National Society For Epilepsy(The)

Queen Elizabeth House

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 27 and 28 January 2016. It was an unannounced visit to the service.

We previously inspected the service on 7 March 2014. The service was meeting the requirements of the regulations at that time.

Queen Elizabeth house is a nursing home which provides care for up to twenty people with epilepsy, learning and/or physical disabilities. The home is a purpose built bungalow and consists of an eight bedded and 12 bedded unit. At the time of our inspection there were seventeen people living in the home.

There was 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.

We received positive feedback about the service. Comments from people and relatives included: "The care is fantastic here", "Feel like the staff and people living here are family, we are very happy with the care provided and don't want anything to change", "Staff have the right attitude, intelligence and empathy to support our family member".

People told us they felt safe. Relatives were confident people were safe. Staff were trained in safeguarding and policies and procedures were in place to support safe practice to safeguard people.

Accident/ incidents and risks to people were appropriately managed. People's medicines were handled safely and daily checks were in place to pick up any discrepancies in medicine administration.

People had access to a wide range of healthcare professionals. Staff were responsive to changes in people's health and well- being. They sought advice in a timely manner to prevent deterioration in people. People were provided with specialist equipment to promote their independence and keep them safe.

People had care plans in place which provided guidance for staff on how people were to be supported. Care plans were person centred, informative and kept under review. Staff had a good awareness of people's needs and risks. They knew how they liked to be supported and support was in line with the guidance provided.

People felt cared for. Relatives were happy with the care provided. Staff were observed to be kind, caring, enabling and had a good relationship with the people they supported. People were supported to take part in activities. Activities were being developed to provide a more varied programme of activities for people.

Safe staffing levels were maintained and agency/ bank staff were used to cover gaps in the rota. Staff were

inducted, trained and supported in their roles to ensure they worked to the vision and values of the service. Bespoke training was provided to provide staff with the knowledge and skills they needed to support individuals with more complex needs. Safe recruitment practices were promoted to ensure staff had the right skills and attributes for the role.

The home was clean, well maintained and kept in a safe condition. Equipment was cleaned and regularly serviced.

People, relatives and staff were all complimentary of the registered manager. They felt the home was well managed. They described the registered manager as "Accessible, approachable, outstanding, fantastic, helpful, friendly, kind, gifted and amazing". The registered manager was a positive role model to the staff team. They had worked hard in developing the staff to work as a team, they were proactive in addressing issues and finding solutions, they had facilitated improvement in a person's well -being, they had introduced innovative ideas in relation to training and inductions and remained committed to providing the best care for people.

The registered manager and provider audited the service to ensure it was safe, effective, caring, responsive and well-led. People and their relatives were given the opportunity to feedback on the care provided to further promote safe practice. Records were suitably maintained and policies and procedures were in place to guide staff practice.

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 harm because staff were suitably trained and procedures were in place to ensure staff knew what to do in the event of abuse.

People's likelihood of experiencing injury or harm was reduced because risk assessments were in place which identified areas of potential risk and accidents and incidents were appropriately managed.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who were suitably inducted, trained and supervised in their role.

People were supported to make decisions about their day to day care. Decisions made on behalf of people who lacked capacity were made in their best interests/ in accordance with the Mental Capacity Act 2005.

People had access to a range of health professionals to ensure their health needs were met.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. Staff interacted with people in a kind, gentle and caring way.

People's privacy was promoted and their wishes and preferences were taken into account in the way their care was delivered.

People were supported to be involved in their care and were provided with the information and explanations to enable them

to make decisions on their care.

Is the service responsive?

Good

The service was responsive.

People were assessed prior to admission and care plans were in place which provided guidance for staff on how people were to be supported.

People had access to activities suitable to their needs and preferences.

People were provided with the information to enable them to raise concerns and complaints.

Is the service well-led?

Good

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager.

People's records were maintained and fit for purpose.

The service was audited and monitored to make sure it met people's needs safely and effectively. Actions were taken to address shortfalls identified through their auditing.

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.

This inspection took place on 27 and 28 January 2016. This was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

At our previous inspection on the 7 March 2014 the service was meeting the regulations inspected

Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the previous inspection reports of the home and other information we held about the home. After the inspection we contacted health care professionals involved with the service to obtain their views about the care provided.

