

Central and Cecil Housing Trust

Queens Court

Inspection report

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14 July 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Queens Court is a care home with nursing that is based in a residential area of Windsor, Berkshire. The location is registered to provide care and support for up to 62 people. Queens Court is located in a modern built, fit for purpose premises with three floors. The building is not owned by the provider and another company gives support to the provider regarding the premises.

At the time of the inspection, there was no registered manager. 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. A new home manager commenced in post on 18 January 2016, but at the point of the inspection was not registered. The home manager was due for a 'fit person interview' on 19 July 2016 where our registration team would assess the application to be a registered manager.

On 2 November 2015 and 5 November 2015 we conducted a comprehensive inspection of Queens Court and found seven breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 and two breaches of the Care Quality Commission (Registration) Regulations 2009. The service was rated 'inadequate' and placed into 'special measures'. We took criminal and civil enforcement to ensure people's safety and ensure improvement occurred at the service. We served two fixed penalty notices and two warning notices to the provider following the inspection. A warning notice gives a date the service must be compliant by and we inspect again to check that compliance against the content is achieved within the timescale. The provider was required to be compliant with the warning notices by 31 January 2016.

The provider paid the two fixed penalty notices which we served. This disposed of the offence of two breached regulations. On 19 February 2016, a focused responsive follow up inspection took place to assess compliance with the two warning notices we served. We found the service was compliant with the content of the warning notices. The rating for key question 'safe' was changed from inadequate to requires improvement.

When a service is rated as inadequate and placed in 'special measures', we will inspect again within six months. This comprehensive inspection took place on 12 July 2016, 13 July 2016 and 14 July 2016. The purpose was to check what improvements were made and whether the 'special measures' framework continues or can be removed.

People felt they were safe at the service. We saw they were protected against abuse and neglect, and that where this was suspected it was reported and investigated. Building and environment risks were assessed, but coordination of the risk management was not achieved. This left some risks unattended to or inappropriately disregarded. We found this was a continued breach of the regulation.

Staff recruitment, retention and deployment had significantly improved. The service had established a

nursing workforce, and although agency registered nurses were still contracted, the use was declining through further effort to fill job vacancies. We made a recommendation regarding staff recruitment and the use of agency staff.

Medicines safety had improved through the support of community pharmacists. We made a recommendation that the service continues to work with pharmacists to drive safety.

Staff training and supervision had improved. Staff were attending mandatory training and were meeting with their line managers to discuss their performance.

The service was not compliant with the Mental Capacity Act 2005. The service had applied for additional deprivation of liberty authorisations from the local authority and awaited the outcomes. Further effort was required to ensure that staff correctly completed request forms and met the conditions of the standard deprivation of liberty authorisations.

People received enough to eat and drink. However the calculation of risk for people's malnutrition was not always adequate. We made a recommendation for staff training on this subject.

People told us staff were kind and caring. People also expressed that they had the ability to be involved in the service and that their privacy and dignity was respected.

We found people's care plans were personalised and that they were involved in care planning. In some circumstances, people's relatives took the lead in their care planning when the person was unable to do so themselves.

A positive workplace culture was established at Queens Court. Staff expressed support from the management team and that they enjoyed working at the service. A robust system of checking the quality of care was implemented. A service development plan was in place to drive continuous improvement at the care home.

After our February 2016 inspection, out of the five key questions the service had two requires improvement and three inadequate ratings. After this inspection, the service had received two requires improvement and three good ratings across the key questions. Therefore, with this report, we have determined that the service is no longer in 'special measures'. We will inspect again within 12 months to determine if further progress and improvement in the care of people who use Queens Court occurs.

There are two continued breaches of regulations since November 2015. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People told us they felt safe.

People were protected from abuse and neglect.

People were not always protected from building and environmental risks.

People received safe care from sufficient care staff deployment.

People received medicines safely.

People were not protected from infections by an effective system of prevention and control.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were cared for by staff who received training and supervision to help them carry out their roles.

The service did not comply with the requirements of the Mental Capacity Act 2005.

People received sufficient food and drink.

People's risk of malnutrition required further action by the service.

People had access to appropriate external healthcare professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People received care from staff who were kind and compassionate.

Good ●

People had more say in how the service was operated.

People's feedback was respected and acted upon.

People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People and relatives told us that care was personalised.

People and relatives told us they were involved in care planning.

People had the ability to participate in social activities.

People had the ability to make complaints and have them resolved with satisfaction.

Is the service well-led?

Good ●

The service was well-led.

People told us they felt the service had good management.

Staff worked in a positive workplace environment.

A supportive management team was in place.

People's care was protected by good governance.

The service sent notifications to us required by the regulations.

Queens Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2016, 13 July 2016 and 14 July 2016 and was unannounced.

The inspection team comprised one adult social care inspector and four specialist advisors in adult social care. The specialist advisors were a social worker, a registered nurse, a dietician and a building expert. A pharmacist inspector also attended the inspection. An Expert by Experience spoke with people who used the service, relatives and staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In planning the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and incidents and changes which the provider had informed us about. Prior to the inspection a Provider Information Return (PIR) was not requested from the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

In order to gain further information about the service, we spoke with nine people who used the service and three relatives or visitors. We spoke with the provider's operations manager, clinical manager, quality and compliance manager, human resources business partner and head of property. We also spoke with the service's home manager, deputy manager, and sixteen other staff. We contacted the local authority, fire authority and clinical commissioning group (CCG) for feedback prior to the inspection.

