Care Quality Commission

Central & Cecil Housing Trust

Queens Court

Inspection report

1 Dedworth road
Windsor
Berkshire
SL4 5AZ
Tel: 01753 838454
Website: www.ccht.org.uk

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We inspected the home on 13 and 16 October 2014. The inspection was unannounced.

Queens Court is a care home providing personal care and nursing care. The home is registered to provide care and support for up to 62 people. At the time of our inspection 61 people were using the service.

A registered manager was employed by this service. 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. However, during our first day of inspection we were informed the registered manager was leaving on 14 October 2014. A deputy manager, quality and compliance manager and area manager would oversee the home during the week. Another registered manager within the company would start on 20 October 2014 and oversee the home until recruitment for the new manager was successful.

Summary of findings

We looked at the provider's recruitment processes. It is the legal requirement for the provider to obtain satisfactory evidence of conduct in previous employment relating to health or social care, or children or vulnerable adults and ensure information specified in Schedule 3 of Regulation 21 was available. Not all of this information was available for review.

Not all of the staff were up to date with training. Staff had not completed recent training including moving and handling, safeguarding, health and safety, food hygiene, infection control and mental capacity. There was a risk of people being supported by staff who may not have up to date knowledge and skills. However, staff received support to understand and carry out their roles and responsibilities by supervisions and appraisals, team meetings and handovers, and daily communications with senior staff and the registered manager.

Although the provider worked to ensure there were enough staff to meet people's needs, we received a mixture of views from people, relatives and staff. Staff did not always have time to spend with people and talk to them.

People were not always supported according to good practice, for example, on one of the floors during lunchtime staff were helping people to eat while standing rather than sitting with the person. However, we saw mealtime was a relaxed and enjoyable time for people. People were supported to choose food and to eat their meal without rushing them and staff treated people in a caring way. There was enough food and drink available for people.

People were supported to maintain their health and wellbeing. Staff were monitoring people's health and wellbeing, and referred them to appropriate professionals when needed.

Throughout our inspection we saw examples of appropriate support that helped make the home a place where people felt included and consulted. People and their relatives were encouraged to plan their own care and support. We saw staff responded to people's needs quickly and in a caring way. People and their families were involved in the planning of their care and were treated with dignity, privacy and respect.

We looked at how medicines were managed and people supported to take their medicines. Medicines were kept securely and senior staff had keys to access the medicines. People were supported appropriately to take their medicines and appropriate records were kept to make sure medicines management was safe.

People felt safe at Queens Court and relatives agreed with this, and they were protected from abuse. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected. The registered manager was knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA) and had taken the right action to ensure people's rights and liberties were protected. However, we did not receive a notification for DoLS outcome on time and this was submitted to us when we informed the provider about it.

Systems were in place to identify, report and respond to incidents and accidents appropriately and action was taken to prevent these events from recurring. The registered manager assessed and monitored the quality of care. The home encouraged feedback from people and their relatives, which they used to make improvements to the service.

The provider did not take proper steps to ensure people were protected against the risks of receiving unsafe or inappropriate care or treatment. The provider did not operate effective recruitment process and selection procedures. People were at risk because staff did not always receive appropriate training to enable them to deliver care and treatment to people safely and to an appropriate standard. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe. The provider's recruitment process was not always robust. It did not follow legal requirements to check staff's conduct in previous employment, gather required references, make sure employees are registered with professional body where required and explore employment gaps.

People were not always protected from risks of receiving unsafe or inappropriate care because guidance was not always available.

Although staffing numbers were correct and assessed, staff felt they were not always able to spend quality time with people. However, staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Is the service effective?

Requires Improvement

The home was not always effective. Not all staff had up to date training to ensure they had the right skills and knowledge to enable them to meet people's needs effectively and safely at all times. However, staff were supported and encouraged to carry out their roles and responsibilities.

Although the support given by staff during lunchtime was not always good, people had enough food and drinks to meet their needs. People's health care needs were assessed and staff supported people to maintain their health and wellbeing. People had access to health professionals when required.

Staff respected people's freedom and rights. They acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were protected and supported appropriately when they needed help with making decisions.

Is the service caring?

Requires Improvement

The staff were not always caring. Staff did not always show concern for people's well being and ensure they were not in distress or discomfort. However, people were supported to make their preferences and wishes known and staff took time to listen to them.

