

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

This inspection took place on 16 February 2016 and was unannounced.

Queens Park Care Home is registered to provide residential care and support for sixteen people with a learning disability, mental health needs, physical disability and degenerative health conditions which include Huntington's Disease and Muscular Dystrophy.

The service is purpose built and provides accommodation over two floors. The ground floor comprises of a dining room, activities room, lounge and sensory room. Bedrooms, which have en-suite facilities, are located on the ground and first floor and are accessible via a stairwell or passenger lift. Bathing facilities also provide sensory stimulation to people using the service along with equipment to support those with a physical disability.

Queens Park Care Home had 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.

Health and social care professionals we contacted as part of the inspection were positive about the service provided, they felt staff had the appropriate skills and knowledge to meet people's needs in an individualised and personalised way. They found staff to be committed to providing a good service, and that there was good communication across all staff and that the service was managed well.

Staff told us that training had helped them to understand the needs of people, which included people's right to make decisions about their day to day lives. Staff were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or member of the management team along and to external agencies.

People were supported by knowledgeable staff that had a good understanding as to people's needs. Staff provided tailored and individual support to keep people safe and to meet a range of complex needs related to people's health, which required staff to use specialist equipment and monitor it for its effectiveness. Staff

provided tailored support where people's behaviour became challenging, to ensure that people could be confident that they would be supported and safe when accessing the wider community.

We found people received their medicine in a timely and safe manner by staff that had been trained in the administration of medicine, which included where people's medicine was administered by the use of equipment.

Our discussions with staff told us that they received ongoing support and development through supervision, appraisal and the accessing of training. The training staff accessed reflected the needs of people who used the service which meant people received effective care and support. Records confirmed staff had received training in a wide range of topics. This meant people at Queen's Park Care Home were supported and cared for by knowledgeable staff, which ensured their safety and promoted their health and welfare.

People were protected under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) we found that appropriate referrals had been made to supervisory bodies where people were thought to not have capacity to make decisions. Staff we spoke with were knowledgeable about their role in supporting people to maintain control and make decisions which affected their day to day lives and told us how this was a key part of their role.

People were supported to have sufficient to eat and drink and had their dietary needs met, which included where specialist equipment was required. People were supported to access a range of health care appointments by staff to ensure their health was monitored and maintained. Staff were proactive in responding to people's health care needs and liaising with health care professionals effectively.

People were supported by staff that had developed positive and professional working relationships with them; this gave people who used the service the confidence to communicate with staff about issues affecting them. People were relaxed in the company of staff and were able to communicate their lifestyle choices and talk about the impact their decisions had on their well-being and future plans.

Staff had the appropriate knowledge and skills to communicate with people, and used a range of communication methods to promote people's communication and to assist them in making decisions. Staff carried on their person 'flash' cards, which were photographs reflecting a range of items, which included food and drink, and to capture people's moods such as happy or sad. This enabled staff to communicate as people could point to the cards to indicate their views. A range of documents had been produced in an 'easy read format', which used pictures and symbols to assist in people's understanding of the information.

The registered manager and staff were committed to meeting the needs of people and improving their sense of well-being by encouraging people's independence and to maintain a good quality of life where people had degenerative conditions, which impacted on their physical health. Staff recorded all their interactions with people, which included personal care and social support on hand held electronic devices. This helped people to receive consistent and timely care as all staff had access to up to date information.

Staff were complimentary about the support they received from the management team and regular meetings, supervision and appraisal provided an opportunity for staff to develop and influence the service they provided.

The provider actively sought feedback from people who used the service, their relatives and health, health and social care professionals and staff working at the service. The information gathered was used to develop the service and to respond to people's comments to bring about improvement.

The provider had a robust quality assurance system which assessed the quality of the service. Information gathered as part of the quality audits was used to develop the service, which included electronic records detailing the care and support people received, which was audited for its effectiveness.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely, whilst promoting people's choices and independence.

People were safe and had their needs met as there were sufficient staff working within the service, who had the appropriate skills and knowledge to support people's with health conditions that were degenerative.

People were supported by staff in all aspects related to their medicine, which included the use of equipment to ensure people received their medicines.

### Is the service effective?

Good ●

People were supported by staff that had the appropriate knowledge and skills to enable them to provide care and who understood the needs of people with a range of complex needs.