During the inspection we spoke with three people living at the home. We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to other people in the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke to the two administrators, seven staff which included a registered nurse, a team leader, four support staff and the registered manager. We spoke with three relatives during the inspection, received written feedback from two relatives and spoke with a further two relatives after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included five care plans, medicine records for five people, five staff recruitment files, accident/incident reports and audits. We observed staff practices and walked around the home to review the environment people lived in.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us of a situation where a staff member was not nice to them and the registered manager dealt with it. Another person commented "I do feel safe here, staff look after you and they know when something is wrong".

Relatives told us they felt reassured that their relative was safe and staff supported them to keep people safe. One relative told us they believed that their relative was 100 percent safe at the home. They commented "I know I can leave and not feel the need to look back or worry as I know "family member" is safe". Another relative commented "I feel my "family member" is cared for safely and gently".

Staff were clear about what was considered abuse. They were aware of their responsibilities to report any incidences of alleged abuse. The provider had policies and procedures in place in relation to safeguarding. People had access to information about safeguarding and how to stay safe. Safeguarding posters were displayed on notice boards to inform people who used the service what to do. Staff told us they had received training in safeguarding adults. We looked at a sample of staff training records. We saw staff had safeguarding of vulnerable adults training and updates were being booked for staff who needed it.

People's care plans contained risk assessments. These were person centred and addressed risks in relation to nutrition, malnutrition, pressure sores, choking, moving and handling, behaviours that challenged, epilepsy, finances, individual risks at night and other specific risks for individuals. Management plans were in place to manage the identified risks. Each person had a personal emergency evacuation plan in place in the event of a fire. Risk assessments were up to date and showed evidence of being reviewed as needs/ risks changed. Staff were clear of people's risks and actions required to minimise risks. We observed staff supported people in line with risk management plans to minimise risks especially at mealtimes.

We viewed the accident and incident records. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Accident /incident records were completed and interventions recorded. These were checked and signed off by the registered manager. The registered manager had commenced a log of accidents and incidents for each person. This enabled them to pick up trends in accidents. We saw the audits of accident/ incident forms had resulted in a person's care plan being updated and action taken to prevent reoccurrence. Staff demonstrated during discussion with us they had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

A health professional involved with the home commented "The registered manager ensures that incidents / near misses are reported and the necessary changes are implemented to ensure that the environment is a safe place to work and safe for residents".

Another health professional told us the registered manager had implemented changes in procedures to ensure that staff and resident's safety and well-being were being met. They gave us an example of a person with behaviours that challenged which they described as both disturbing for the person and the staff. The

registered manager had implemented a system that ensured staff had adequate breaks and also emotional support when needed. The registered manager had asked for therapy input, consultant input, medication review and further medical investigations to attempt to improve the person's quality of life. The health professional commented "This strikes me as an intelligent, holistic approach to care, looking at all areas of need".

People were kept safe from the risk of emergencies in the home. Records were maintained which showed the first aid boxes, oxygen and defibrillators were checked and fit for purpose. The home had a risk assessment document which identified environmental risks and how these were managed to promote people's, staff and visitors safety. This was reviewed and up to date. Each unit carried out a range of health and safety checks of the environment and fire safety checks, including fire drills. The last fire drill recorded for one unit was on the 11 November 2015. Fire safety and moving and handling equipment was regularly serviced and safe to use.

The home had a draft contingency plan in place which was being developed. The aim being to provide guidance to staff on the action to take in the event of a major incident at the home such as fire, flooding, electric, gas or water supply failure. Staff spoken with were clear of their responsibilities in relation to health and safety. Each unit had an emergency pack by the entrance to the home which staff were aware to take with them in the event of a fire. This provided staff with key information on people as well as a floor plan of the home and contact details for families and management.

The home was clean and areas of the home had been decorated. It was warm, bright and welcoming. There were pictures and stickers on the wall which made it feel homely and reflective of people's tastes. We viewed a sample of bedrooms. They were nicely decorated and personalised. Bedrooms had an en-suite shower and communal bathrooms were provided on each unit. A refurbishment plan was in place and maintenance issues were reported and dealt with. Each unit had a cleaner and staff were responsible for supporting people to clean their bedrooms. Cleaning schedules were in place which showed equipment was cleaned and safe to use. Staff were trained in infection control and clear of their responsibilities to prevent cross infection. A health professional involved with the home told us during an outbreak of respiratory infections they witnessed diligent use of sanitising gel by staff on entering and leaving bedrooms to prevent cross infection.