People's privacy and dignity was respected. In general, staff responded in a caring way when people needed help or support.

Arrangements were in place to provide advocacy services for people who needed someone to speak up on their behalf.

Is the service responsive?

Good

The home was responsive. The staff and registered manager were approachable and dealt with any concerns in a timely manner.

Summary of findings

The home arranged activities for people who use the service according to their wishes and interests. There was a choice of some activities for people to participate in if they wished and we saw they were well attended.

There were appropriate systems to address and respond to complaints. People and their families were able raise their concerns and they were responded to appropriately. When people did complain the home thoroughly investigated their concerns and tried to put things right.

Is the service well-led?

Requires Improvement

The home was not always well led. The provider had failed to provide notifications to the Care Quality Commission.

There was a positive and open working atmosphere at Queens Court. People living at the home, staff and relatives felt the registered manager and team were approachable. There was a commitment to listening to people's views and making changes to the service in accordance with feedback received. New principles for care and support to people were also being implemented that would enhance people's quality of life and support staff to have a holistic approach to care and support.

The registered manager had quality assurance systems to monitor quality of care and support. They involved people, relatives, staff and stakeholders to provide feedback so the home could make improvements. Systems were in place to review and address any incidents and accidents in order to identify any themes, trends and lessons to be learned.

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 checked 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 13 and 16 October 2014 and was unannounced.

This inspection was carried out by one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the visit to the home we looked at previous inspection reports and notifications that we had received. Services tell us about important events relating to the care they provide using a notification which the service is required to send us by law. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and identifying areas of good practice. 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spend time observing how staff care for people and interact with them.

We spoke with 10 people, three relatives, four care workers, three senior staff, domestic staff, the chef, deputy manager, compliance and quality manager and the registered manager. During our inspection we observed how staff interacted with people and their relatives. We looked at how people were supported during the day. We also reviewed a range of care records for 11 people and records about how the home was managed.

Following our visit we sought feedback from commissioners and health care professionals to obtain their views of the service provided to people.

Requires Improvement

Is the service safe?

Our findings

People were at risk of being cared for by unfit and inappropriate staff because the provider did not have an effective recruitment process and selection procedures. We looked at seven recruitment files of staff who started work within the last 12 months. The provider checks of newly recruited staff such as employment history, conduct, competence and criminal records were not as thorough as they should have been. The checks are necessary to confirm staff's suitability to work with vulnerable adults. For example, three files were missing a second reference. The company's policy stated that at least two references should be obtained as part of the recruitment process. Two files had employment gaps of one and three years and in two files, employment history dates were not clearly recorded. One file showed a full employment history which included the staff member working with vulnerable adults and children. There were two references obtained to check staff's conduct. However, neither were from those employers where staff worked with vulnerable adults and children. In one file relating to a person employed as a nurse, there was no record of the required registration with the relevant professional body. Their registration for carrying out a role of a nurse expired on 28 February 2014.

This was a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people needed to use equipment to keep them safe, for example, a walking frame or bed rails. One person had bed rails, however, there was no risk assessment for their safe use. The provider must take proper steps to ensure people are protected from unsafe care. The provider said this would be addressed to ensure appropriate guidance was in place to help staff to support the person.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Other risks to people's safety were appropriately assessed, managed and reviewed. We looked at 11 people's care records. Each person had a risk assessment to review their abilities and any support needed to keep them safe which also took into account people's wishes to be independent. This balanced risk taking and people's independence. It helped staff to make sure people were protected from the risk but also enabled them to remain independent where possible and undertake the activities they liked. These assessments were different for each person as they reflected their specific risks and individual needs. Guidance and management plans were in place to help staff keep people safe and reduce the risk of injury.

The registered manager assessed staffing numbers according to people's individual needs on each floor. Extra staff would be on duty if people's needs changed and they needed more support. The registered manager told us lunch time became very busy time. Shifts were adjusted so that there was an overlap between the morning and late shift. People were supported appropriately because staff numbers were increased for that particular time. The registered manager used assessments for each person to assess staffing requirements. In response to people's needs, staff ratio had been increased to 1 to 5 to ensure people received quality time and support when they needed.