People's support plans and records showed the principles of the Mental Capacity Act were used. People's consent to care and treatment was sought. People were supported to make decisions which affected their day to day lives.

People's dietary and nutritional requirements were met, with people being offered a range of food, which included snacks. Where people required their nutritional needs to be met by the use of specialist equipment, staff had received the appropriate training.

Staff understood people's health care needs and worked with a range of health care professionals to promote and maintain people's health.

### Is the service caring?

Good ●

The service was caring.

We observed positive relationships between people who used the service and the staff employed.

People's support plans detailed how people communicated their views about the service and the role of staff in promoting their involvement in the service they received, which included the importance of individualised communication styles.

Staff encouraged people to make decisions about their lifestyle choices and understand the impact of their decisions on themselves and others. A range of information had been produced in an 'easy read' format to assist people in the accessing of information.

### Is the service responsive?

Good ●

The service was responsive.

People received a personalised and tailored service which met people's needs and enabled them to maximise their independence, through the use of specialist equipment. People's views were sought to ensure the support they received was continually assessed to reflect any changes to people's needs.

People were encouraged by staff to share their views, which included their attendance at meetings and staff recognised people's individual communication needs and had a range of systems to promote communication.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices within an inclusive and empowering environment.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider had a robust governance system which enabled them to assure themselves that the service being provided was of a good quality and used technology to record and monitor the

service being provided.

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# Queens Park Care Home

## **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 16 February 2016 and was unannounced.

The inspection was carried out by one 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 had experience in using care services.

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. The PIR was completed and returned to the Care Quality Commission.

We contacted commissioners for social care, responsible for funding some of the people as well as health and social care professionals who support people using the service and sought their views about the service people receive.

We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with five people who used the service and spent time with people and staff in the communal areas of the service.

We spoke with the registered manager, both the deputy managers, three members of staff and the chef. We looked at the records of four people, which included their support plans, risk assessments, health action



plans and medicine records.

We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.



## Our findings

We looked at how the provider protected people and kept them safe. The provider's safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service. We spoke with staff and asked them how they would respond if they believed someone who used the service was being abused or reported abuse to them. We found staff to be clear about their role and responsibilities, as staff had received training, which meant they knew what action to take if they had concerns about someone's safety.

Policies and procedures were in place where the provider had involvement with people's finances. Records were kept as to people's individual expenditure which included the receipts for items purchased and financial records signed. The provider had a system for auditing people's monies, and records showed this was carried out by the registered manager and deputy managers to assist in the safeguarding of people from financial abuse.

We found risks to individuals had been assessed and measures put into place to promote people's safety. Risk assessments had been carried out where there was a potential risk to people's safety, which covered a range of topics related to people's care and support. Examples included where people were at risk of choking when eating and drinking due to their health, which included Huntington's and Motor Neurone Disease. And where people required support with day to day activities, which included getting in and out of bed, accessing the bath or going out into the wider community. Risk assessments had been used to develop support plans.

Where people had specific health needs one to one support was provided to maintain their safety. An example of this was someone who used specialist equipment overnight to improve their health; this required a member of staff to be with them throughout the night to ensure they were safe as they were at risk of choking as they were unable to manage the equipment themselves and respond if they became unwell.

We found people's support plans provided clear guidance for staff as to how risks to people were to be reduced, which included providing people with tailored diets which had been recommended by speech and language therapists (SALT) following an assessment. Other examples of promoting people's safety as a result of identified risks were with regards to supporting people to move around the service, by the use of a wheelchair, a hoist or specialist equipment for bathing.

Staff ensured people were kept safe and their right to make decisions about their day to day lives were respected and their independence and choices promoted. People's records included risk assessments and support plans which recorded potential triggers and the strategies to be used by staff to support people when their behaviour became challenging. This enabled those who used the service to access the wider community with the confidence that their needs would be met and that staff had strategies to provide the support they may need. A person told us that staff supported them to go to their bedroom if they became upset to help them calm down. They said this had not happened for a long while and that they were proud of themselves for doing well, which they said was due to the staff caring for them.

There were effective systems in place for the maintenance of the building and its equipment and records we looked at confirmed this, which meant people were accommodated in a well maintained building with equipment that was checked for its safety.