We looked throughout the service and observed care practices and people's interactions with staff during the inspection. We reviewed 17 people's care records and the care that 7 of them received. We looked at people's medicine administration records (MAR) and medicine rooms. We reviewed records relating to the running of the service such as staffing information, documents associated with staff training and quality monitoring audits.

Observations, where they took place, were from general observations. The provider was asked to send information to us after the inspection and we received and reviewed this as part of the evidence we considered.

Is the service safe?

Our findings

At the November 2015 inspection, the provider breached Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served warning notices against the provider and required compliance by 31 January 2016. At the February 2016 inspection, we assessed whether the service had reached compliance with the regulation. We were satisfied that the service had complied with the warning notices. At the November 2015 inspection, the provider also breached Regulation 15 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we assessed whether the service had reached compliance with the regulations.

People told us they felt safe living at Queens Court. We asked five people who used the service and two relatives their opinion about safe care. One person told us, "Yes, I do feel safe here. The doors are locked and I think there are enough staff to look after us. It doesn't really matter how many they have, it's more a case of what they're prepared to do. Some of them have to do far too much because the others won't. I am on medication and they do watch me take them." Another person stated, "Yes, I'm alright here, the girls are very nice indeed. I tend to see the same boys and girls and, as we've got to know each other, we always have a very good laugh. It's one big happy family. I'm very happy here indeed, I have to say and yes, my possessions are quite safe as nothing has gone missing as far as I'm aware. I'm not on any pills, I'm one of the lucky ones really touch wood." A relative said, "Standards went down so badly last year I did look to move mum to a new home. She was on a waiting list as things here were bad. She moved up the list of the new home but, at the time she came to the top of the list, things here had improved so well, that I told them that I was no longer interested. Mum is staying here! I have talked to the staff, they seem far more relaxed and happy now, more able and willing to do their jobs." The feedback from people and relatives indicated safety at the service had improved.

During the period of 'special measures' the service had attended several 'serious concerns' meetings with the local authority. The purpose of these was to determine major risks and place safeguards in place to prevent harm to people who used the service. Monitoring took place in a collaborative way with the service, local authority and us. A robust safeguarding system was implemented by the service and management team. We found that safeguarding allegations were reported as soon as possible to both the local authority and us. The manager, deputy manager and clinical lead had taken responsibility and accountability for people's welfare and showed an active interest. When there was any question of neglect of care or duties, this was reported, investigated and actions taken to prevent recurrence. The service had developed a stronger bond with the local authority social workers and safeguarding team. This was confirmed to us when we spoke with representatives of the local authority. We saw safeguarding meeting minutes and how the service had participated and responded. Our database also demonstrated that all safeguarding incidents were reported, as required by the relevant regulation.

The provider already employed a health and safety consultant at organisational level. We saw they had completed a 'general home risk assessment' on 13 January 2016 and this was reviewed annually. The service did not directly employ maintenance staff and relied on third party contractors to complete the majority of risk assessment and mitigation with regards to the premises and environment. A maintenance

book was kept by staff to record routine maintenance repairs such as changing light bulbs or broken equipment. However, the maintenance worker attended once per week, and unless it was an emergency, did not come on other days. This meant that some maintenance tasks were delayed in being resolved. We found some windows in the service could be fully opened, and were not restricted as required by the Health and Safety Executive guidance for care homes. We pointed this out to the management who organised window restrictors to be fitted during the inspection. This reduced the risk that anyone could fall out or climb out of the windows. The checks by the external maintenance team had not detected this failure before.

Assessment and management of more complex building risks, for example fire or Legionella, was fragmented and not coordinated at the service level. The service was not aware when certain risks required re-assessment, what to do when remedial actions were required from the risk assessments, and how to document that risks were mitigated. An example of risk to people that was not well-coordinated at the location level was the prevention and control of Legionella. Older adults are susceptible to this as they have decreased immunity. When we asked for all evidence regarding the service's Legionella control programme, evidence was not together and risks were not acted upon sufficiently. At the time of the inspection, the service could not demonstrate that people were safe from Legionella risks.

This is a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements in the recruitment, retention and deployment of staff at Queens Court. At the previous inspection on 19 February 2016, the provider used a dependency tool to determine what safe staffing levels they would set. Since that inspection, the local authority resumed placing new people into the service. This meant the total number of people started to increase. The local authority and the provider jointly agreed that in order to ensure everyone's safety, no more than one person per week should move in initially. We found the provider had honoured this commitment. The provider had adjusted the staffing levels slowly in line with the increased amount of new people who used the service. This meant the manager and provider ensured new people moving in and people already accommodated were not placed at risk.

