Greensleeves Homes Trust

Queen Elizabeth House

Inspection report

38 Southborough Road
Bickley
Bromley
Kent
BR1 2EE
Tel: 020 8467 3994
Website: qeh@greensleeves.org.uk

Date of inspection visit: 4 and 5 August 2015
Date of publication: 07/09/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 4 and 5 August 2015 and was unannounced. At our previous inspection in December 2013, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Queen Elizabeth House provides accommodation and residential care for 28 older people, including people living with dementia and with physical disabilities. At the time of our inspection the home was providing support to 26 people. The 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.

People were protected from the risk of abuse because staff had received appropriate support and training which enabled them to identify the possibility of abuse and take appropriate actions to report and escalate concerns.

Summary of findings

People and their relatives told us they felt risks related to individuals care was identified and managed appropriately. Risk assessments were person centred, detailed and responsive to people's needs.

Medicines were managed, stored and administered safely. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work ensuring people were supported by staff that were suitable for their role.

There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people. There were arrangements in place to deal with foreseeable emergencies.

There were processes in place to ensure new staff were inducted into the home appropriately and staff received regular supervision and annual appraisals. Staff were aware of the importance of gaining consent to the support they offered people and the registered manager and staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation.

People were supported to maintain good health and had access to a range of health and social care professionals when required. People's nutritional needs and preference were met.

Staff demonstrated a good understanding of the needs of the people they supported and could describe peoples' preferences in how they liked to be supported. We observed staff speaking to, and treating people in a respectful and caring manner and interactions between people, their relatives and staff were relaxed and friendly.

People received care and treatment in accordance with their identified needs and wishes. Care plans documented information about people's personal history, choices and preferences, preferred activities and people's ability to communicate.

People were supported to engage in a range of activities that met their needs and reflected their interests. There was a complaints policy and procedure in place and information on how to make a compliant was on display in the entrance hall of the home so it was accessible to all.

People and their relatives told us the atmosphere in the home was open, friendly and welcoming. People told us and we observed that the registered manager and staff were approachable. The home and provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis. There were systems and processes in place to monitor and evaluate the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had policies and procedures in place for the safeguarding of adults from the risk of abuse. People were protected from the risk of abuse because staff had received appropriate support and training.

Risk assessments were person centred, detailed, up to date and responsive to people's needs.

Medicines were managed, stored and administered safely.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staffing levels were appropriate to meet people's needs.

Is the service effective?

Good

The service was effective.

There were processes in place to ensure new staff were inducted into the home appropriately. Staff received regular supervision and annual appraisals.

Staff were knowledgeable and able to demonstrate their understanding of the Mental Capacity Act 2005 and DoLS legislation.

People were supported to maintain good health and had access to a range of health and social care professionals when required.

People's nutritional needs and preferences were met.

Is the service caring?

Good

The service was caring.

Staff demonstrated a good understanding of people's needs and could describe peoples' preferences in how they liked to be supported.

Staff spoke with, and treated people in a respectful and caring manner.

Interactions between people, their relatives and staff were relaxed and friendly.

Is the service responsive?

Good

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

Care plans documented information about people's personal history, choices and preferences.

People were supported to engage in a range of activities that met their needs and reflected their interests.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People and their relatives told us the atmosphere in the home was open, friendly and welcoming. We observed that the registered manager and staff were approachable.

The home and provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis.

There were systems and processes in place to monitor and evaluate the quality of the service provided.

Queen Elizabeth House

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.

The inspection was unannounced and consisted of a team of three inspectors 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. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 20 people using the service, eight visiting relatives, ten members of staff including the registered manager and one visiting professional. We spent time observing the support provided to people in communal areas, looked at seven people's care plans and records, staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home and staff were kind and supportive. One person told us "I have lived here for a long time and I feel very safe." Another person said "The staff are very caring and I always feel safe." Comments from visiting relatives were also positive. One relative said "She is absolutely safe here, and the staff always know where she is." Another relative told us "I feel that they are all very safe here."

People were protected from the risk of abuse because staff had received appropriate support and training which enabled them to identify the possibility of abuse and take appropriate actions to report and escalate concerns. Staff demonstrated they were aware of the signs of possible abuse and knew what action to take, should they have concerns. Staff told us that they felt confident in reporting any suspicions they might have. One member of staff said "If I had a concern or worry I would report it to the manager and know I would be listened to." Staff were aware of the provider's whistle blowing policy and knew how to report issues of poor practice.