Although staffing numbers were in line with the assessment, staff felt they were not always able to spend quality time with people. Staff felt when regular staff were working, things ran very smoothly. People told us and we observed call bells were responded to promptly. We did not observe anyone rushing and the support was provided at people's own pace. There was a mixture of comments regarding staffing levels from people and relatives: "We could do with more", "There are enough staff but at times it is very busy", "Realistically, there is never enough staff" and "I think there is enough staff, you press the buzzer and they come". The home used agency staff to cover absences if permanent staff did not take any extra shifts. They said they were supported well to work at this home. Staff said it was not always possible to spend the time they wanted with people and talk to them individually. However, they knew recruitment was ongoing which would reduce the usage of agency staff.

We looked at the medicines management in the home. Medicines were kept in a locked trolley, in a locked room on each floor. We reviewed medicines prescribed to people and it was all in date. There was a locked controlled drug cabinet. We reviewed the medicines classed as controlled drugs and found one medicine out of date. This was for a person who no longer resided at the home. The senior staff told us they would return it to the pharmacy on the collection date with other waste medicines. Some medicines were kept locked in a small fridge. The temperature was checked daily. We also observed how

Requires Improvement

Is the service safe?

people were supported to take their medicines. Staff were helpful and did not rush people. They explained what the medicine was for and provided a drink of the person's choice so they could swallow their medicine. In the dining room, during lunch time, we saw the medicines trolley was always locked when the staff member left it to administer medicines. They used different medicine pots for each person. Once medicine was taken, staff signed the medicine sheet accordingly.

Arrangements were in place to ensure people were protected from abuse. Staff knew how to identify potential abuse and understood their reporting responsibilities. Safeguarding and how to keep people safe was discussed in team meetings and handovers. The registered manager was committed to provide a safe environment for people and encouraged everyone to raise any issues or concerns so these would be addressed accordingly. Staff said concerns or issues were always addressed well and discussed among the team. Staff were comfortable raising concerns outside the organisation, as well, because the staff were "there for the people" and wanted to ensure they were safe. We saw information was available around the home regarding safety and who to contact if anyone had any concerns. Staff and people said: "The management would get police involved if there were safety matters", "If I saw a stranger I would ask who that was" and "People are very quick to notice strangers".

The registered manager and staff monitored people's wellbeing and safety on a daily basis. They spent some time with people and staff observing daily practice ensuring any issues were picked up straight away. Staff would report any changes to the senior staff. Regular meetings took place which were used to raise any safety issues. Incident and accident reports contributed to monitoring of people's safety and any reoccurring trends or patterns. People felt safe and supported by staff. Comments included: ''I feel brilliantly safe", "Oh yes, completely safe" and "If I have got to be somewhere, I am so glad I am here". People felt safe because they knew staff would come quickly when they called for help. Call bells were answered promptly.

Requires Improvement

Is the service effective?

Our findings

People were at risk of being supported by staff without appropriate knowledge and skills to carry out their roles and responsibilities because not all staff were up to date with their training.

Staff had completed appropriate induction and related training when they started work at the home. During induction new members of staff worked with more experienced staff to ensure they were safe and sufficiently skilled to carry out their roles before working independently. Staff told us the training helped them to understand and meet the needs of people. Some staff had attended additional training outside of the training that was specific to the needs of people. This included areas such as wound management, pressure area care, catheterisation, communications and stress behaviours, and 'best interests'. However, this initial training was not always maintained with refresher courses or updates.

Staff also completed other training including safeguarding adults, the Mental Capacity Act (2005) (MCA), medicines administration and moving and handling. However, the latest training record showed not all staff out of 58 had up to date training. For example, 13 staff did not have moving and handling training, 20 had no safeguarding update or training, 22 had no MCA training and 12 did not have infection control training. Not all senior staff administering medicines had a recent competency assessment to check their skills and knowledge in medicines management. Some staff commented the training was good but refreshers were needed. The registered manager was aware of this. It was one of the improvements they needed to address.

This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us staff received ongoing supervision meetings with their supervisor and regular appraisals. We could not review supervision notes as the company was changing the system of supervising staff and a new recording system was being put in place. However, we were able to see examples of appraisals. Staff confirmed they felt supported by the manager, the nursing staff and other team members. There was daily communication between staff and senior staff to make sure people were supported appropriately. Some of the staff had a Diploma in health and social care or were working towards it. Staff said additional training was always available to attend and gain the skills and knowledge they needed for their role. They felt supported in their roles. Staff could identify any future professional development opportunities and raise any issues they had. This helped enhance their skills in caring and being more perceptive of people's needs. Staff felt they had opportunities to progress in their professional development and support the home with providing good care. People and relatives also made positive comments about the way staff supported them: "The staff are brilliant, they help in every way they can", "The care assistants are very good. The new ones are always with someone trained so they learn quickly" and "They come quickly if I am not feeling great".