The PIR detailed how the service ensured people's safety by the completing of risk assessments on all aspects of care and the environment and that these were regularly reviewed to ensure safe continuity of care. Staff conduct a 'walk around' of the service regularly to ensure good housekeeping and to ensure fire doors are not obstructed.

We found there were sufficient staff on duty to meet people's needs and keep them safe, which included providing one to one support by staff to enable people to take part in specific activities or to ensure their safety due to their health related needs. Staff carried with them walkie talkies to enable them to communicate should there be an emergency. Throughout the inspection we found staff to be prompt in offering support where this was required, which included supporting people to eat and drink, provide personal care, attend health care appointments and supporting people to take part in activities within the service and the wider community.

Records showed staff had the appropriate training and skills to meet people's needs and through staff supervision (one to one meetings) and assessment had their skills assessed to ensure they supported people safely and well. Staff had received training specific to the needs of people with complex health conditions which promoted people's safety. Staff were knowledgeable about external agencies they could contact should they have concerns about people. The staff rota showed that there were always staff on duty that were able to carry out tasks specific to the needs of people using the service, which included the administration of medicine and supporting people who required their nutrition and hydration to be provided by the use of specialist equipment, this meant people could be confident that they were safe as their care was provided by staff who were knowledgeable as to their needs.

Records showed that no one worked at the service without the required background checks being carried out to ensure they were safe to work with the people who used the service. Staff recruitment files that we looked at had the required documentation in place.

Two people we spoke with were knowledgeable about the medicines they were prescribed and told us how the medicine helped them to manage their health, which included when they became anxious. They told us what time they took their medicine and how they could ask for additional medicine if they felt anxious or upset. One person told us that if they were having a bad day staff would ask them if they wanted their PRN medicine. They told us this made them feel better.

People's support plans included information about the medicine they were prescribed which included protocols for the use of PRN medication (medication, which is to be taken as and when required). This ensured people received their medicine in a consistent manner and as directed by the prescribing health

care professional. Staff we spoke with were aware as to when and how people were to be administered PRN medication, which was consistent with their support and PRN protocol.

We looked at the medicine and medicine records of three people who used the service and found that their medication had been stored and administered safely. This meant people's health was supported by the safe administration of medication. The registered and deputy managers carried out audits on medicine records and its storage to ensure medicines were being managed well. The PIR detailed how the service undertook weekly audits of medicine with regards to administration and storage.

People's medicine was regularly reviewed by a doctor to ensure that the medicine they took was working well, which helped to ensure people's health was monitored and that they were safe.

Support plans provided clear guidance for staff where people were administered medicines through their PEG (which is a system by which people who are unable to take food or fluid by mouth receive supplements via a tube directly into their stomach). We found where people were at risk of choking their medicine had been prescribed in liquid form or was administered with people's food to reduce the risk, this was documented within people's risk assessments and support plans.

The provider had a contract with a pharmacist who supplied people's medicine. The pharmacist provided training to staff on the safe administration, storage and recording of medicines and visited the service to ensure medicine was being managed well. We looked at the report produced by the pharmacist from their most recent visit and found that the pharmacist had found the management of medicine to be good.

Staff we spoke with told us they had received training in medicine management, which had included the safe handling and administration and told us their competency to manage medicine had been assessed as part of the training, which had been provided by a pharmacist, which meant that people could be confident that staff had the knowledge to manage their medicines safely.



## Our findings

Our observations showed that staff provided effective care to people as they had received the appropriate training to equip them with the necessary skills to carry out their role. Staff told us that they received training specific to the needs of people who used the service, which enabled them to meet people's needs and had included training in Huntington's Disease, pressure area care and moving and handling people safely. Staff were able to tell us how Huntington's Disease affected the people they supported and how they as staff provided individual support dependent upon the person's needs. We found staff to be knowledgeable about the progression of the disease and how they needed to respond and liaise with health care professionals to support people as their health deteriorated.

Staff liaised with specialist health care professionals to ensure that the support they provided to people was reflective of current guidance, which included nurses for people with a learning disability, nurses for people with Huntington's disease, physiotherapists and speech and language therapists. People's support plans and records detailed the advice and instructions given by health professionals and the action staff had taken to implement their advice. For example one person's support plan detailed that the physiotherapist had provided staff with the appropriate guidance and instruction to promote someone's health by instructing staff to provide regular support exercises to maintain and promote their health.