The largest improvement in staffing deployment was demonstrated by the service's effort in attracting and employing registered nurses. We found that the service went to some considerable expense and effort in a competitive adult social care environment to fill their nursing vacancies. When the inspection in November 2015 occurred, there was just one registered nurse employed as the deputy manager. All other registered nurse shifts were filled by agency staff. At this inspection, there were 12 registered nurses employed or recruited. The previous deputy manager had moved into a clinical lead role to support permanent and bank registered nurses with their responsibilities and further increase support at each unit level. We found the provider had considered carefully how to fill the entire nursing workforce that was vacant. We found they had increased wage rates, offered new style contracts and removed untenable contracts, considered nurses' professional development and offered activities that matched, and committed to a supportive workplace environment.

New care workers had also been employed. There were less vacancies for care workers, but the use of agency care worker and nursing agency staff had decreased since our last inspection. A key performance indicator for the home manager and the operations manager was to closely monitor the use of all agency staff weekly, and attempt to negate the need or use of these workers. The use of agency worker shifts were compared with the other care homes of the provider and tracked over time. In the week up to 4 July 2016, the service had used 33 agency shifts.

We recommend that the service continues to employ permanent staff and reduces the use of all agency staff.

We looked at the personnel files of six new staff. We found that the service had completed the necessary checks for new staff and had saved most of the documents. Contents of personnel files included proof of identity, checks of prior conduct in similar roles, complete job histories and reasons for leaving prior jobs. The provider had transcribed information from criminal history checks completed by the Disclosure and Barring Service (DBS). We met with a human resources business partner regarding this. Schedule 3 of the 'fit and proper person' requires that an original copy of the applicant's DBS certificate is obtained and filed. We pointed this out and were satisfied that the provider took note of the wording of Schedule 3.

We are satisfied that the service has achieved compliance with Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we looked at the systems in place for managing medicines. We spoke to staff involved in the governance and administration of medicines, observed medicine administration for six people and examined ten people's medicines administration records (MARs).

Registered nurses and senior care workers administered medicines in a safe and caring way. We saw staff following a safe method for giving and recording medicines administration. Staff told us about the online and face-to-face medicines training they received this year. We saw that staff did not administer medicines until they passed a competency assessment.

The dispensing pharmacy supplied the MARs. The MARs were not always complete for people receiving 'as required' medicines. 'As required' mean medicines are for occasional use, such as paracetamol or cough linctus. We found multiple blank boxes so it was not possible to determine if the person refused the 'as required' medicine or if it was given but not signed as administered. The provider put a medicine list next to the resident's MARs but the staff did not update the information at the monthly care plan review. We saw discrepancies between the MARs and the list of medicines, which could cause errors.

Although the care home had some 'as required' protocols in place to support staff to administer the medicines to the needs of people, they were not written for all people who received them and some protocols had missing details. While we saw staff using topical MARs to support them to administer creams and ointments to the right areas of the body, the charts were not used for medicated creams and ointments. It was unclear whether staff applied topical medicines in accordance with the prescription.

Medicines were stored securely in medicine trollies and rooms. Staff did not consistently follow the policy for recording fridge and room temperatures. One clinic room had temperatures recorded over the maximum of 25°C for July 2016 but staff failed to take any action. The temperature records for one pharmaceutical fridge showed that staff did not record the maximum and minimum temperatures. On the day of the inspection, the management team immediately addressed these concerns.

The care home had reviewed and improved the process for ordering stock that helped to make sure medicines were available for people. The staff needed to further ensure that they kept clear records of the medicines ordered from the GP surgery in line with the national guidance.

Medicines no longer required were clearly separated from other stock. Although pharmaceutical waste was disposed of in line with regulations, staff did not consistently record what medicines they destroyed or returned and this was against the provider policy.

Medicines that require additional controls because of their potential for abuse (controlled drugs) were stored in line with legislation. When a controlled drug was issued from the stock, the records that we saw had the signature of the person administering the medicine and a witness signature. The management team carried out random stock checks and unit staff completed regular stock checks. The management of controlled drugs was safe.

The care home received pharmacist support from the community pharmacy and Clinical Commissioning Group (CCG). Both pharmacists conducted audits in 2016 and provided the home with recommendations to improve the management of medicines. We saw the management team carried out two medicine audits in 2016. While we found the main issues were listed on the manager's service improvement plan, it was not always clear that the smaller points had been actioned.

We recommend that the service continues to seek and use the support of pharmacists to ensure medicines safety.

Infection control had improved gradually since the November 2015 and February 2016 inspections, but we found further improvement was still required. We saw the provider had refurbished and redecorated several areas. Some new furniture had replaced stained and damaged items. Hand hygiene for staff and visitors had improved through the installation and use of alcohol hand gel in the building. This made it simpler and quicker to prevent cross-contamination of infection as there was not easy access to handwashing facilities throughout the units. Dirty utility rooms, previously used as storage areas, were cleaned out and used for their intended purpose. However, further use of the dirty utility rooms requires assessment by the provider as they are not aligned with national guidance and still contribute to potential cross contamination. In a similar manner, clean utility rooms were not available for storing and preparing sterile dressings or preparing trollies in a safe clinical manner. A clean utility room would also contain appropriate clinical handwashing facilities with the necessary waste separation containers present.