The provider had policies and procedures in place for the safeguarding of adults from the risk of abuse and a copy of the local authorities safeguarding policy was available for staff reference. We saw that safeguarding concerns were recorded and managed appropriately and at the time of our inspection no safeguarding concerns had been reported within the last 12 months. Information was displayed throughout the home for people to access regarding safeguarding issues and who to contact if people had any concerns. Information was also available upon request in different formats to meet people's needs.

People and their relatives told us they felt risks related to individuals care was identified and managed appropriately. One person told us "Staff know that I have had falls before and make sure I have my walking frame so I don't fall." Assessments were completed to assess levels of risk to people's physical and mental health and care plans contained guidance to provide staff with information that would ensure people were protected from harm by minimising identified risks.

Risk assessments were person centred, detailed and responsive to people's needs. For example one person's health and medicines risk assessment recorded the person required oral medicine to manage their condition. We saw guidance for staff on how to support the person to manage their condition, action they should take if the person became unwell and records of frequent visits from the community nursing team with guidance they had recorded for staff to follow. We also saw a risk assessment in place for self-medicating which the person had signed to show their agreement with their plan of care in managing their condition and related risks. Peoples' weight was regularly monitored and risk assessments were conducted where people were considered to be at risk of malnutrition. We saw that appropriate action had been taken where risks had been recorded. For example, one person's care plan showed that following a period of weight loss, their diet had been supplemented and their food and fluid intake had been monitored and recorded. Records showed that this action had been effective in returning the person to a safe and appropriate weight.

Medicines were managed and administered safely. We observed medicines were administered correctly and safely to people by senior staff trained to do so. One person told us "'They are very particular about medication here. Staff bring them from 8 o'clock onwards and in the evenings after 6pm so I can never forget it. They say the name and quantity of each one. I know mine by heart". Staff we spoke with confirmed they felt they had received suitable medicines training. We looked at medicine training, competency and supervision records for five staff. These confirmed staff received training on an annual basis. Designated staff also received training from an external pharmacy to promote best practice. People's medicines were stored in individual dossette boxes and at appropriate times medicines were administered by staff to reduce the risk of errors. We looked at 11 people's medication administration records (MAR) which listed people's medicines and doses along with space for staff to record when medicines had been given. All MAR's we looked at had been completed correctly with no omissions recorded. We found people's photographs and known allergies were also recorded on MAR's to ensure safe administration.

Medicines were stored and kept safely. We found medicines were locked in secure medicines trolleys. Staff told us and we observed senior members of staff were responsible for holding the key to medicine trolleys. We also found all controlled drugs were safely stored. Staff told us medicines which needed to be refrigerated were stored appropriately in a medicines refrigerator located in the office. We noted

Good

Is the service safe?

all medicines within the refrigerator were in date and stored correctly. We found daily recordings of the refrigerator's temperature had been taken and logged by staff to ensure medicines were fit for use.

Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required to minimise the reoccurrence of risks. For example we saw that one person was at high risk of falls which had been identified by the falls monitoring log completed on a monthly basis by the registered manager. We saw that action was taken by staff to address the risk of recurrent falls and health care professionals visited as a result and discovered the person suffered from high blood pressure which increased the risk of them falling. We also saw that where appropriate people were referred to a community falls service which worked with the home to reduce the risk of recurrent falls.

There were arrangements in place to deal with foreseeable emergencies. People had detailed individual evacuation plans in place which detailed the support they required to evacuate the building in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. They told us that regular fire alarm tests and evacuation drills were conducted and records we looked at confirmed this.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work ensuring people were supported by staff that were suitable for their role. Records we looked at confirmed that pre-employment and criminal records checks were carried out before staff started work. Staff told us that staffing levels were appropriate to meet people's current needs. We looked at staffing rota's which showed that staffing levels were suitable to ensure people's needs were met. Observations during our inspection confirmed that there were sufficient staff available to support and meet people's needs at all times.

There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people. We saw equipment was routinely serviced and maintenance checks were carried out on a monthly basis. Hoists, gas appliances, electrical appliances, legionella testing and fire equipment tests and maintenance were routinely completed. The home environment appeared clean and was appropriately maintained. One person told us "'It is a very, very clean place and no smells at all".

Good

Is the service effective?

Our findings

People were supported by staff that had appropriate skills and knowledge to meet their needs. One person told us "We are very well looked after." Another person said "The staff are good and they know what they are doing." A visiting relative told us their loved one will be 100 soon; "They must be doing something right."