We found staff had the skills they needed to communicate effectively which enabled them to carry out their roles well. Throughout the day a member of staff was responsible for the delegating duties to all the staff, to ensure staff were aware of their individual responsibilities in meeting people's needs. Staff recorded all aspects of their interaction with people throughout the day, using hand held electronic devices, which provided an up to date record of the support and care being provided.

Records showed staff had received training in variety of topics; we spoke with an external provider who was at the service on the day of our inspection visit to provide training to staff. They told us that staff always had time to take part in learning, and appeared keen to learn and develop their skills, which showed staff were committed to improving the quality of care they provided.

The PIR detailed how the service ensured effective communication between through staff meetings. Staff had designated roles which they take responsibility for, which includes keyworker responsibilities to individuals using the service to ensure that people's health care appointments, family visits and contact, bedroom décor and specialist events are organised.

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 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. We found a number of people had a DoLS authorisation in place whilst some people had an application which was currently being considered. We found where conditions had been set these had been met by the service, which included providing access to translators where people's first language was not English and the recording of activities people took part in.

People's support plans provided information as to people's capacity to be involved in day to day decisions and our observations and the records we looked at showed that people were encouraged to make decisions and be involved in their care. This was supported by clear guidance as to how people communicated and expressed their views and opinions. However we found mental capacity assessments had not been completed to evidence how the service had determined people's ability to make informed decisions. We spoke with the registered and deputy manager who advised us these would be undertaken.

Staff we spoke with were knowledgeable about gaining people's consent about their care and support and were able to tell us how they supported people to make decisions about their day to day lives. They told us they used different forms of communication dependent upon the needs of people, in some instances this was visual, whilst for others it was understanding how people made decisions by physical gestures.

Some people's support plans had recorded they had made an advanced decision about their care with regards to emergency treatment and resuscitation. This had been done with the involvement of relatives and health care professionals. This showed that people's choices and decisions were supported and would be acted upon when needed. The management team told us that within six weeks of someone moving into the service the person's GP would meet with the person, supported by staff and others involved in the person's care to discuss all aspects of a person's health, which included any advanced decisions they wished to make regarding emergency treatment.

People we spoke with told us they really enjoyed the food and that they enjoyed the puddings. They said they were always given choices and had a picture menu on the wall. Staff carried picture cards of different food and drinks with them, so that they could show people what was available so that they could make choices. During the lunchtime meal we noted that staff stayed with people whilst they ate their meal and interacted with people to make the time a sociable event. We noted people were offered a dessert and asked if they wanted a hot or cold drink.

Staff had received training which enabled them to support people with their dietary needs, which included training in nutrition and soft diets and the use of PEG to meet people's nutritional and hydration needs. People's support plans provided clearly guidance for staff as to the support people required, which included supporting people to eat who were at risk of choking by assisting them to eat a soft diet, within a low stimulus environment. This meant that for some they ate their meal supported by staff in an environment

free from interruption which was quiet this enabled the person to concentrate on eating their meal. Equipment was also used to keep people's meals at the correct temperature, when they had to eat slowly to prevent choking.

People who were at risk of potential malnutrition and dehydration were prescribed meal supplements and medicine to promote their health and were provided by the staff in line with the health care professionals' instruction and the persons support plan.

Throughout the day people were offered hot and cold drinks and a range of snacks, which included crisps, biscuits, chocolate bars and fruit.

We found the chef to be knowledgeable about the dietary needs of people, which included dietary needs related to people's health along with their likes and dislikes. The chef told us that a majority of meals were 'homemade', except where people preferred ready meals. Specialist ingredients were purchased for people requiring a specialist diet, which include lacto intolerance. The chef told us they had regular deliveries of groceries throughout the week and that they had a healthy budget which enabled them to purchase food of a good quality. They told us that the menu always reflected two choices, however in some instances people wanted to eat something different, which meant they sometimes prepared and cooked up to four different meals, they told us, "It's about what people want, it's their decision."

We found people were involved in decisions about their health, which included their attendance at health appointments. A person, supported by a deputy manager, told us they had attended a health care appointment earlier in the day to review their care. We found the person to be aware of the reason for their appointment and the deputy manager spoke with them about the outcome of the appointment and discussed with them the improvements to their health.