The fundamental standards require services to use the Code of Practice on the prevention and control of infections and related guidance 2015, published by the department of health. The code contains mandatory criteria for adult social care locations. We looked at the location's policy and procedure for infection prevention and control. The policy was a generic document provided by an external policy company. The policy made reference to the code of practice criteria, however the content was not specific to Queens Court.

The clinical lead was designated as the infection control representative for the service. We spoke with the clinical lead about their knowledge and practice as the infection prevention and control staff member. They advised us they had not received specialist training to undertake the lead role for infection control of the premises. The service had not formed an infection control group or committee and was not holding regular meetings to determine priorities about infection control. Regular auditing of infection control in line with the code of practice did not occur and protected time to undertake duties associated with the lead role was not provided.

We spoke with cleaners and observed their practices. Cleaners had satisfactory access to the safety data sheets for chemicals. These would be used if chemical accidents occurred. Cleaners performed a satisfactory job of routine cleaning, but deep cleaning, for example dusting of high surfaces, were still not occurring. Although the national code of cleaning was adopted at the service, the storage and handling of dirty cloths, mops and buckets was not in accordance with the code requirements. This meant risk from cleaning-related infection prevention was not always mitigated. We found that a better management of chemicals was in place by cleaning staff. However, we again found that access to dishwasher chemicals in

each floor's kitchenette was available. The provider had installed locks on the cabinets that stored dishwasher chemicals. We found the keys in the locks and the cupboards unlocked. This posed a risk to people who could assume the chemicals were food or drinks. We provided feedback to the management regarding this risk, but throughout the inspection, when we repeatedly checked the cupboards remained unlocked.

This is a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

At the November 2015 inspection, the provider breached Regulation 12, Regulation 13 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we assessed whether the service had reached compliance with the regulation.

People gave us positive feedback about all aspects of effective care. They spoke highly of the staff team. For example, one person commented, "The staff are always going to training, both inside and outside the home. They haven't got it wrong yet so I think the training must be good. I'm still here. They do knock and then wait for me to answer before they enter. They explain themselves as to what they want to do before doing it. The food is very good and I quite enjoy it. You get a choice of two or three meals at each sitting. You order before the actual sit down, normally the day before- and then you forget what you've ordered. If you don't like it, they will change it for you." Another person wanted us to know, "Yes, [staff] do come over as very confident which gives you confidence in turn. They knock first and then wait for you to invite them in and do explain what they want to do and get your permission to carry on. We order the food in the morning and, if you don't like it, they will happily change it for you. The quality can be changeable at times, yes. I personally like a lot of veg with my meal. I tend to stick to something like ice cream for the pud. The doctor does come in at least once a week, optician's also come occasionally. I have seen the foot person turn up here so presumably there would be no problem in getting something arranged if I needed that."

A relative we talked with said, "They are very well trained. They do have a lot of patience; the patience of saints. Staff do talk to my granddad although most of the time he doesn't answer. I think it'd be nice to have more male members of staff mainly for men-based functions. Granddad's picky with his food although I think the food here is quite good. It looks ok to me. The doctor is here quite often so granddad's getting the correct medical care. They're using [incontinence products] with him to keep him comfortable. The staff do keep their eyes peeled as to what is going on." These comments from people and relatives indicated the service provided effective care specific to people's needs.

At previous inspections, we found staff were not supported with sufficient training, supervisions or performance appraisals to enable them to perform their roles competently. The service had since invested in staff knowledge, skills and development of experience. We found the Skills for Care 'Care Certificate' was in place and new staff without prior health or social care diplomas were undertaking the course. The home is estimating 95% of staff will have completed mandatory training topics by August 2016. We saw they kept clear weekly performance figures, again comparing them and tracking staff training against the provider's other care homes. There was a clear training planner in place and evidence that the necessary training had taken place. For example, we found 24 staff had completed safeguarding, 41 staff had completed basic health and safety and all staff had completed fire awareness training since January 2016. Twenty staff who dealt with medicines had completed safety awareness training and 11 staff had finished basic first aid training.

There was evidence of a staff supervision planner which encompassed one to one meetings and coaching. We looked at some example supervision records for staff which we found aligned with the information in the

planner. We spoke with two ancillary staff who explained they had attended recent training in infection control and chemical safety. They told us the training they had attended help them understand and perform their roles better and they hoped that regular training for them would continue.

We also spoke with one care worker who was in their post for a short time. They confirmed that they had received training on manual handling, health and safety, supervision and the role of the carer. They also confirmed they were starting the Care Certificate the next day. The care worker said they were shadowing a more experienced staff member at the time and enjoying the job. She commented that the staff were helpful.

We are satisfied that the service has achieved compliance with Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the clinical lead regarding standard DoLS authorisations. We were told that there 42 people who used the service at the time of this inspection. Of these, two were subject to a standard DoLS authorisation. The local authority previously supplied us with a list of DoLS authorisation requests which confirmed these authorisations and indicated that a further 18 applications were submitted by the service.

