia in the local community. They hosted and ran a professionals networking group which met quarterly. This group consisted of professionals who either had a relative at Queens Court or they knew of Queens Court through a professional visit. The stated aim of the group was to promote and raise awareness in the community of issues relating to dementia care. Various people were invited to attend including people living with dementia, their relatives or any person who had an interest and experience in dementia care. Various professionals presented at these meetings to discuss topics that could have an impact on people with dementia. For example an Admiral Nurse had been invited to speak at the next meeting in March. Admiral Nurses are specialist dementia nurses who give expert practical and emotional care and support for family carers, as well as the person living with dementia.