People were supported by staff to take their medicines. People's care plans outlined how people took their medicines. The registered nurses were responsible for the management and administration of medicines. We saw medicines were given as prescribed. Daily audits of medicine records took place which enabled them to pick up any gaps in administration of medicines in a timely manner. Alongside this a more in depth medicine audit was completed monthly. We saw some people required their medicine to be given covertly. The decision to do this was made at a best interest meeting and signed off by relevant professionals involved in the discussions and the person's care.

Medicines were suitably stored and records were maintained of medicines received and disposed of. We saw one person's protocol on the emergency medicine to be given in the event of a seizure was not as prescribed on their medicine administration record. The registered nurse told us they would administer what was prescribed as opposed to what was written on the protocol. The registered manager confirmed they would contact the consultant involved in the person's care to seek clarification and to ensure the protocol is updated to reflect the emergency medicine that is prescribed. The registered manager also requested that the registered nurses review all of the protocols to ensure they correspond with the prescriptions. The nurses confirmed they had done that and all of the other protocols and prescriptions were correct.

People told us there were sufficient staff to meet their needs. Relatives told us they thought the required staffing levels were maintained and were confident one to one care for their relative was maintained. Another relative told us a lot of effort had gone into recruiting staff and ensuring they had the right skill mix available. They commented "Starting to see the real benefits of that now". A third relative told us that when they visit there always seem to be sufficient staff around to take care of residents.

The registered manager had established the required staffing levels to meet people's needs. They had put guidance in place as to how people on one to one care were to be supported. Records were maintained to ensure one to one care was provided. We looked at the rotas for a three week period. We saw a registered nurse, team leaders and support staff were rostered on each unit daily. The home had eight registered nurse vacancies and five support staff vacancies that they were actively trying to recruit into. Agency and bank staff were used to cover the vacancies to ensure the required safe staffing levels were maintained.

The home had separate administration staff and the clinical nurse manager, registered nurses and team leaders were given allocated administration days to complete administration tasks as part of their role. The home had a housekeeper who was responsible for meal preparation Monday to Friday. Support staff took on this role at the weekends. Support staff were responsible for people's laundry and this was mainly done at night. Staff told us they thought the staffing levels were sufficient to enable them to support people adequately. One staff member raised concerns with us about support staff being expected to do laundry and prepare meals in the evenings and at weekends. They felt this impacted on support available to people. This feedback was given to the registered manager to explore further with staff.

The service followed safe recruitment practices. Staff told us they had completed an application form, attended for interview and could not commence work until the required checks had been obtained. Staff files included application forms, records of interview, appropriate references and a recent photograph. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. We saw registered nurses had their registration number checked with the Nursing and Midwifery Council. A system was in place to highlight when this was completed and a recheck was due.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One relative told us they felt confident staff were suitably skilled and trained. They described staff as having the right attitude, intelligence and empathy to support their family member. Another relative told us the registered manager had put a lot of effort into supporting staff which they saw benefitted people.

A health professional involved with the home told us the registered manager had developed a very committed and loyal staff team.

The registered manager and the learning and development officer had identified and delivered bespoke training to staff. They had delivered training on preventing challenging behaviour from extreme anxiety disorder to enable staff to positively support a person. At the time of the inspection bespoke training on autism was taking place which involved the training department, the person and their relative. The relative was very positive after the training session and commented "It was a good example of best practice and very innovative". The trainer commented "I was impressed with the knowledge that some of the staff present had of the individual and how well they knew the persons support plan and for the newer staff their keenness and motivation and eagerness to learn. It is not always an experience for some staff, talking so intimately about an individual in front of their parent, but in this situation everyone engaged and listened and communicated freely and it was very positive all round".

Staff told us they had the training and skills they needed to meet people's needs. They confirmed they had completed an induction which included induction training and worked in a shadowing capacity alongside more experienced staff. They felt the induction provided them with the training they needed to do the job and they further developed their skills and knowledge whilst doing the job. The registered manager had instigated the making of a DVD for new staff, including bank and agency staff. We watched the DVD and saw it welcomed staff to the home, explained to them what they needed to be aware of in relation to people's care and risks. It also reinforced to them why they were there and the ethos of the service.