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their best interests or is necessary to keep them from harm. The registered manager reviewed and assessed people with the local authority to make sure people were not deprived of their liberty unlawfully. Two people had DoLS authorisations in place. People's rights were recognised, respected and promoted. Staff had training to understand when and how an application to deprive someone of their liberty should be made and they had access to the relevant policies and procedures.

The Mental Capacity Act 2005 (MCA) is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Not all staff had received MCA training, however, they understood the need to assess people's mental capacity to help them make decisions. They said people's ability to make decisions could change depending on the time of the day or their mood. If it was not possible to make a decision at that time, they would wait and come back later to check again and help them to make those choices or decisions. People were encouraged to make their own decisions and other people important to the individual, were involved in this process where appropriate. More complex decisions were carried out following capacity assessments and best interest discussions to ensure decisions were made in accordance with people's wishes and the requirements of the law.

We observed the lunch time on all three floors to see how people were interacting with staff and provided with

Is the service effective?

support. Some people ate in the main dining room and others had meals in their bedroom. There was a large sign by the entrance to the dining rooms listing the menu of the day in pictures. People were asked about their choice of meal and if they still wanted the same choice made on the previous day. Some people chose the same meal and others chose to have other meals from the menu. On one of the floors we observed staff were using a sheet of paper to check people's choices rather than a pictorial menu. People were not always able to hear the questions about their meals. They could not always read the print on the paper staff were using. We told the provider about this and they said it would be addressed.

People were supported in various ways to enjoy their meals. As part of the new dining experience, staff were supposed to sit together with people during the mealtimes. We observed staff were standing but not sitting with people who required some support with their meals. Lunchtime was not rushed, staff were supporting people in a calm manner and everyone could eat at their own pace. We received mixed views about the meals: "The food and drink could be better", "It would be nice to have a beer", and "We need more fresh fruit and vegetables. However, everyone was asked what drink they wanted and if they needed any salt and pepper. One person did not want their choice of meal so they were offered another meal. A pudding and a hot drink were then offered which they chose to have. People said: "The food is pretty good here", "I enjoy meal times" and "Yes, I enjoy the food, it looks nice, I like it".

The kitchen staff were also involved in making sure people maintained good nutrition and hydration. They accommodated individual needs and made sure people had an adequate diet. People's weight was monitored and action taken if this was not being maintained. People had their food and fluid intake monitored to ensure they were eating enough. Some people had fortified foods or drinks (items with enhanced calorie content) prescribed to increase their calorie intake.

Kitchen and care staff knew about the foods people liked and did not like. Kitchen staff visited each person the day before to find out their choice for the meal. They were aware some people could change their minds so were able to accommodate a different choice. They were also aware of any special dietary needs, for example, for a diabetic or gluten free diet. We observed that meals were well presented.

Care plans also noted the support people required to manage their mental health. We saw in each staff office there was a board with people's information specific to them recorded using certain codes. Staff said it was clear and easy accessible information, especially useful in emergency situations. People were able to see healthcare professionals such as GP's, physiotherapists, community mental health professionals, dentists, district nurses, chiropodists, palliative care nurses and speech and language therapists (SALT). Staff showed good knowledge of people's needs, and were able to recognise signs of health deterioration and promptly respond to those changing needs and get help. During our inspection, a GP and district nurses visited the home to review people's health and provide support and care such as wound dressing.

Requires Improvement

Is the service caring?

Our findings

Staff did not always show concern for people's well being, responding to their needs and ensure they were not in distress or discomfort. On one of the floors we observed staff's practice when supporting people. We had to ask staff to check if the people sitting in the lounge were comfortable. They were asleep and leaning forward, and one person had a pillow on their neck that did not look comfortable. Staff checked with one person who said they were fine. However, they did not make sure another person was comfortable and left the pillow on their neck. They did not recognise this position may have affected person's posture and wellbeing. The understanding of effective care and support was not demonstrated in situation. Later we chatted to both of the people. They said they liked the home and enjoyed watching television. We also spoke to the provider about this. They ensured us this would be addressed.

