Intelligent Care Limited

Queens Park View

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Queens Park View is a residential care home providing personal and nursing care to six people at the time of the inspection. The home is a large, three storey terraced house, consisting of six single bedrooms and communal areas. The service can support six people with enduring mental health needs.

People's experience of using this service and what we found
People were protected from the risk of abuse and avoidable harm. Risks were well managed and people felt safe. Staff were recruited safely and there were enough staff deployed to meet people's needs. Medicines were managed safely. People were protected from the risk of infection as prevention and control measures were in place.

People's needs were assessed, and care and support had been planned in partnership with them. Staff worked with other healthcare professionals to meet people's health related needs. People were provided with a varied diet. Staff received the training and support they needed to carry out their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect and said staff were kind and caring. People's right to privacy was upheld. The registered manager provided people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

People experienced personalised care, which supported them to feel valued and was responsive to their needs. People's communication needs had been assessed and where support was required these had been met. People were entertained and stimulated by activities provided for them. People knew how to complain, and felt concerns raised would be listened to and acted upon.

The registered manager worked in partnership with a variety of agencies to ensure people received coordinated care which met their needs. People were happy with how the service was managed. Staff felt well supported by the registered manager. The registered manager and provider completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 16 August 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Queens Park View

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector.

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

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also sought feedback from professionals who work with the service. This helped us to gain a balanced overview of what people experienced using the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We also spoke with two staff members including the registered manager and one support worker.

We looked at care records of two people and spoke with staff about their recruitment, training and support they received from management. We also looked at arrangements for meal provision and records relating to the management of the home, and procedures for the administration of medicines. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way.
- People told us staff were available when they needed them. One person said, "Staff are great, really supportive and will do anything for you. They always have time to talk with you."
- Recruitment was safe and well managed. The registered manager completed all appropriate checks before new staff commenced their employment.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- The provider managed risk through effective procedures. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. The registered manager kept these under review and updated where required to ensure staff had access to information to support people safely.
- The provider had systems to record and review accidents and incidents. Accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.
- The provider had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm.

Using medicines safely

- Medicines were managed safely and people received their medicines when they should. Where people were supported, we saw medicines were managed in line with good practice guidance

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed assessments which were comprehensive to ensure people's needs could be met. Records were consistent and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- The provider was referencing current legislation, standards and evidence based research on guidance to achieve effective outcomes. This supported staff to ensure people received effective, safe and appropriate care which met their needs and protected their rights.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff confirmed they received training that was relevant to their role and enhanced their skills. New staff had received a thorough induction on their appointment. This ensured they had the appropriate skills to support people with their care.
- Staff told us they were supported in their roles and received regular supervisions and annual appraisals. One staff member said, "Management support is very good. Being a lone worker it is good to have management available if needed."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were well managed. The registered manager had assessed people's dietary needs and recorded guidance for staff to follow on support people required.
- People told us they were happy with arrangements to support them with their dietary needs. One person said, "We have access to the kitchen 24 hours for snacks and drinks and make our own breakfast and lunch. Staff make the evening meal and we choose what we want to eat."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to healthcare services when required.
- The service worked in partnership with other health care professionals such as GPs and diabetic and community psychiatric nurses. This ensured people were supported in a holistic manner and all their needs were taken care of.

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

- Accommodation was accessible, safe and suitable for people's needs. People told us they were happy with the standard of accommodation provided and were comfortable living at the home.

● People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- People were supported by caring and respectful staff. People received continuity of care as they were supported by the same small group of staff who knew and understood their needs. One person said, "Staff are great, really supportive and will do anything for you."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were treated with respect and felt comfortable in the care of staff supporting them.

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

- The registered manager and staff team supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and reflected people's wishes and care preferences. They included guidance about the level of support needed and how people liked this to be completed. These included how people communicated and tasks they needed help with including medicines administration and nutritional support.
- The registered manager and staff team provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and where support was required this had been met. The registered manager had created a working list of words and phrases to support staff communicating with one person whose first language wasn't English.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were empowered to have as much control and independence as possible. Care records highlighted the positive impact this service had on people and support provided to enable them to pursue activities of their choice. One person said, "Lots of activities organised. We went to Alton Towers which was brilliant."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the service. People knew how to raise concerns and were confident any complaints would be listened to and acted upon in an open and transparent way.

End of life care and support

- People's end of life wishes had been recorded including their cultural and spiritual needs so staff were aware of these. At the time of this inspection the service wasn't supporting anyone with end of life care.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned and delivered effective, safe and appropriate person-centred care. Current and relevant legislation along with best practice guidelines had been followed to ensure the diverse needs of people who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and staff delivering good care for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People spoke positively about how the service was managed.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. Action plans were created following audits and shared with all appropriate staff for completion.
- The registered manager demonstrated sound knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager provided an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they support through care plan reviews and meetings. People told us they felt consulted about the service they received and felt listened to.
- People received safe and coordinated care. There was good partnership working with relevant healthcare professionals and stakeholders to ensure the service provided good quality care for people.
- Staff told us they could contribute to the way the service was run through team meetings and supervisions. They told us they felt consulted and listened to.

Continuous learning and improving care

- The provider had systems to ensure the quality of service was regularly assessed and monitored. The

service had effective audits such as medication and care records. We saw evidence the service had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.