The training and development officer told us they were planning on carrying out observation on staff to establish if training provided at the induction was being put into practice and to further address any gaps in staff practices. We were provided with confirmation after the inspection that the observations of staff practice had commenced. The trainer described the sessions as a real joy to be part of. They commented "It was so lovely to see staff and residents smiling faces, everyone looking like they wanted to be there, motivated, enjoying the activity and really engaging with the residents and bit of appropriate humorous banter". "Really keen and motivated staff engaging in fun times with residents, encouraging independence and involving and including everyone".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff completed training the provider considered to be mandatory such as Mental Capacity Act 2005, Deprivation of Liberty safeguards safeguarding of vulnerable adults, fire safety, food handling, moving and handling, epilepsy, safe administration of buccal medicine, health and

safety, infection control and pressure care awareness. Staff were trained in training specific to their roles such as supervision and appraisal training, positive approaches for managers, leadership and management training. Staff were trained, assessed and deemed competent in tasks such as medicine management, use of the defibrillator, oxygen and percutaneous endoscopic gastrostomy feeds. Records were available to confirm staff had been signed off as competent but the record of the assessments were not available. The home had a high number of new staff and had identified they had a number of staff who required training. They were actively booking staff on next available courses and requesting courses if they were not scheduled. Staff told us they were clear of their roles and responsibilities. They were aware what tasks they were responsible for and what tasks they could not do as considered a nursing task.

A health professional told us staff could have a better understanding of equipment and they felt this was a training need. They commented "Staff could possibly be empowered by providing more training and increased responsibility". Another professional told us there was a lack of leadership, organisation and managerial skills in the team leaders. They told us communication between the team leaders and them had often been poor, with a lack of response to emails, phone calls or requests and a lack of response to end-of-case reports which implied to the professional no one was reading them. This feedback was given to the registered manager to enable them to address it.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. They told us they felt well supported and could go to the registered manager, registered nurses and team leaders with any issues or concerns they had in between supervisions. We looked at a sample of supervision records. We saw new staff were provided with regular one to one meetings. The meetings were used to work through the induction standards and sign off aspects of their induction. Performance and competency issues were also addressed in supervisions and records maintained of actions agreed. The organisations policy on supervisions outlined that supervisions should take place every six to eight weeks. The registered manager told us they recognised supervisions were not taking place as frequently as they should. They had put measures in place to address that moving forward. We saw staff had an annual appraisal and review of their performance. New staff underwent probationary reviews prior to being confirmed in post.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. People's care plans outlined whether they had capacity or not. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. We saw a decision not to resuscitate was made within a best interest meeting with the relevant health professionals and in consultation with family members. Staff were trained in the Mental Capacity Act 2005 (MCA) and demonstrated they had a good understanding of the act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS aim is to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. It ensures the service only deprive someone of their liberty in a safe and correct way and this is only done when it is in the best interest of the person and there is no other way to look after them. The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body. Staff had been trained in DoLS. They had a good understanding of what it meant and how it related to the people they supported.

A health professional told us "Best interest / DoLS meetings are performed when appropriate".

Systems were in place to promote good communication within the team, with the people who used the

service and their relatives. The registered manager had organised a team building day to promote team working. As a team they had agreed house agreements for staff and with the people using the service. These were displayed on notice boards throughout the home. Handover, team meetings and clinical review meetings took place and staff were encouraged to contribute to those. Staff told us they felt they worked well as a team and issues within the team had been addressed. One staff member still had issues around the laundry and cooking responsibilities and this was feedback to the registered manager to address. The registered manager told us when they started working at the home they met with each relative to develop and open up communication with them. We saw relatives were updated by email of what was happening in the home and they were invited to relative meetings to further promote their involvement. Relatives told us they felt informed and told us communication between them and the home was really good. One relative commented "I feel very well informed about my "family members" care and from a wider perspective about plans for the home, staffing and changes".

We saw in people's files they had access to other health professionals such as the GP, dentist, optician and podiatrist. Health professionals such as consultants and psychologists visited the home and people had regular input from the therapy services department on site such as the occupational therapists, physiotherapists and speech and language therapists. The registered manager held clinical review meetings with therapist to discuss progress, set-backs and agree on assessments for equipment to promote people's safety and independence. We saw the therapists took an active role in writing the guidance in people's care plans including pictorial guidance on how to position people and support people with meals. Staff were aware of how people liked to be supported. We saw they worked to the guidance outlined in people's files. People had access to aids and equipment such as alarms and mats and adaptations were made to people's bedrooms to promote their safety and well-being. A health passport was in place which staff took with them when people went out of the home or if the person required hospital treatment. These were updated and reviewed as people's needs and medicines changed. Relatives told us they were always informed if their family member was not well and if they required hospital admission.