We looked at two of the service's policies and procedures regarding MCA and DoLS. Both were generic documents provided by an external policy company. Both policies were compliant with current law and guidance. For both policies, we observed that a 'read and sign' list of staff dated June 2016 was attached. However, the list was only completed by one member of staff. Regarding DoLS, our examination of people's individual care records found that in some instances, a 'deprivation of liberty checklist' was present. There was no reference in the procedure as to the purpose or use of this form. The MCA policy contained a template 'mental capacity assessment' form which was comprehensive. However, we could not find any evidence of the use of this form in any care records which we examined. We also did not find evidence of any mental capacity assessments undertaken by the service. Furthermore, we could not see evidence of people's best interest decisions made or recorded.

We reviewed six people's care records where an application for a standard authorisation was made to the local authority and where the outcome was awaited. In all of these, applications were made by someone other than the manager. This is contrary to the DoLS Code of Practice which states that: "In the case of a care home or a private hospital, the managing authority will be the person registered or required to be registered...in respect of the hospital or care home." The language used in the application forms showed a lack of understanding of the meaning of 'capacity'. For example the application for one person stated, "Lacks capacity and capability to manage her general care and ADLs." For another application, the form stated, "Lacks capacity to care for himself independently as a result of living with dementia which has

caused an impairment of his mental capacity".

The Mental Capacity Act 2005 Code of Practice defines 'mental capacity' as the ability to make a decision. In the case of an application for a standard DoLS authorisation by the service the decision is whether the person has capacity to decide whether or not they should be accommodated in the care home for the purpose of being given care or treatment. We noticed evidence of words copied into applications for a standard authorisation. For example, one person "requires continuous support and supervision to keep her safe and staff would be incline (sic) to detain her should she attempt to left (sic) the premises unaccompanied to ensure her safety." This same phrase with the same spelling errors appeared in the application in respect of another person.

In four of the six applications we viewed, the same list of six bullet points was used to explain why the person was not free to leave and why they were under continuous or complete supervision and control. There was also no description of why less restrictive options were not possible. For example, the following phrase was one of the six bullet points in respect of all four: "Less restrictive options not available due to increased risk." This was a breach of principles in the MCA.

Two of the six people had standard DoLS authorisations in place. We looked at the conditions placed on the service by the local authority. The service did not comply with the conditions of the DoLS authorisations. One person's DoLS condition was, "The managing authority to ensure that [the person] has access to his television remote control and this is in reach of him at all times in order that he has the choice of switching on and off his television whenever he chooses." The activities care plan was not updated to include this condition. When we visited the person, he was in bed and could not reach his remote control. We drew this to the attention of staff who later found the control in his bed. Another person had four conditions within their DoLS authorisation. We found that two of the conditions were not complied with by the service.

This is a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at people's nutrition and hydration. The service used the 'malnutrition universal screening tool' (MUST) to assess people's risk of malnutrition. We found care records for fifteen people were clear and logically presented, with all weight and MUST charts and care plans in the same section in each person's folder. This meant staff could easily look at all of the weight management evidence for each person. Care records showed that most people were weighed monthly. However, there were unexplained gaps in some people's weight charts, especially during February 2016.

The nutrition care plan of one person stated, "To be weighed monthly if possible otherwise use the 'mid upper arm circumference' system to have an estimate of body mass index". We found no weights or arm circumferences were recorded in the person's notes between 2 December 2015 and 17 March 2016. We also found MUST scores were incorrect for a number of people where unplanned weight loss had occurred over longer than 1 month. This meant that these people were recorded as at a lower risk of malnutrition than they actually were and that their malnutrition was neither recognised nor treated. The MUST chart for one person recorded on 10 July 2016 a low risk of malnutrition, and on 10 June 2016 his nutrition care plan stated, "Though he lost weight; he remains a healthy body mass index." We found the person had in fact lost 13% of his body weight in the previous 3 months, and was actually at high risk of malnutrition from 10 May 2016.

We looked at staff training regarding malnutrition. One staff member stated that all registered nurses and senior care workers received training on MUST completion. However they were unable to show us how to

correctly work out weight loss scores for two people and therefore the MUST score was incorrect. The clinical lead stated that MUST training was usually provided informally for staff, and that a registered nurse was brought into the service in January or February 2016 to provide MUST training for staff. She advised that a dietician had recently offered to provide MUST training for staff. We found staff knowledge of malnutrition and calculation of risk required improvement.

We looked at supplemental nutrition ('sip feeds') for people who lost or were at risk of losing weight. For one person prescribed sip feeds, the product was recorded on the medicines administration record (MAR) as 'out of stock' between 2 July 2016 and 7 July 2016 and on 11 July 2016. The person therefore was not provided with this product for 7 days during an 11 day period. The person was not provided with an over the counter alternative product either. The person was at high risk of malnutrition according to the MUST since 19 May 2016. However we found the score was incorrectly stated as medium risk in May and June 2016.

People's fluids were thickened using a powder when there is a risk of the person choking. We looked at how fluid thickeners were prescribed for seven people. We found nutrition care plans for two people did not state to which consistency their fluids needed to be thickened. Two staff showed us a file kept in one person's bedroom which was meant to show information on the required fluid consistency. However, this was not recorded in the file. A safeguarding referral was previously raised regarding failure to provide appropriately thickened fluids for the person. We also found no letters from speech and language therapists (SALT) advising the required consistency for thickened fluids. Staff told us they thought these must have been archived when a new care record system was introduced to the service.