People's records reflected that people were supported to attend and have access to a range of health care professionals, which included specialists to promote their health. Professionals involved in people's care included, nurses for people with a learning disability and Huntington's Disease, dentists, physiotherapists, speech and language therapists and opticians.

It has been recommended by the government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. We found these had been completed and included information as to people's health care needs, their medication, information as to their likes and dislikes and communication needs. In addition each person at the service had an accident and emergency 'grab sheet', this information along with the 'health action plan' would be taken with the person should they need to access emergency or planned medical treatment, to assist health care staff in the provision of the person's care and support.



## Our findings

A person told us that staff were very kind to them and that they supported them to go to the pub and with cooking their meals. They told us that staff were "really nice" because, "If I am feeling sad or upset, staff come and sit with me and talk to me nicely which makes me feel better." They went on to say that staff knew them really well and knew how to meet their needs and they had got a care plan, which met their needs. They said, "Staff meet all my needs and staff look at my plan every day."

One person told us that they really liked living at the home, they told us that staff talked to them really nicely and that they were allowed to have a pet as the home had a pet hamster.

Health care professionals who we contacted as part of the inspection shared with us with their views about the service. They informed us that they found staff to be welcoming and polite and were prepared for their visit to ensure that any information about the person they were visiting was shared.

We observed people being supported by staff throughout our inspection in a caring manner. We noted positive relationships developed between people and staff which included laughter and conversation. People were supported to attend a range of appointments, which included a visit to a health care professional as well as supporting people to go out for a meal, visit local shops and take part in activities within the service.

A person using the service asked a member of staff about updating the board in the hallway which provided information as to the day, date and month of the year along with information about the weather and the season, the person was supported to do this. We also observed the same member of staff support the person to answer the front door when the bell rang, this showed that people's independence was promoted and that staff recognised that Queens Park Care Home to be the person's home.

Staff supporting people who used pictures and symbols to communicate carried with them a range of symbols and pictures which they showed to people in order that the person could indicate their wishes. These included symbols of different drinks and meals, which we saw staff use throughout the day to find out people's preferences. Staff also responded to people who gained their attention by sound as we saw a member of staff go to someone and offered them reassurance by asking them to breathe slowly and focus on relaxing. We asked the member of staff what had alerted them to the difficulties the person was having. They told us that [person's name] experienced tightening of their muscles due to their health condition, and that the noise the person made indicated the person's discomfort.



Staff listened and spoke with people, and communicated appropriately in a way that supported people's understanding. People's support plans provided information as to how people communicated, and included speech, physical gestures and movement along with physical prompts and the use of objects of reference and pictures and symbols.

Staff told us that each person was supported by a keyworker and the relationship with the individual was positive as staff were always trying to strive and make people's lives more interesting and looking for new opportunities and interests.

People we spoke with told us about a person who was no longer at the service as they had passed away the previous year, people and staff talked about how they had supported each other during this difficult time. A 'memory board' had been set up within the service to remember the person and their life, this was important to people living at the service as several people showed us photographs of the person and wanted to talk about them.

Health care professionals who we contacted as part of the inspection shared with us with their views about the service, informed us that the staff at the service communicated and shared information well, which included information about the activities and events within the service. Information was displayed as to how to make a complaint and information about fire safety.

People's support plans detailed the support people needed to enable them to be involved in making decisions about their care, support and treatment. This included staff making health care appointments on behalf of people and supporting them to attend appointments. Where people had specific communication needs, which included where people's first language was not English then translators attended appointments.

Information was made available to people to support them in understanding their rights and choices to support them in making decisions, which included documentation in an 'easy read' format, using plain English supported by pictures and symbols. This style of information was used for people's support plans, menu's, and the complaints procedure along with other significant documentation. People's support plans detailed the most effective way in which staff could communicate with people, which included the phrasing of words, where staff positioned themselves and additional prompts to be used such as symbols.

Staff were able to provide information to people at a time which would best suit the person as the information was documented within their support plan. An example of this was where a person's anxiety would increase if they were informed of an appointment or event too soon. Staff told us how they supported the person to ensure that they were supported to manage their anxiety.

A person told us that they felt staff treated them like an individual and normal person as they did not treat them like a baby but an adult. They said this made them feel really happy that staff respected them.