People and relatives told us staff were respectful and caring. In general, staff showed care and kindness when supporting people with their daily tasks. Staff spoke with people in a respectful way and supported them when needed. Staff knew people well and interacted in a friendly manner with them. People and relatives told us: "You cannot get them any better than here", "They listen to the problems", "Staff come in and ask if I am ok" and "They are very good, the manager is really kind".

People and relatives told us they were treated with respect and dignity. We saw that people who sought help were supported. For example, one lady was sitting near the lounge observing activity in the area occasionally calling for staff. We saw at various times different staff sat with this lady, had a chat and made sure she had a drink and some snacks on the table. Staff responded well and offered reassurance continuously. Another person was supported to spend time watching what was going on outside the home. Staff sat together with them and had a chat. People were supported in a respectful way preserving their dignity. They said: "This is my home and I am pleased they treat it as such". People were supported to move around the home making sure they felt comfortable. People used various mobility aids, for example walking frames, wheelchairs or special chairs if they needed them. If someone needed help, staff did not rush them and supported them in a caring way. Staff understood the importance of treating people with respect and dignity.

People were given choice and opportunities to make their own decisions and be as independent as possible. People's rooms were personalised. People were relaxed and staff interacted with people in a positive way. Staff treated people with respect and supported them by giving time to express their preferences and make choices. We observed where people were unable to express themselves verbally, staff were able to recognise their wishes which were respected. People said: "Yes I can make decisions. When they come to support me, they concentrate on me, oh yes" and "I am very independent and I can do things for myself". People and those important to them were encouraged and involved in making sure they received the care and support they wanted. People felt consulted regarding their care planning and were involved in discussions of any changes. People's wishes to be independent and care for themselves were respected. However, one family member mentioned they had not had a meeting to review their relative's needs and care since last year.

Staff demonstrated knowledge about the people living at the home. We heard staff patiently explaining choices to people, taking time to answer people's questions and provide the support they wanted. Staff showed caring and friendly attitudes in the way they supported people. People were given the time to eat or supported when needed. We saw people who had some difficulties to carry out a task were offered support. Staff checked regularly whether people needed anything. We saw people in the home responded well to the staff.

The registered manager told us advocacy services were available to people who use the service. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure their rights are upheld and correct procedures are followed. If someone needed an advocate to help them make decisions with any aspect of their life, the registered manager would contact the local authority adult social care team for advice on which agency would be most appropriate. They said one person had some support with their money with another agency. Another person had previously used an advocate but their needs were now managed by the Court of

Requires Improvement

Is the service caring?

Protection. The Court of Protection is a superior court of record created under the Mental Capacity Act 2005. It has the power to make decisions about the property, financial affairs and welfare of people who lack mental capacity to make decisions for themselves.

Good

Is the service responsive?

Our findings

People's needs and wishes were recognised and responded to by the staff. Each person had a support plan which was personal to them. These plans included information on maintaining people's health and wellbeing, their daily routines and how to support them appropriately. Staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

People's engagement in activities, maintaining their social skills and emotional wellbeing was promoted as much as possible. People could take part in group activities or have individual time with staff. The registered manager told us the activity coordinator was on leave so they had to rely on staff to provide different activities to people. The registered manager recognised the number of activities had decreased and were encouraging staff to help in any way. There were posters around the home inviting people to join yoga and physiotherapy sessions. These were well attended and people enjoyed this time for exercise. We also saw a hairdresser was coming in regularly. People were supported to maintain their appearance and were assisted to see the hairdresser. This service was very well attended throughout both days we were at the home.

The registered manager and staff spoke to people to find out what they enjoyed so that it could be incorporated into an activity. As part of the care planning during admission, people's histories and interests were recorded to try to provide activities related to their interests. However, people told us they would like more trips out to visit places. The registered manager was aware of this and had contacted companies to arrange trips for people. The registered manager recognised the challenge was to find a company who would take people with mobility needs. We reviewed other activities and events the home has organised throughout the year. This included relatives meetings, entertainment events, Easter events, gardening, bowling, bingo, a fete for people and their relatives and an open day. People's wishes to maintain relationships that mattered to them such as with family, community and other social links were respected and encouraged. Many relatives visited daily and were always welcome to spend time with people.