We spoke with the chef who reported that they were informed of people's food allergies or conditions such as coeliac disease. The chef demonstrated a good understanding of the need to avoid cross contamination of food with gluten for a resident who had coeliac disease. The chef was unable to state what a MUST score was and was not aware which people within the service were at risk of malnutrition. This meant communication of MUST scores and the risk of malnutrition did not take place between nursing or care staff and the kitchen.

The chef knew how to fortify food to increase its calorie content. However, they were not aware of the importance of fortifying pureed food or of ensuring that pureed food contained no lumps or bits. A care worker also demonstrated a lack of awareness that pureed food containing lumps was an inappropriate texture. The chef did demonstrate an enthusiasm to learn and told us if advised of people's nutritional needs that they would do their best to help meet them.

We recommend that the service provides further training and competency assessment for staff regarding the risk of malnutrition.

People continued to receive satisfactory healthcare within the service from external professionals. These included the GPs, dieticians, speech and language therapists and podiatrists. People had access, via staff, to a multidisciplinary health team. This meant where specialist health advice was necessary, the service ensured that people received it.

Is the service caring?

Our findings

At the November 2015 inspection, the provider breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we assessed whether the service had reached compliance with the regulation.

People we spoke with were adamant that the caring attitude of staff at Queens Court had improved. We asked a number of people for their opinion regarding whether staff were kind and compassionate.

One person said, "They do ever so much here. You can't fault most of them. Half a dozen are absolutely excellent. I ask a member of staff to do such and such for me and they say OK. I have had a man look after me in the past. I wasn't that comfortable with it I have to say. On the whole, the staff do respect me and preserve my dignity. I do think that they are very caring here." Another person told us, "If I want something, I request it, they do it. They're good like that. I do like being in here, yes. It suits me very well and I like to talk to the people and the staff. The staff do come and sit with me and have a good old chat. I do know how I like things done and I do what I can to do it my way. The staff have never been rude to me at all. I wouldn't expect them to be either because they're not that type. We all have a good laugh and a good joke, one big happy family." A third person we spoke with commented, "The permanent staff are very, very good. I make my own decisions about how things are done and they respect that. I have used my call bell on a couple of occasions, I've got one of those pendant things around my neck. They're usually there within a maximum of a couple of minutes, so quite quickly. The staff are always respectful to me, they have never been rude. Agency staff have been at times, but not often. They do knock before they come in and do cover me with a towel when they're working on me just in case somebody were to catch me like that. I cannot fault them."

Relatives we spoke with echoed the sentiments of the people who used the service. One relative stated, "The staff here are very good indeed. I watch them with my sister and the other residents and they are very good, very caring. They do treat my sister and all of the other residents with the greatest of respect and, although I've never seen it, I do feel that they would treat all of the residents the same and respect their dignity. [My relative] can't do anything for herself, she relies on them entirely and they do not let her down." Another relative said, "The staff looking after my granddad are absolutely...brilliant! The agency staff are not quite so good. I've observed when they're with my granddad and they are very, very caring. They're also caring with me; they do get concerned for me at times."

We observed care throughout the entire inspection. Our observation was during the service's busy periods like breakfast and lunch and during quieter times like mid-afternoon. The caring attitude of staff did not falter throughout the day. We found staff remained patient with people, addressed them by their preferred name and responded to their requests quickly. Staff were also vigilant to any issues that people not within their immediate reach encountered. We saw one person could not reach their glass and a nearby staff member was helping someone else. However the staff member was mindful of other people and saw the person needed help. They ensured the first person was safe and went to assist the second person with the glass. This showed a caring approach rather than a task-focussed one.

From the care documents we reviewed, we could see more involvement of people in making the decisions about their care. Where people were unable to communicate with staff as part of the care planning process, their relatives or friends were invited to participate to help ensure the care was personalised. We found more attempts to involve people in the care planning and review process were made, and the service planned to continue to increase people's participation. The service had also commenced 'resident of the day'. This system ensured each person in the service was the focus of attention and review for a 24 hour period. Staff on each shift had a requirement to complete various tasks with the person and their care documentation to ensure that information was accurate and up-to-date. We saw the effect of this was a positive one, and in the majority of cases this worked well to ensure people were active in decision making. Where people could not make decisions for themselves or with staff assistance, better documentation of best interest decision making by the staff team was needed.

The environment of the home showed that people were more involved in different aspects on numerous occasions. We found people had a better right to have a say in the service and how it ran. The home manager had commenced 'residents' and 'relatives' meetings on a regular basis and further meetings were planned. We saw minutes from the meetings and a plan of actions the manager had taken away from seeking people's feedback. The comments that we received from people who used the service, relatives and staff were that people were now more involved in how care was assessed, provided and evaluated.

We are satisfied that the service has achieved compliance with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff continued to respect people's privacy and dignity. Staff spoke with people professionally and in the way they preferred. Personal hygiene was carried out privately and how the person liked it. For example, if a person's preference was for a shower rather than a bath, staff respected their wish and assisted with the care the person desired. We also observed that confidentiality was maintained at the service. We checked that people's personal information was secured and found no issues.