There were processes in place to ensure new staff were inducted into the home appropriately. Newly appointed staff undertook an induction period which included training and shadowing experienced colleagues. One member of staff told us they felt well supported during the induction, and another member of the staff indicated that there were opportunities for further training. They told us "I feel able to do my job; it is hard but good, and satisfying."

Staff told us they were supported in their roles through regular supervision and an annual appraisal of their performance. One member of staff said "I get supervision on a regular basis and I find it helpful." The registered manager told us that it was their expectation for staff to receive supervision every two months. Whilst records we reviewed indicated that this target was not always being met, it was evident that staff were receiving supervision at least once every three months and the registered manager was working toward achieving their expectation.

Training records showed that staff undertook training which the provider considered to be mandatory on a regular basis in areas such as manual handling, safeguarding adults, health and safety, infection control, food hygiene, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where refresher training was required we saw that this had either been completed by staff or the registered manager had taken appropriate action to book relevant training required for staff to attend.

Staff were aware of the importance of gaining consent to the support they offered people and we observed examples demonstrating this during our visit. The registered manager and staff we spoke with were able to demonstrate their understanding of MCA and DoLS legislation. This sets out the action that should be taken to protect the human rights of people who lack the capacity to make decisions. The registered manager told us if they had concerns about a person's ability to make a specific decision relating to their care, they would work with the person in question, their relatives where appropriate, and any relevant health and social care professionals to make the decision in the person's best interest and in line with the MCA. However at the time of our inspection both the registered manager and the staff we spoke with told us the people living in the home had capacity to make their own decisions. We saw this was reflected in the care plans we reviewed which contained evidence of people being involved in decisions relating to their care and treatment.

People told us they enjoyed the meals on offer and that they had enough to eat and drink. One person told us "There is always a good variety and a choice, and they put the vegetable dishes on the table so you serve yourself. There is certainly enough and they will always prepare an alternative, too." Another person told us "The food is good and I can always ask for more." Kitchen staff were knowledgeable about people's specific dietary requirements and planned their meals appropriately, for example, by ensuring diabetic options were available where required. The menu had been developed by staff with the involvement from people. One person told us that they recently had successfully requested a specific dish to be added to the available options.

We observed the lunchtime meal which had been freshly prepared and included options containing fresh fruit and vegetables. Whilst people had selected their choice of meal from the menu the previous day, we saw that they were able to change to another option at short notice if they so wished. Adapted cutlery was available for people to help maximise their independence when eating. Most people did not require any support during mealtime but we saw staff were available and offered assistance in a relaxed and unhurried way where requested. Peoples' weights were regularly monitored and risk assessments had been conducted where people were considered to be at risk of malnutrition.

People were supported to maintain good health and had access to a range of health and social care professionals when required. One person told us that they had informed staff of a healthcare issue they were having and that "They told the doctor who got in touch with me straight away." Records showed people were referred to a range of healthcare professionals when needed, including a doctor, district nurse, chiropodist, dentist, optician and

Good

Is the service effective?

audiologist. People's care plans contained notes of any contact with healthcare professionals and we saw people's care plans had been adjusted where required in accordance with their advice.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the support they received from the service. One person told us, “This is a friendly place and the staff are all caring.” Another person commented, “They [staff] look after me well here.” A third person said “I am very happy to be here, they [staff] are marvellous.” A visiting relative said, “The staff seem friendly, attentive and helpful all the time.” The registered manager told us that relatives and friends could visit whenever they wished and this was confirmed by visiting relatives we spoke with. One relative told us, “We are all very welcome here, anytime.” Another relative said “You can wander in and out as you like. I come in at all odd times.”

Throughout the inspection we observed staff speaking to, and treating people in a respectful and caring way. Interactions between people, their relatives and staff were relaxed and friendly and staff worked with people in an unhurried manner. One person told us, “The staff are full of fun. They joke with us and each other.” A visiting relative described an example of the care showed to them and their loved one, telling us, “They passed a card around to all the residents who signed it when she was in the hospital. The home were not only good to her, they were good to us as well.”

Staff demonstrated a good understanding of the needs of the people they supported and could describe people’s preferences in how they liked to be supported. We saw that their descriptions were consistent with the preferences recorded in each person’s care plan and that care plans were individualised, reflecting the views of people and their relatives. People and their relatives told us that they had been consulted about their support needs and they felt involved in their care. One person told us, “They go all through it with you and you can make suggestions.” One relative said, “I asked them to phone me, to talk about how she was getting on. The six week review went well and they said she was settling down. We were pleased.”

