

Lancewood Limited

Queens Oak Care Centre

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Queens Oak Care Centre is an 89-bed purpose built care home set out over four floors. At the time of our inspection, 63 people were living at the home.

People's experience of using this service:

Since the last inspection, there has been a change of leadership within the home.

The provider took into account the needs of people living with dementia and sought guidance about the design and adaptation of the home environment.

Staff had completed dementia awareness training. However, training was behind schedule in other key subjects. Staff supervision and appraisal was not always taking place on a regular basis.

People were cared for in a way that respected their privacy and dignity and promoted their independence. We saw many examples of good care, with staff showing kindness and compassion towards the people they were caring for.

Complete and contemporaneous care records were in place for each person using the service. Care planning documentation and related records were treated confidentially and stored safely in line with the Data Protection Act.

People's risk assessments provided clear guidance to staff as to how to manage risks associated with people's care and support.

Staff understood how to recognise and respond to safeguarding concerns to keep people safe and supported people in the least restrictive way possible. This was kept under review by the management team.

Staff worked closely with healthcare professionals and made appropriate referrals when needed.

Staff were responsible for ensuring people had enough to eat and drink and provided appropriate support where this was required.

A lifestyle co-ordinator was in post and there were opportunities for people to participate in a range of activities within the home.

Staff were following safe infection prevention and control procedures.

Regular auditing ensured quality issues were identified and managed appropriately.

Complaints were investigated but records did not always document what action was taken when complaints concerned poor staff performance.

Rating at last inspection: Requires Improvement (report published October 2018)

Why we inspected: This inspection was part of a scheduled plan based on our last rating of the service and aimed to follow up on some concerns we found at our previous inspection in September 2018.

Enforcement: We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the action we have told the provider to take at the end of the full version of the report.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Safe care practices were yet to be embedded in the service.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective
Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

Not all aspects of the service were well-led.
Details are in our Well-led findings below.

Requires Improvement ●

Queens Oak Care Centre

Detailed findings

Background to this inspection

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

Inspection team: This inspection was carried out by four adult social care inspectors, three specialist advisors with social care and nursing experience, a medicines inspector and two Experts-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.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The new manager had not yet registered with CQC to manage the service as he had been in post for a matter of days at the time of our visit. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Staff were positive about the changes being made to the service and how it is managed.

Notice of inspection: This inspection took place on 11 April 2019 and was unannounced.

What we did: Before the inspection took place, we reviewed information we held about the service. This included the provider's improvement plans and notifications which providers send us about certain changes, events or incidents that occur which affect their service or the people who use it. We received information and updates from local authority representatives prior to visiting the service. We used this information to plan our inspection.

We did not ask the provider to complete the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider was given the opportunity to discuss their plans for the service during this inspection.

During the inspection, we spoke with eight people using the service and three relatives. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Therefore, we spent time observing interaction between people and the staff who were supporting them.

We spoke with 19 staff members including three nurses, three senior care workers, five care workers, a lifestyle co-ordinator, a chef, two domestic staff members and four members of the management team.

With people's permission, we looked in their bedrooms and bathrooms and visited communal areas and the home's garden. We reviewed 21 people's care plans and risk assessments and quality checked 24 sets of medicines administration records (MAR). We looked at 10 staff recruitment files, induction and training information. We also looked at policies and procedures, meeting minutes, maintenance records, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

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

Requires improvement: At our last inspection, this key question was rated 'Inadequate.' This was because medicines were not being managed safely and risks to people's health and safety were not being appropriately addressed. We also found that low staffing levels were impacting negatively on people's wellbeing and that cleanliness within the home was not being adequately maintained.

Although the provider has demonstrated that significant improvements to the safety of the service have been made, at this stage we are unable to provide a Good rating for this key question. This is because insufficient time has passed for the provider to be able to demonstrate that improvements can be sustained long term. We will continue to monitor the service and check this at our next inspection.

Assessing risk, safety monitoring and management

- Risk assessments were completed for each individual person in relation to mobility, moving and positioning, falls, nutrition, skin integrity and continence.
- Risk assessments provided clear guidance to staff as to how to manage identified risks associated with people's care and support.
- Repositioning charts were in place for people at risk of developing pressure ulcers. Records were completed in full and reviewed regularly.
- The provider carried out regular maintenance checks including testing call bells and monitoring the safety of lifts, window restrictors, fire doors, wheelchairs and hoists.
- Personal emergency evacuation plans (PEEPs) were in place within a grab folder to ensure people received the right support in the event of a fire.
- Fire safety equipment and fire alarms were checked on a regular basis.
- Appointed fire marshals were able to provide a clear account of their responsibilities in the event of an emergency evacuation scenario.
- Staff managed behaviours that challenged and sought appropriate support and advice from healthcare professionals and commissioners to ensure risks to people's health and safety were monitored and minimised.