Is the service responsive?

Our findings

At the November 2015 inspection, the provider breached Regulation 12 and Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we assessed whether the service had reached compliance with the regulation.

People received personalised care responsive to their needs. People also had the ability to have their complaints listened to and acted upon. One person told us, "I can't really remember my care plan. I think they must have made it with my family. I do go to the activities. I'm not much of a groupie though. I do talk to the other residents when I see them. If I don't like the social events, I come away. I have made a complaint so I know what to do. Happily, I have not needed to make one recently as it's much better here." Another person stated, "I was involved in setting up my care plan when [I was] first brought here for my own safety and it is updated regularly. They would do things differently if I wanted them to do so. They're not difficult to get on with. I do get involved with the activities, yes. I went to a children's play recently. Some of the other residents were there as well. It was one of the outside trips. They do support us to get around the home and talk to each other yes, that's nice. We sometimes have garden parties here, they're quite lovely. If I needed to make a complaint I'd go straight to the top. I've never had to do it & hopefully never will."

Relatives also felt that responsive care at Queens Court had improved. One relative said, "Grandad's care plan was done with me as he has dementia. It's reviewed on an ongoing basis. Grandad's not mobile anyway and his dementia is quite severe. If there was a problem, I'd talk to [the home manager] and get it sorted. I've never needed to, certainly since [the home manager's] tenure here and wouldn't expect to really." Another relative also explained that responsive care for people who used the service was in place. They commented, "The family helped set up my sister's care plan and they do review it regularly. If I was concerned that they were doing something wrong, I'd talk to them and I'm sure they'd change the way they do it. My sister cannot get involved in the activities at all unfortunately. The staff do pop in and talk to her and they paint her fingernails for her. They try to keep her occupied and I think that's very nice. I've never needed to complain. In any case, my other sister would sort that out if necessary."

We looked at 17 care records and spoke with 2 people who used the service to determine whether the care was personalised to their needs. In each of the care files and care plans we found there was good evidence of pre-assessment assessments. We found the pre-admission assessments were a clear picture of people's needs and also if the service could meet those needs. Allergies were identified in this documentation and these allergies were documented appropriately where needed.

Whilst looking at the 17 care files, we found each file contained assessments in place for falls, Waterlow scores, manual handling, continence and advanced care plans. Waterlow scores are a tool to measure the risk of developing pressure ulcers on the body. Do not resuscitate cardiopulmonary resuscitation (DNACPR) was also signed in place and previously agreed with people.

Waterlow scores ranged from moderate to very high risk. People assessed with these risks we found were nursed on pressure relieving mattresses. Regarding the ability to reduce people developing pressure ulcers,

we found most of the air mattresses were monitored. Staff checked for the correct settings and this was documented on a twice daily basis, by day and night staff. On the day of inspection all of the mattresses were being serviced by an external contractor.

We found falls risk assessment scores ranged from low risk to very high risk and in all cases there was evidence of risk reduction methods documented. For example, we saw staff had written that people must use correctly fitting foot wear and their own walking aids. Although none of the care files examined had evidence of falls, there was a space within the files for copies of accident forms to be filed

We reviewed one person's care file who had a documented high risk of falls. We noted that the person had a fall from a recliner chair and this became a safeguarding issue substantiated by the local authority. We could find no evidence in the person's file of the assessed risk of them sitting in the chair again. When this was discussed with the home manager, they pointed out that the individual was being nursed in bed, so was not using the chair.

Within the falls risk assessment of the care files documentation there was documentation which identified the factors that could lead to falls. One person liked to lock their bedroom door at night. We found there was a risk assessment for this, and that they also liked to administer their medication at night. We saw there was a self-administration of medication care plan in place, however the GP had not signed this.

There was good evidence that people had social life stimulation. We saw information in the reception and elsewhere in the service which showed that people were more engaged in activities. Although there were no dedicated activities coordinators employed, people were still able to enjoy following particular interests. For example, we saw a local coffee shop had visited the service as part of their charity work. A group of people who used the service joined the coffee shop staff had improved the garden at the rear of the premises. There were some photos displayed in reception. During the inspection, we also saw and participated in some of the activities with people. Examples included cooking muffins in one of the units and a sherry session in the reception area. We observed that people were pleased by being involved in the activities. We also saw that staff and relatives were actively engaged with people during the activities periods. A programme of activities was on display and there were varied types of things people could do.

We are satisfied that the service has achieved compliance with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service and home manager had focussed on ensuring that a suitable system was in place for receiving and dealing with concerns and complaints. We viewed the evidence for this and found that there was a suitable policy, signage and information for people and others who wished to make a complaint. People we spoke with told us they knew how to make a complaint. Some people confirmed they had made complaints. One relative we spoke with stated they sent a concern to the home manager and that a response was received within 10 minutes. They were satisfied that the service had listened to their concern and taken appropriate action. The home manager showed us that complaints were satisfactorily documented and told us they would be tracked for themes and trends in the future.