Whilst talking to someone they asked us if they could show us their bedroom. They told us they used to have a bedroom upstairs, however because of their health they had moved to a downstairs bedroom. They told us how they had chosen their wallpaper for their bedroom. This showed people were involved in making decisions about their day to day lives and their choices were respected.

Health care professionals who we contacted as part of the inspection shared with us their views about the service, and advised us that in their opinion people were treated with dignity and were respected. And that the approach of staff showed that people using the service were central in how the service was managed on

a day to day basis to ensure people were at the heart of the service.

People can be confident that information about them is treated confidentially and respected by staff as the provider has a policy and procedure which was discussed within meetings and read by staff as part of their induction when they were employed. Records about people were stored securely but were accessible to people who used the service if they wished to look at information written about them. One person took their records from a cupboard and sat with us and talked about their support plan.

The privacy and dignity of people was respected with staff ensuring doors were closed when personal care was being provided and when discussions about personal issues were being discussed with people. Bedroom doors had a sign on them to say please knock before you enter. People's relatives are welcomed to visit as detailed within people's support plans and we read how people were supported to stay in contact with their relatives through visits and telephone calls.

The PIR detailed how the service promoted people's privacy and dignity by ensuring staff received training, which for some staff had included training in supporting people with their end of life care. The provider recorded that people's support plans were written, where possible, with the involvement of people using the service and who are encouraged to sign them or their relative where appropriate.



## Our findings

A person who used the service shared the photographs they had taken of themselves and others on their hand held electronic device, they told us about the parties they had attended and the places they had visited.

A person we spoke with told us they had just returned from having a meal out with staff, they went on to say that they enjoyed playing bowls and that staff supported them to go to a disco. They told us that staff always asked them whether they wanted to do something and said, "sometimes I like to watch 'soaps' on my television in my bedroom." They told us they had been on a holiday the year before and had visited their family as well.

Health care professionals who we contacted as part of the inspection shared with us their views about the service, and advised us that they believe the service provides consistent high quality care, which has the people using the service at its heart, and that the service has a homely feel which is demonstrated through the way people are treated by the staff. A second health care professional told us that they worked as part of a team and felt that the service delivered high quality care and that they did not have any concerns.

We wanted to find out what staff understanding of personalised care was and whether they were able to provide this in a way that met people's needs. A member of staff told us, "personalised care is giving people what they need. If it takes an hour to deliver personal care then that's what it takes." Throughout the day we observed staff responding to people's individual needs at a time that suited them, which included supporting people with personal care who had chosen not to get up until later in the morning, whilst for another it meant responding to their request for have a 'sensory' bath, whilst someone else was supported to have smoke a cigarette in the garden throughout the day.

The provider regularly sought the views of people's relatives, health and social care professionals and staff by the sending out of questionnaires. This enabled the service to assure itself that the service being provided was meeting people's needs. A relative within their questionnaire had written, 'I was asked to attend the Christmas party, it was a well organised event and helped to get the Christmas break started in a positive light, which showed people were supported to maintain relationships with their family and friends by inviting them into their home to take part in festive celebrations.'

Assessments were undertaken on people prior to them moving into the service, these were carried out by a social care professional and a manager of the service to ensure people's needs could be met. Assessments

were used to develop people's support plans, which were regularly reviewed to ensure they met people's changing needs. One person we spoke with told us that the registered and deputy manager had visited them in the place they used to live before they moved and that this was to find out whether they could provide the support they needed at Queens Park Care Home.

Part of the role of staff is to support people in maintaining their independence and their health, which is achieved by staff providing encouragement to people in a range of areas, which included personal care, accessing the wider community and making decisions. Throughout the day we observed staff encouraging people to make decisions about whether they wanted or drink and if so what they wanted to drink. People in some instances who were going out were deciding where they were going and what they wanted to eat. Whilst others were supported to express their opinion as to what they wanted to do within the service, which included watching films projected onto the wall in the activities room, watching television and having a game of bingo. We saw a person in the sensory room playing and singing along to music using the karaoke machine with staff support, the staff interacted with the person to make it a fun and enjoyable activity, with the disco lights flashing.

Staff supported people to go on holiday and take part in day trips, people we spoke with told us they enjoyed the holidays with staff. Social events were also organised by the staff which recently had included a Valentine's Day party, one person told us they had bought a red dress especially for the event.