Two professionals told us people did not always attend therapy sessions. One professional commented "A greater awareness by support staff of therapy appointments would improve the use of therapy time". Another professional commented "Staff are often unaware of appointments for people and they arrive 15-20 minutes late (if at all). Sometimes, a person arrives at the therapy department with support staff unaware of the location or session they are attending". This feedback was given to the registered manager. We were provided with evidence that they had immediately addressed it with their team and put measures in place to prevent reoccurrence.

Another professional gave us an example of good practice. They told us a person had a fall. The therapy team were contacted immediately to assess the situation. They were able to offer advice and implement changes to minimise the risks. The support plan was amended and acted upon with the team leader taking responsibility for this.

Another health professional commented "The staff or management, that I deal with are very pleasant and know residents well and articulate any concerns coherently".

Some relatives were happy with the meals provided, other relatives were not. One relative commented "The meals are terrible, they are horrible". They told us their family member had put weight on which was not in their interest to do and that in their opinion the meals were not nutritionally balanced. They commented "People got things like pasties and potato wedges together and they felt this was an overload of carbohydrates in one meal". The home used an external company to provide prepared meals. A designated staff member was responsible for developing the menus, ordering the meals, storing, cooking and serving

the food. We saw a menu plan was in place. This showed the meals were varied although some meals did include two carbohydrates. For example during the inspection people had macaroni cheese and potato wedges together.

One of the three people we spoke to told us they were happy with the meals provided. One of the people told us they did not like the meals and as a result was supported by staff to do their own menu and meals. Another two people had also opted out of the prepared meals and they were supported by staff to do their own menu and meals. Food provisions such as bread, milk, cereals, eggs, fruit and tinned foods were purchased at local supermarkets. We were told people who did not like what was on the menu were offered other options. There was a stock of food available to enable them to have an alternative meal option. The registered manager told us a review of the external meal provider was due and this would be an opportunity for them to consider other options to improve the quality of the meals provided.

We observed meals being served and people being supported with their meals. We saw staff engaged, supported and encouraged people to eat their meal. Equipment and aids were provided for people who required them to enable them to eat their meals independently. People's care plans outlined their nutritional needs and the support required with their meals. Systems were in place to record people's fluid intake. Guidance was provided on individual's required minimum and maximum fluid intake. The fluid charts were well completed, audited and action taken to address gaps in recording.

A health professional told us they had been working with Queen Elizabeth House for 4 years and had residents there who are either being fed via a tube or residents who require advice on needing to gain weight. They commented "Every time I visit the team manager or the nurse in charge are always present at my meetings where they have all the information on resident's weight history/ bowel history/food intake/tube feeding regime. I have especially noticed the staff are very keen to learn and improve on their care to residents and are always getting in contact with me to check that they are following my advice appropriately and also that if they feel the resident may require a review of their nutritional status again, they will contact me too".

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us staff were more friendly and more helpful than they used to be. They commented "This did not happen before the current manager was in post".

Relatives told us they were very happy with the care their family members received. One relative told us they felt good about the care their family member currently received. They commented "Staff are around more, they engage more and spend time reading stories to their family member which they knew they enjoyed". Another relative described the care as "Fantastic". They told us their family member was very happy there. They commented "Staff knew them well and read them like a book". A third relative told us they believed their family member was happy at the home and well looked after. They commented "Feel like the staff and people living here are family, we are very happy with the care provided and don't want anything to change". A fourth relative commented "Staff are responsive, there is a warm and caring atmosphere and they get to know people well". They told us staff are very gentle with their family member, they talk to them while supporting them to get dressed, washed, fed and take their medicines. They commented "Staff help them to look lovely and are thoughtful about them". A fifth relative commented "Staff at Queen Elizabeth house are very friendly, we are on first name terms with everyone, they are all very attentive to resident's needs".

Professionals involved with the home described staff as caring. One professional told us "Queen Elizabeth house is a warm and caring environment and the staff strive to provide good quality care to people to maintain their dignity and improve their quality of life". They commented "Staff demonstrate kindness and respect for people and do advocate on their behalf if necessary. The general feeling is that staff enjoy working there and want to do the best they can to support people". Another professional told us "Staff demonstrate kindness, gentleness and respect for people whilst providing personal care".