We are satisfied that the service has achieved compliance with Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

At the November 2015 inspection, the provider breached Regulation 15 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We served fixed penalty notices against the provider for both breaches. The provider paid both penalty notices and therefore disposed of the offences. We found the provider also breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we assessed whether the service had reached compliance with the regulation.

We asked people, relatives and staff whether they felt the service was well-led. All of the parties we spoke with felt that the service had become well-led over a period of time as changes were made. One person stated, "I think they're very well managed here. I've never heard any arguments between the staff. I think [the home manager] and her deputies do lead the staff very well, yes. I do know her by sight and I believe they hold resident's meetings but I have never been to one yet." Another person told us, "I know that the manager's name is [X] and I have seen her around at times. The home is far more pleasant now that [the home manager] is here; she has made a huge difference." Another person who used the service commented, "The agency staff were quite nice at the time but it is much better now to have our own permanent staff who we are getting to know. The home's certainly well managed, yes. [The home manager] can be here quite early, going onto quite late. She works long hours sometimes. She does keep her eye on the place and I think the staff are well-led by her. There was a resident's meeting recently. I went and had my say. I have been asked my views as well and given them."

Relatives also felt that the service had changed to well-led. When we asked one relative their opinion they said, "I reckon that it has always been good, especially with the permanent staff. They do appear to be happy to be working here now. There's a good atmosphere here now. In my opinion the home is very well managed and the staff are well-led by the management. The management are very open, honest and forthcoming, yes. Yes they do react to suggestion if they think it right to do so." Another relative agreed. They said, "The manager's name is [X]. She does come into chat and always says good morning. The staff do seem more content since she came. I think she's a very good manager. She's already made some alterations and I think the staff are well-led by her. As long as they remain straight & honest here, my mum will be in good hands. The place is now well managed and the staff certainly well led. She's good!"

The organisation structure had changed with regards to management. The service had a home manager, deputy manager and clinical lead. The provider had an operations manager to support the home manager. The provider also employed a quality and compliance manager and a clinical service manager. At this inspection, we saw the impact all of these staff had on ensuring the service was well-led. When the home manager was not present in the service, the deputy manager and clinical lead could be responsible and accountable for the day-to-day operation and management. The deputy manager and clinical lead were also involved directly with the care that people received. They dealt with issues on the unit and directly oversaw whether quality care was received. The home manager was supported by the provider's other staff. The home manager received clinical advice, governance support and financial and administration coaching. The human resources business partner also provided advice and supported the home with employee issues

like investigations, contracts and related topics. We saw there was a strong management structure which prevented risks forming and where risks were identified they were dealt with in a collaborative manner.

Staff meetings had commenced and we viewed evidence of the content discussed on 2 March 2016, 6 April 2016, 10 April 2016 and 18 May 2016. Topics included staff contracts, shift patterns, people's activities and escorting people out of the service. There was evidence that staff were communicated with and had the ability to point out key issues to the management.

We spoke to a variety of staff during the course of the inspection. We wanted to check what the workplace culture was and whether this had changed since the February 2016 inspection and the appointment of the home manager. Staff confirmed that a positive workplace culture had developed. They felt this was partly because more permanent nursing and care staff were employed, but also because the new home manager had commenced. Staff had positive feedback regarding the clinical lead, deputy manager and home manager. All staff we spoke with felt supported by the management team and that they could raise any issues they wanted to discuss. Staff were also aware of how they could be a whistleblower if they felt one of the managers would not listen to a concern. We received a whistleblower allegation in April 2016 and alerted the home manager to the contact. When we conducted the inspection in July 2016, we found the service had recorded the allegation appropriately, investigated as much detail as possible and noted the concerns for further action.

A robust system of quality management was implemented at the service. This involved daily, weekly and monthly audits. Examples of daily audits included checks of medicines refrigerators and fire checks. This ensured basic care provision risks were not missed. Weekly checks included a report by the home manager, a quick check against some of the CQC's five key questions (CREWS), tours of the building to check for issues and water temperature and call bell checks. For monthly audits, a rotating group of topics were set for each month. For example, in January and June 2016, night checks were conducted by the management team. This was to ensure that care provided to people during night shifts was safe and effective. We saw the results of these visits in reports. Other audits included medicines, health and safety, environment and nutrition.

An action plan and service development plan were shown to us at the inspection. These were maintained by the home manager with support from the service and provider. These showed risks determined from observation and audits were placed in a single central document for consideration and action. We saw a range of risks were recorded, rated and assigned for resolution to particular staff. Progress towards each action was tracked on the plan, with some actions already completed and signed off. This showed good governance at the service in terms of most risk assessment and management.

The provider has a legal duty to inform the CQC about changes or events that occur at the care home. Since the home manager commenced in February 2016, statutory notifications have been sent to us as required by the relevant regulations. These have been sent by the home manager, deputy manager or clinical lead.

We are satisfied that the service has achieved compliance with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person deprived service users of their liberty for the purpose of receiving care or treatment without lawful authority.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>All premises and equipment used by the service provider were not properly used and properly maintained. The registered person, in relation to such premises and equipment, did not maintain standards of hygiene appropriate for the purposes for which they were being used.</p>