People were supported to make decisions about their day to day lives, which included ensuring people's independence was maintained and promoted. People's support plans provided clear guidance for staff as to people's independence, which included their ability to manage aspects of their personal care, mobility and decision making. A person we spoke with asked us if we had looked at their support plan, we told them that we had, they said they had sat with a member of staff to talk about their plan and were happy with what had been recorded about their them. This showed that people's aspirations and wishes were acknowledged, enabling them to live a lifestyle of their choosing.

People's hobbies and interests, and information about their lives prior to moving into the service were recorded within their records, this enabled staff to provide person centred care which was based on information gathered about people's lives. We read that a number of people enjoyed listening to music and watching films which included singing and dancing. We saw that people were supported to choose the film they wished to watch. One person with limited communication skills clearly showed their interest as they smiled and laughed to the music.

We sat talking with someone who told us they were going out to buy a TV newspaper and going for coffee, they told us this was something they did every week. A second person told us they were going out for lunch with others who lived at the service. When they returned they told us they had had a good time and had enjoyed their meal.

People's support plans contained information as to how they communicated, which included changes to their behaviour and well-being. For example how staff could recognise that someone was becoming anxious, as the person would speak and ask questions quickly. The support plan stated what staff should do to support the person to help them manage their anxiety; 'Structure time with activities and interests, sit with me and structure my time. Activities make me feel valued as I am making choices and decisions'. Whilst other support plans provided information as to how people communicated when they were in pain. A support plan stated 'I can verbally inform staff and show pain through my body, language and facial expressions.' This enabled staff to respond by supporting the person to rest on their bed or through providing medicine to manage their pain.

People's needs were reviewed with the involvement of staff from the service and external health and social care professionals. Staff at the service recorded changes to people's well-being, which were shared with external professionals. This resulted in people's support plans being revised to reflect changes as to the support people required. We looked at records which provided examples of where people's support plans had been updated following changes to people's needs. These included changes to the medicine people were prescribed that were used to support people with their anxiety and behaviour that challenged.

Staff supported people to access equipment to promote their quality of life and independence, which for some included having an assessment carried out to ensure people had tailor made chairs, including wheelchairs to maximise their comfort and ability to move around. In some instances people required equipment to enable them to receive nutrition and be hydrated, whilst others had equipment to promote their comfort and their health by the use of pressure relieving equipment on their bed, such as an air flow mattress.

Equipment to promote people's safety and that of staff, as well as supporting people to take part in everyday activities of living was provided, which includes hoists to assist people in and out of bed, the shower and bath. Bedrooms in some instances had a ceiling hoist. The sensory bathrooms provided a bath which was height adjustable with the room being equipped with auditory and visual equipment to enable people to listen to music and to watch light shows. The sensory room provided an environment where people could sit or lie down, with music, interactive lights and equipment to stimulate people with complex needs to promote relaxation and stimulation.

The electronic devices used by staff to update and record the care and support provided meant staff were able to respond to people's need for support in a timely manner as they had access to immediate information. This also supported staff in being consistent in their approach to people's care as staff recorded their comments about their interaction with people, which included updating records on people's health following appointments with health care professionals. This ensured people received responsive care which reflected up to date information.

The PIR detailed how the service developed relationships between people using the service and staff by each person having a keyworker to support them in all aspects of their lives and includes spending one to one time.

People we spoke with told us they knew how to complain if they were feeling upset, they told us they would go to the managers in the office or speak with their keyworker, however said they had not made a complaint.

The service has a complaints procedure which is produced in an 'easy read' format, using symbols to promote people's understanding of how to make a complaint. People using the service in some instances have limited verbal communication skills and therefore rely on staff to interpret when they are unhappy or anxious by observing and responding to changes in people's behaviour or mood.

The provider had received a number of compliments, some from student nurses who as part of their training had been placed at the service.

Staff we spoke with told us that they would advocate for people using the service if they believed the person was unhappy or was concerned about anything. Staff told us that the provider and management team had an open door policy. We saw that the management team had a visible presence within the service spending time with people using the service and staff, and we saw a positive and friendly rapport between everyone.

This relaxed and friendly atmosphere promoted an opportunity for people to express their views and opinions and for members of the management team to observe people's well-being.