People and their relatives were involved in the care planning process. People's needs had been assessed and care plans were in place. Relatives were encouraged to support people to plan their care. The registered manager and staff were responsive to requests and suggestions. Relatives felt supported and involved in the lives of their family members who lived at the home. Staff understood their responsibilities for meeting people's health and care needs. Appropriate records were kept including guidance on how to keep people healthy and information about people's personal care, skin and wound management, mobility, falls prevention, medication, weight management and nutrition. People were supported to stay healthy and their care plans described the support they required to manage their day to day health needs. Information in care plans helped staff monitor and identify people at risk of poor health. For example, people at risk of malnutrition or dehydration were closely monitored by staff and when needed referred to a dietician or the GP.

The home's care planning and monitoring system ensured people's emotional needs were identified and plans were in place to prevent people from becoming distressed or to enhance their quality of life. The home identified when some people's mood or behaviour changed and could potentially put them or others at risk. They took prompt action by involving relevant mental health professionals such as psychiatrists and community psychiatrist nurses. Care plans reflected professional guidance and staff were monitoring people's wellbeing continuously. Systems were in place to ensure that decisions about people's care were lawful and these were kept under review.

The provider regularly sought feedback from people, their families and professionals about the care and support. This was achieved through reviews and other meetings for people who use the service, quality assurance questionnaires, and through informal conversations. In addition, the registered manager received feedback on the quality of support during staff meetings, discussions during daily handovers and from communication with other professionals. Staff and the registered manager encouraged people and relatives to express their views and always addressed any issues straight away. This helped identify any improvements necessary so they could be addressed straight away without having a negative effect on people's lives.

The home had a complaints procedure which provided information for people about how to make a complaint. We saw complaints and compliments forms were available in the lobby of the home. The registered manager said

Good

Is the service responsive?

feedback leaflets were available for anyone to record any comments and pass them on to the office with the option to remain anonymous. People and relatives told us they had no issues with approaching staff and the registered manager about raising any concerns or issues. The registered manager had a positive view of complaints and told us: “We discuss it in the team, we learn from it and try to do things better”. Complaints were addressed and investigated. The lessons learned were shared among the team to make sure the issues identified did not happen again. They discussed ways how the service could improve the quality of care to all people. We saw the home received a lot of compliments from families for the care and support provided to people. The registered manager said: “It had a motivational effect on staff and it is nice to feel appreciated for the job you do”.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. However, we were informed they were leaving the day after our inspection. Arrangements were put in place to make sure the home was run smoothly until a new registered manager was recruited. We found one notification which should have been submitted to the Care Quality Commission (CQC) had not been. The notification was submitted immediately after we brought it to the manager's attention on the first day of our inspection. There was an incident that should have been reported to CQC. Although the incident was recorded appropriately in home records, CQC had not received it. The provider could not find any evidence to show they had submitted the notification.

The home's aims and objectives were to provide people with excellent support. The staff team worked together to make sure people and the things that were important to them were at the centre of staff's attention. The provider was implementing "the Principles of Care" including inspirational environment, life, care and food as part of the ongoing improvement programme across the whole provider. The goal was to create a home where people felt respected and involved. These principles would help define all aspects of care and support provided putting people's individual need and experiences at the centre of the home's work. We saw people and staff had good and kind relationships and communication between each other. We observed friendly interactions and respectful support provided to people. Speaking to the registered manager and staff we could see they were interested and motivated to make sure people were looked after well and able to live their lives the way they chose to.

We spoke with local authority commissioners of care in the home and they were positive the home was making changes. They were aware of some areas of improvement the home had to address, for example, staff training. They were also aware the registered manager and the deputy manager were leaving. They had not experienced any increase in notifications regarding deterioration in the quality of care and support. The home was working in collaboration with the local authority to address any issues and take actions to improve the quality of care, support and work in the home.

Staff and the management were committed to listening to people's views and making changes to the service in line with the feedback received. Meeting minutes confirmed the registered manager used this time to promote open communication by keeping staff and people updated on actions taken. They discussed conduct in the home, improvements and using their feedback to measure the success of the changes that have been implemented. The registered manager had been committed to maintaining good team working in the home. They had encouraged good relationships among the staff team as this would influence the quality of support people received. The registered manager had maintained a homely environment and ensured there was always time for people and their relatives to discuss things important to them. The registered manager spent some time on each floor with people and staff observing interactions and support in order to identify any issues. Staff spent time with people and listened to what they had to say. They considered people's views and were motivated to provide high quality care.