People’s end of life care needs and wishes were documented and contained within their care plans to ensure wishes and choices were respected. For example, one person had recorded that they wished to have a ‘quiet’ funeral with no music played at all. People’s religious and cultural preferences were also recorded to ensure people’s needs were met.

Staff were aware of the importance of respecting people’s privacy and dignity and could describe how they worked to ensure these were maintained, for example by ensuring doors and curtains were closed when supporting people with personal care. One person told us, “Staff are respectful of me.” Another person said “They [staff] are amazing. They know me well and how I like things to be done.” We observed staff knocking on people’s doors before entering and seeking permission before carrying out any tasks or offering support.

Relationships between staff and people using the service were positive and we saw caring interactions throughout the course of our visit. We observed one member of staff seeking people’s menu preferences and sharing jokes about the menu options with people. In the dining room we saw one person who had previously said that they did not wish to leave the table, but was patiently helped as soon as they said that they could not get up from the table.

Good

Is the service responsive?

Our findings

People told us they were involved in the planning and agreeing their care before admission into the home. One person told us, "I visited the home before I moved in to see if I liked it. Staff were very good in helping me settle in." Pre admission information was available for people contained in a 'welcome folder' which had been developed with involvement from people who were currently living at the home. Information included the provider's values, facilities in the home and what people can expect in terms of care and support from the service.

People received care and treatment in accordance with their identified needs and wishes. One person said "I am able to do quite a lot for myself and staff know that and support me when I need it." Another person told us "They [staff] involve me in my care plan and all the support I need. They are very good."

Care plans provided guidance for staff about people's varied needs and how best to support them whilst promoting choice and enhancing independence. For example one person's care plan recorded their preference to sleep on the edge of their bed; however this had resulted in a fall. As a result and in keeping with the person's preference a sensor mat was fitted on the floor in their room so staff would be alerted and able to respond promptly if the person suffered further falls. Details of how people liked to receive care and support were documented in care plans and focussed on people's levels of independence. For example choosing and getting own clothes out of the wardrobe before being supported to get dressed, or brushing own teeth if supported to put toothpaste on toothbrush. Choices were also clearly indicated in care plans such as people's preferred bed times and morning preferences such as 'doesn't like to be disturbed early'.

Care plans documented information about people's personal history, choices and preferences, preferred activities and people's ability to communicate. For example one care plan documented that the person enjoyed attending a local choir and recorded how staff supported them to seek travel arrangements so they were able to attend. A visiting relative commented "I'm very pleased that they [staff] are interested in her, and have been asking about her earlier life and history." Care plans showed people's care needs were regularly assessed and reviewed in line with the provider's policy. One person told us "You can see your care plan. We have a review every month. They go through it all." Daily records were kept by staff about people's day to day wellbeing and activities to ensure that people's planned care and support met their needs and to identify any changes in people's health and care.

People's diverse needs, independence and human rights were supported and respected. People had access to equipment which enabled greater independence. For example hoists, slings and wheelchairs. People were encouraged to personalise their bedrooms with personal belongings and furniture making it a reflection of their personality and more familiar and comfortable for them.

People were supported to engage in a range of activities that met their needs and reflected their interests. We observed the lounge had a piano in place and during the morning we saw a resident playing several tunes for others who were seated in the lounge area. There was also a computer available for people's use which had internet access and easy to use controls and buttons. There was a well-stocked film library which was organised by one person using the service who enjoyed presenting a film night every evening. One person said "I enjoy watching a film in the evening. We all chose what to watch and sit together."

People were supported to engage in organising and assisting to run services within the home. We saw many people were encouraged to have their 'own jobs' and we observed purposeful activities undertaken throughout the course of our visit. For example one person was the 'post lady' and another person was supporting to prepare the dining room by folding napkins whilst a third person prepared the tables. We also saw two people organising and running a sweet shop which was located in the reception area of the home. One person who ran the shop told us, "I also show people around the home when they visit to see if they would like to live here."

There were planned activities within the home and we saw visiting entertainers were a regular occurrence. On the first day of our visit we observed the morning activity was an informative speaker, who spoke about explorers. One person said, "It is always interesting to get someone in to talk." Another person said, "We get all sorts of speakers." A visiting relative told us, "There is always so much going on

Good

Is the service responsive?

here." Another relative commented on the artwork his loved one liked to do and two people told us of the fetes the home put on, saying, "They [people and staff] work hard to put them on."