The PIR detailed how the service had been contacted by a relative expressing concern that in their view during the weekend staff were not as informative and knowledgeable, when the management team were not working within the service. The provider had responded by ensuring that a manager be on duty over the weekend, this showed how the service adapts to people's comments to improve the service people experience.



## Our findings

Links with the wider community and people using the service were encouraged as people who used the service often accessed local services, which included shops. The deputy manager told us that as part of a charity event people using the service had baked cakes and sold them in one of the local shops. The service organises and holds a range of events, which include themed parties to celebrate particular events throughout the year, with people's relatives and friends being invited, along with members of the local community.

Staff were encouraged to share their views through staff meetings and through ongoing supervision and appraisal of their work. Minutes of staff meetings recorded any changes to people's individual needs which provided an opportunity for staff to question their practices and their colleagues in order that the service they provided to people was working well. Minutes also highlighted the expectations of the provider and registered manager of staff in the undertaking of their role to ensure people received a service that met their needs.

We asked staff what communications systems were in place to enable them to work well. We were told that individual supervisions took place, where staff had the opportunity to discuss the needs of people using the service, their personal training and development and suggestions as to the development of the service. Staff told us that they recorded the support they provided to people throughout the day by updating people's individual records on the hand held electronic devices, which enabled all staff to see what support people had received and when.

The provider regularly sought the views of people's relatives, health and social care professionals and staff by the sending out of questionnaires. The provider used the information to ensure that the service being provided was of a good quality and to identify whether improvements were needed. We looked at a sample of the completed questionnaires and found them to be complimentary about the service, and found they included additional comments. 'We have always been made extremely welcome and always been offered refreshments.' 'I feel the staff at Queen's Park Care Home are extremely professional, caring and supportive of my patients; they always go the extra mile to ensure their happiness, safety and well-being.'

Meetings were also held for people using the service with some people attending. Minutes of meetings recorded the issues discussed, which included seeking people's views about the meals, activities and holidays and finding out whether people were happy. Our observations and the reading of records showed that issues discussed were acted upon, which had resulted in 'food taster sessions' to look at changes to the

menu.

We found the registered manager and staff to be transparent and open as any areas of concern identified or expressed were shared with the relevant people, which included relatives of people using the service, health and social care professionals and the CQC in a timely manner. The registered manager works well with external agencies to ensure the service provided is managed well and that people's needs are met.

People we spoke with and staff spoke positively about the managers and told us they communicated as a team well with all getting on well.

Health care professionals who we contacted as part of the inspection shared with us their views about the service, and advised us of that in their opinion that there was a good management team in place, and good communication between all staff at the service and external health care professionals.

The registered and deputy managers and team leaders undertake a range of audits to ensure that people receive a good service and that records documenting people's needs were accurately completed. Audits were also undertaken to check the safety of the environment and equipment. The registered manager supported by the deputy managers and other senior staff oversaw these audits to ensure everyone was working to their role and undertaking the duties as expected of them.

The registered provider and manager used the information gained from the hand held devices carried by all staff that recorded people's care and support to monitor the service being provided. The information was stored centrally through a computer package, which could evidence when support was provided and by whom and what the support provided entailed. This meant that the management team had up to date information, which they could review to ensure people were receiving a high quality service.

The provider had considered how people who used the service could continue to receive the appropriate care and support should an untoward event occur, such as adverse weather, failure of electrical systems or damage to the building which made it uninhabitable. A business contingency plan had been developed which had assessed the potential risk and outlined the action to be taken should an untoward event occur. This showed that the provider would be able to continue to provide the appropriate care and support and keep people safe.

Student nurses undertake placements at the service as part of their nurse training. We spoke with a student nurse who told us that the management team and staff were pro-active in ensuring that their time at the service was a learning experience for them. They told us they had read everyone's support plan and that aspects of people's care had been discussed with them, which had included information as to why support was being provided and how and why it was tailored to meet individual people's needs.

The provider had in place contracts with a number of external companies who maintained systems within the service, which included fire, electrical and gas supplies. We also found contracts were in place to routinely check the quality of the water which included checking for legionella and the disposal of waste.

The provider had a contract with an external company who provided 24 hour advice with regards to health and safety matters and employment law. The contract meant that the provider was made aware of any changes to legislation which affected the business and provided revised policies and procedures to reflect changes. All policies and procedures had been reviewed in 2016.