We also spoke about the home's recent achievements. The registered manager praised their staff team which they said was stable and caring. The provider had started implementing a new programme "Principles of Care" that would guide staff how to support people to live fulfilling and happy lives. The provider told us senior management would visit the home soon to talk to staff and people about the way they would be working according to the new principles. The registered manager also mentioned they were praised for dementia care and good 'end of life care' and the way it made people feel.

Staff meeting minutes included information about people's wellbeing and health, support. They also noted daily tasks and actions to build a stronger team. The impact of communication on people and staff, and other issues were discussed among the team. There were opportunities to share ideas, keep up to date with good practice and plan improvements. We also reviewed records of staff 'micro meetings' held after daily handovers. They were used to discuss ongoing topics or issues raised, for example, making sure people's health and wellbeing was regularly checked and monitored. They discussed the importance of team work and people's care, new principles of care and implementation, encouragement of participation in activities, changes regarding DoLS, using equipment, incident and accidents and complaints raised. People were

Requires Improvement

Is the service well-led?

also involved in these meetings where their feedback was listened to and appreciated, for example, people liked staff not wearing a uniform and making meals for people with special dietary needs.

Staff were positive about the management of Queens Court and the support they received to do their jobs. They felt it was a good place to work and enjoyed their work. Staff said the senior staff and the registered manager were always around and available if support was needed. Staff said: "Queens Court is a person-led home, the people are all different and so are their needs", "I really enjoy this job" and "People who use the service always come first". Staff said there were opportunities to discuss issues or ask advice. They told us the registered manager was always available if they needed guidance. The registered manager had praised the staff and encouraged open communications among staff making sure they felt welcomed and the door was always open to talk to the registered manager.

The registered manager carried out audits to monitor the quality of care and support. They reviewed all reported incidents and accidents, health and safety, and people's care and support, staffing, complaints and safeguarding. The information analysed was used to identify any trends or patterns, and learn from incidents so they were prevented in future. Any important information was shared with staff so they knew what was going on, then monitored people's wellbeing and made adjustments to care arrangements if required, and take any actions if necessary. for example, some people could portray behaviour that may challenge. The registered manager discussed this with staff and put actions in place to improve the outcome for those people, others around them and staff. The registered manager reviewed and monitored all the contract information related to the home. This included number of people living in the home, safeguarding, compliments, complaints, issues raised, meetings, staffing, any awards or recognitions, and any other updates.

The home had recently sent out a survey and all the responses had not yet been received. Therefore, we were not able to see the feedback. There was no full survey from last year. However, the home carried out a survey about the dining experience to find out what people thought about the food and meals they had. The feedback was used to improve the mealtime experience making sure people had their preferred meals and also maintaining good nutrition and hydration. However, we observed some improvements were still needed to ensure the experience for all people was positive. Regular residents meetings were part of the QA process. They were well attended and people could share their ideas, concerns or suggest improvements to be made in the home. The feedback was used to encourage staff to maintain and provide good quality care and support in a consistent way. For example, people had shared their personal requests regarding their care. The registered manager addressed it and informed the people about the outcome.

We spoke with the registered manager, quality and compliance manager and deputy manager about challenges and achievements within the home and provider. The biggest challenges were to address training shortfalls, maintain regular support and supervision sessions and recruitment of additional staff. The registered manager was working with other organisations to find ways to take people out more often and to make sure there were activities for each person to attend. They also said a maintenance person would be very useful on a regular basis as any issues could be addressed immediately.

The registered manager had maintained focus on ensuring that people continued to receive good care and support. People and staff considered the home to be well-led. They said: "I think I am very lucky to be in an establishment like this", "They seem to work together alright and I am happy here", "I admire the staff" and "We try our best to provide care and do what we can". The registered manager felt supported by the organisation and other homes within the group to maintain the home for people to live happy lives: "We want to make sure anyone who comes to our home can tell it is a Central & Cecil Housing Trust (provider) home".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The provider did not take proper steps to ensure people were protected against the risks of receiving unsafe or inappropriate care or treatment.** **Regulation 9 (1)(b)(ii)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **The provider did not have an effective recruitment process and selection procedures to ensure that people were not placed at risk of being cared for by unfit and inappropriate staff.** **Regulation 21 (a) (b) (c)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **People were at risk because staff did not always receive appropriate training to enable them to deliver care and treatment to people safely and to an appropriate standard.** **Regulation 23 (1) (a)**