There was a complaints policy and procedure in place and information on how to make a compliant was on display in the entrance hall of the home so it was accessible to all. Information provided guidance on the complaints handling process and how complaints could be escalated. People told us they knew how to make a complaint if they had any concerns. One visiting relative said, "No complaints, only praise for them." Another relative told us "I would go straight to the manager, but I've no concerns at all." Records we looked at showed there had been five recorded complaints within the last twelve months. Complaints were clearly recorded and the registered manager maintained a record detailing any investigation undertaken and actions taken in response to complaints. We also saw a comments box located in the reception area to provide another opportunity for people to give feedback about the service. The registered manager confirmed that this was not often used by residents or visitors as people were more likely to raise concerns with staff or themselves directly.

Good

Is the service well-led?

Our findings

People and their relatives told us the atmosphere in the home was open, friendly and welcoming. People told us and we observed that the registered manager and staff were approachable. One person said "You can always go to her [manager], she is always available." A visiting relative told us "'She [manager] is dynamic and into what is good for all of the residents. She worked really hard when the doctor here gave short notice that he couldn't do it anymore. She found other doctors for them all really quickly." Another relative said "The manager was persuaded to sing at the Christmas party and had a good, real gospel, voice." A third relative commented "We met her at the review meeting and before as well. She was lovely."

Staff spoke positively about the registered manager and the support they received. They told us that the registered manager promoted an open culture which encouraged feedback from staff to help drive improvements. One member of staff said "It's a good company and very open. I feel supported and we try not to bother the manager to much as we know what to do. It's important that we all work together as a team and if someone needs help, we are there for them." During our visit we observed positive team work within the staff team helping each other to ensure people's needs were met.

We spoke with the registered manager who had been in post for two years and knew the service well. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. Staff handover meetings were held three times a day which provided staff with the opportunity to discuss people's daily needs and to allocate tasks. '10 at 10' daily meetings were attended by the registered manager and senior members of staff and provided an opportunity for senior staff to discuss any concerns or needs in depth. General staff team meetings were held on a monthly basis and were well attended by staff both day and night workers. There was also a 'heads of department' monthly meeting which included the chef, maintenance workers and domestic staff.

The home and provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis. The home participates in the 'Your Care Rating' initiative which was established so that people living within a care home were given an opportunity to provide views and feedback by an independent and confidential survey. We looked at the results for the 2014 survey conducted in October 2014. Results were very positive showing that 96% of people were happy with the quality of food served at meal times, 95% of people were happy with the way staff responded and managed complaints, 96% of people were happy with the care and support they received and 100% of people thought the home was clean and tidy. Action plans were developed to address any actions required.

There were systems and processes in place to monitor and evaluate the service. We spoke with the registered manager who showed us audits that were conducted in the home on a regular basis. These included monthly maintenance and safety checks, care plan audits, medication audits both internally and externally, Infection control audits, care needs and dependency audits and incidents and accidents audits which were analysed for learning purposes. Audits we looked at were up to date and records of actions taken to address any highlighted concerns were completed.

There were also monthly 'head office visit reports' which were essentially collections of quality assurance audits within the home. Each month a manager or another member of head office staff conducted a visit at the home looking at various audits and management review activities undertaken. They also spoke with people using the service and staff to seek feedback. Action plans were implemented where areas for improvement were highlighted and actions taken were reported on at the next visit report.

Residents and relatives meetings were held on a quarterly basis providing people with the opportunity to be involved in the way the service is run and to enable people to have a voice. One person said "I go to the meetings as I like to know what's going on." A visiting relative told us "There are meetings and I get updates. The residents tell me what is going on." Another relative said "There are meetings every couple of months for families." We looked at the minutes for the relatives meeting which was held in July 2015. Discussions included staff recruitment update, refurbishment of the home and in particular bathrooms, planned garden party and future activities and events.

The registered manager told us about the home's external recognition and accreditation. This included being an Eden

Good

Is the service well-led?

Registered Home, classified as 'well-established'. The Eden Alternative is an international, non-profit organization dedicated to creating quality of life for older people wherever they live. The home was also a 2013 finalist in the Great British Care Awards in both the 'Dignity in Care' and 'Putting People First' categories. The registered manager told us they were also working on improving communication and links with the local community and local services.