A professional gave us an example of how staff demonstrated they were caring. They told us a support worker was adhering closely to the guidelines in a person's support plan. This was in order to prevent admission of the person to hospital following a chest infection. They told us after they had listened to the person's chest and confirmed the person's condition was improving, the support worker left the room and they heard them cheering. This demonstrated to the health professional a very emotional representation of caring.

People appeared happy and contented. People who could not communicate verbally with us were smiling and making gestures that suggested they were happy. Staff including agency staff had a good knowledge of people, their needs and risks. This was evident in the relationship they had with people and in the way they supported them.

People's dignity was respected by staff. We observed staff interacted positively with people. They appeared kind, gentle and caring in their approach whilst enabling and supporting people to be independent. They provided people with good eye contact, reassurance and encouragement whilst engaging, smiling and supporting people. People's care was not rushed enabling staff to spend quality time with them. Staff were

patient and allowed people plenty of time to complete tasks such as eating and drinking. People looked nicely presented, groomed and generally well cared for. We observed one staff member fed a person their pudding. The person did not require feeding and therefore their independence was not promoted. The registered manager was informed of our observation. They agreed to discuss it with the staff member who was still on their induction.

A person who used the service was the designated dignity champion for the home. There were posters with a photograph of the person displayed throughout the home informing people of this. The person told us what their role entailed and described it as "Talking up for other people who could not do that themselves to ensure they got good care". People who used the service had contributed to and agreed rules they expected staff to work to in relation to how they expected staff to act and how they wanted to be treated. This promoted people's involvement and well- being.

Staff knew people's individual communication skills, abilities and preferences. We saw they used prompts and aids to support people to make choices and decisions in relation to their day to day care. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. Pictorial guidance and procedures were displayed on notice boards throughout the home to promote people's involvement. People's views were sought and considered through care reviews and annual surveys.

A health professional commented "The affection that many support workers in Queen Elizabeth House demonstrate to the people they support is commendable. They are caring, but sometimes overlook the need to attend to the emotional and mental well-being of the person through person-centred communication and social activity". They gave an example where they had observed very little engagement or interaction from support staff with people who are profoundly disabled. They said the home had booked times for sensory room use, but rarely do they bring people to take advantage of the facility. This feedback was given to the registered manager to address.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. We saw when people were unwell staff were genuinely concerned for them, checked on them and supported them regularly throughout the day. They supported one person to attend a GP appointment to further promote their well-being.

People's preferences and wishes were taken into account in how their care was delivered. Families had been consulted and information had been obtained about people's personal histories, which enabled staff to offer person centred care and have an understanding of people's backgrounds and what was important to them

People told us their privacy and dignity was respected. They told us staff knocked on their bedroom doors and called them by their preferred name. We observed staff were respectful towards people. They always acknowledged people and were discreet and courteous during conversations with people which promoted their privacy and confidentiality.

People's visitors were made welcome and were free to visit any time of the day or night. One relative said "I am always made to feel welcome. Staff should be complemented for the way they look after our family member and us a family too". Another relative told us their family member faced timed and kept in regular touch with them that way.

People's bedrooms were personalised and decorated to their taste. They were all individualised and

reflected the person's likes, hobbies and interests. They included photographs of their family members and people that were important to them. One person had got new furniture which they were involved in choosing.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Information had been obtained from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Reviews of the placement were scheduled to take place to ensure the service could meet the person's needs. A relative told us the admission of their "family member" went smoothly. They commented "Communication was good throughout and issues were acted on as they occurred".

Relatives told us they contributed to and were involved in developing their family members care plans. They told us they were invited to the annual reviews and felt well informed of their family members care. One relative commented that "They felt their views and opinions mattered". People told us they had a keyworker and were able to tell us who that was. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. Relatives were aware of their family member's keyworker. They told us they had a good relationship with them and they kept them informed. One relative described their family member's keyworker as "Excellent, supportive and keeps in regular touch with them". Another relative commented "The key worker system really works, one of the key people take great care of my family member's clothes and personal items and maintains contact with me which I very much appreciate".

A Health professional gave examples where staff were responsive to people's needs. They told us a member of the support team had spoken to a family member and established the persons preference in relation to having their personal care needs met. As a result of that a referral was made to the therapy team and appropriate equipment was identified to enable the person's needs to be met.

Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. They provided clear guidance for staff on how people liked to be supported with all aspects of their care. Pictorial guidance on how to use specific equipment was included in some care plans to ensure staff supported people appropriately with more complex aspects of their care. Where necessary other health professionals were actively involved and contributed to care plans to ensure people were safely supported with aspects of their care such as mobility, moving and handling, eating and swallowing. People's needs were reviewed regularly and updated as required. A health professional told us staff were responsive to people's needs and seek assistance from them or a member of their team if they have any concerns.

A relative told us staff knew their family member really well and were responsive to their needs. . They commented "Staff adapt their care needs around how they are feeling". They described the care as personalised.

A health professional told us the support plans were person centred and staff listened to people's needs and advocate on their behalf. Another professional told us the support plans had been revised, were clear and easy to read. They said guidelines issued by professionals are incorporated into the support plans. Two health professionals also indicated support plans and guidance was not always read by staff. One health professional commented "Staff often do not seem to be aware of changes to care plans with team leaders

unsure how to rectify the situation". This feedback was given to the registered manager to address.

We were told one person's behaviour had previously been challenging and difficult to manage. The registered manager had involved other health professionals and worked closely with the person in getting to know them and understanding their needs to provide a safe and secure environment for the person. As a result a pictorial mood and behaviour cards had been developed which enabled the person to express how they felt. The person was now more actively involved in their care, they had participated in activities out of the home and there was a noticeable decrease in seizures and behaviours that challenged which led to a better quality of life for the person.

People had an individual programme of activities. The programme suggested people had access to activities in house, on site or in the wider community. We observed an art and craft activity took place and people were supported to attend activities out of the home such as a gardening group. People had access to sensory equipment, board games and a communal computer was available for people's use. Activities were managed centrally and each home had an allocated staff member from the activities department who was responsible for co-ordinating activities for the home. They came to the home during the inspection and encouraged and supported people to attend their activity programmes. An activities survey had been completed to find out what people wanted and an action plan was in place to address people's wishes.Relatives told us people were supported to go out for lunches and recently quite a few people went to the panto. One relative told us they thought there was difficulties in being able to get transport which they felt made access to community based activities less frequent. Another relative commented "Activities are catered for very well to the ability of each resident". A third relative told us they thought there could be better access to community based activities.

A health professional told us people are left to watch TV a lot of the time. They commented "More meaningful activities could be investigated". The registered manager was informed of the health professional's observations.

People were empowered to make choices and have as much control and independence as possible. Specialist equipment was provided to enable that and staff routinely offered people choices and options in their day to day care.

People told us they would talk to the registered manager and staff if they had any concerns or worries. The relatives we spoke with told us they were aware of the complaints procedure and would speak to the registered manager if they had complaints. One relative commented "The registered manager was receptive to their feedback and felt they were kept informed when things were going wrong as well as when they were going right". They were confident the registered manager would look into any concerns they raised and deal with it accordingly. Another relative commented "I do know how to make a compliant and would find it easy to approach the registered manager if I had concerns". A third relative told us the registered manager was approachable. They commented" They could talk to them about anything".

The home had a complaints procedure in place. This was available in a pictorial format and was displayed on notice boards throughout the home and made accessible to people. We looked at the complaints log. Complaints were logged, investigated and responded to. We saw there was learning from complaints and actions taken to prevent reoccurrence. We noted there was a decrease in complaints and an increase in compliments over the course of the year.

Good

Is the service well-led?

Our findings

The service had an experienced and skilled registered manager. We received positive feedback about how they managed the service. A person told us they thought the home was well managed. They commented "The registered manager is friendly, nice to talk to and always there when I want them".

Relatives told us the registered manager was approachable, accessible and they felt the home was well managed. One relative described the registered manager as "Outstanding". They commented "They are such a nice person, friendly, gifted, very easy to talk to, genuinely caring and supportive". Another relative told us they had seen huge differences in the home since the registered manager had been in post. They commented "The registered manager was excellent". A third relative told us the registered manager makes a point of making themselves available and keeps families informed of changes and plans for the service. A fourth relative told us the registered manager is always approachable and friendly. They said they have never needed an appointment to discuss any matter concerning their family member. They commented "The registered manager is an amazing manager, and deals with every aspect of running Queen Elizabeth House". A fifth relative told us the current registered manager is the best the service has had since their family member had been there. They commented "The registered manager is aware what is going on in the service, they are very engaged and have created a good environment which promotes good care".

The registered manager was a positive role model. They were welcoming, knowledgeable, approachable and had developed a positive culture in the home that was person- centred, open, inclusive and empowering. They were proactive in getting things done and were innovative in improving the service to people. As a result we saw a reduction in behaviours that challenged, more evidence of people being involved in their care, specialist equipment sourced and provided for people to promote their safety, independence and well-being. People who used the service and their relatives were more involved in people's care and staff were provided with bespoke training and inductions which enabled them to support people in a person- centred way. The registered manager was clear of the vision and values for the service and was committed to developing a staff team who consistently displayed appropriate values and behaviours towards people and each other.

The registered manager had developed good working relationships and worked in partnership with other professionals and families to improve people's quality of life. They held regular multi- disciplinary meetings and sourced the skills and equipment required to promote improvement for people. They were up to date with current best practice and were open to ideas and new ways of working to improve the quality of people's care. They had carried out an analysis of the service looking at strengths, weaknesses, opportunities and threat (SWOT). They were aware of areas for improvement within the service and actively sought to provide good quality care. They were involved with the home life programme and were experienced in supporting people with autism.

The registered manager was aware of their registration responsibilities. They are required to notify CQC of significant events such as accident/ incidents concerning people who use the service. They had notified CQC about significant events. We used this information to monitor the service. From these we were able to see

appropriate action had been taken.

Staff spoke positively about the registered manager. They told us they believed the service was well –led. They described the registered manager as "Accessible, always available, approachable, understanding and empathic". A staff member commented "The registered manager is very good, they are fair, friendly and have created a warmer atmosphere, which has enabled staff to open up and this has improved care for people".

Health professionals were positive about the registered manager and the changes they had seen in the service since the registered manager was in post. A Health professional told us the registered manager was very approachable and seemed well respected by the staff and other professionals involved with the service. They commented "The registered manager had excellent communication skills and always shared appropriate information with the relevant professionals to improve the quality of care for people". They described the registered manager as dynamic and always looking for ways to improve the quality of life for people. They said since the registered manager had taken over as the manager of the home, the morale of the team appeared to have improved and it was a friendly and caring environment.

Another health professional told us the registered manager was always looking to improve and change. They described the registered manager as "Very hands on, visible and pro-actively looks for negatives in order to improve standards". A third health professional told us "the registered manager leads with an approachable style, they take a pro-active approach to ensure they and the health professionals they work with are kept up-to-date on the needs of the people they support".

A fourth health professional told us "It is a very well led service, with management who are on the spot, caring, know who they are dealing with, respond well to their vulnerabilities, resident's care needs and deal with families well".

A trainer described how their recent involvement with the home was a pleasure to be part of. They commented "I really look forward to visiting now and being greeted and welcomed with a smile. Please pass on my congratulations to your team; they are really a credit to you".

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Internal audits such as audits of medicines, care plans, catering, accidents, incidents, health and safety, infection control, training and supervisions of staff were taking place. Action was taken to address shortfalls.

The provider also regularly monitored the quality of care at the service. Senior managers audited the service monthly. Comprehensive reports of their findings were available which highlighted what the home did well and what areas needed improvement. Actions from all of the audits were added to the homes development plan and signed off by the registered manager and line manager when completed.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Relatives told us family meetings took place and they were asked to complete annual surveys. They told us they had seen improvements the registered manager had made as a result of their feedback. Surveys were sent out to relatives and stakeholders in August 2015 and to staff in March 2015. People who use the service would not be able to complete a survey independently. Their views were captured at each resident meeting and records maintained.

People, relatives and staff had confidence the registered manager would listen to their concerns and

concerns would be received openly and dealt with appropriately. There was systems in place to enable people, relatives and staff to raise concerns, such as one to one meetings, resident and staff meetings, people's reviews and relative meetings. There was a suggestion box by the entrance to the home to enable people, relatives, staff and visitors to give feedback and suggestions to further improve practice. A health professional involved with the home told us the registered manager takes concerns seriously and acts on them. Relatives told us they were regularly kept updated on what was happening in the service and with their family members. They commented "Communication is always good, they are always engaging and responsive to requests for information".

Records required for regulation were accessible, suitably maintained, secure and up to date. Staff had access to general operating policies and procedures which provided them with up to date guidance to promote safe practice.