Using medicines safely

- People's medicines were managed safely. The provider had medicines policies and procedures in place which ensured staff had clear guidance on how to safely order, store, administer, record, audit and dispose of medicines.
- Medicines were stored in two separate treatment rooms. Controlled drugs (CDs) were stored safely. Fridge and room temperatures were recorded appropriately and demonstrated acceptable temperature levels were maintained.
- Staff responsible for administering medicines were trained and assessed as competent to do so.
- Medicines administration records (MAR) were complete and people received their medicines as

prescribed.

- Staff understood that people with degenerative conditions required medicines to be given at specific times to ensure the impact of their symptoms were reduced throughout their day.
- Medicines management was audited internally and the provider sought advice and guidance from external pharmacists when indicated.
- Where medicines errors had occurred, relevant incident/accident reports were completed appropriately.

Systems and processes to safeguard people from the risk of abuse

- A relative commented, "Our [family member] is definitely safe here, we've got peace of mind that [they] are being looked after and we know that if anything's wrong [staff] will phone."
 - The provider had appropriate safeguarding policies, procedures and systems in place.
 - Staff received training and guidance on how to recognise abuse and were clear about the need to report any concerns they may have about people's welfare to managers and other relevant agencies.
 - Staff utilised the whistleblowing procedure when they wished to report concerns confidentially.
- Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

Preventing and controlling infection

- Staff were following prevention of infection procedures and using personal protective equipment (PPE) including aprons and disposable gloves when supporting people with personal care.
- A schedule of daily cleaning tasks was being completed appropriately by a team of domestic staff. Cleaning utensils, buckets, mops and other items were colour coded to reduce the risk of cross contamination.
- The provider conducted regular infection control audits and completed actions required to ensure the home was kept clean and tidy and free from unpleasant odours.
- We saw evidence that pest control agencies continued to monitor ongoing issues relating to the control and eradication of mice within the home. We saw no evidence of mice during this inspection.

Learning lessons when things go wrong.

- The management team and provider analysed incidents to enable them to respond to trends that may affect people using the service and impact the delivery of safe care and treatment.

Staffing and recruitment

- There were enough staff to ensure people were cared for and supported safely.
- The service had appropriate plans in place to ensure staff were suitably allocated to tasks throughout the day and people who could not use a call bell were checked regularly to ensure their needs were met.
- Staff records included evidence that pre-employment checks were carried out before new staff were appointed and commenced employment. This included requests for written references, Disclosure and Barring Service (DBS) checks and confirmation of identity. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands helping employers reduce the risk of employing a person who may be unsuitable to work in the care industry.
- Nurses confirmed they had up to date registration with the nursing and midwifery council (NMC).

Is the service effective?

Our findings

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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. A Regulation was not met.

Staff support: induction, training, skills and experience

- People's feedback confirmed they received an effective service. However, key training had not been organised in a timely manner and staff were still not being supervised on a regular basis. Therefore, the rating for this key question remains 'Requires Improvement.'
- There is an expectation that CQC regulated providers ensure induction programmes for new staff meet the requirements of the national standard of good practice. For example; the Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It provides reassurance to everyone that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- The provider's induction handbook incorporated elements of the Care Certificate. Despite staff telling us they completed an induction and were provided with opportunities to shadow more experienced staff, we could find no evidence in staff records to demonstrate that induction training was completed in full and that new staff received the support and supervision necessary to ensure they were equipped with the skills and the knowledge to carry out their specific roles.
- At our last inspection, we found that key training had not been organised in a timely manner and records showed that essential training was overdue. At this inspection we noted that most staff had completed training in mental health legislation, safeguarding and dementia awareness. However, training in the following areas; care of pressure sores, continence, end of life, falls prevention, fire safety, fluid and nutrition and behaviours that challenge was overdue for a significant number of staff members. In addition, supervision and appraisals were not taking place in line with the provider's policies and procedures.

These issues relate to a repeated breach of Regulation 18 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

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

- People's needs and choices were assessed prior to them moving into the home or prior to a respite stay to confirm their needs could be met appropriately.
- People, their relatives and relevant healthcare professionals were involved in assessments and reviews of the care and treatment people were receiving.
- Protected characteristics under the Equality Act, such as ethnicity, sexuality and gender identity were considered as part of the assessment process.

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

- People's nutritional needs were being met. People commented, "I'm pleased with the food, I've always

been happy with what I've had", "The food is excellent", "It's nice" and "We eat enough." A relative told us, "[My family member] eats well. [They've] put on weight since being here."

- The head chef was aware of people's preferences and needs and prepared a range of meals and snacks including vegetarian options, halal dishes, Caribbean dishes and soft food diets to ensure people had their choices met.
- Food temperatures were checked before food was served and people had access to hand wipes and napkins.
- People were shown plated food options and asked to state their preference before their meal was served.
- A selection of fruit drinks was available although we did not see water being routinely offered to people.
- People who required support to eat and drink were supported appropriately. Interaction between staff and people using the service was kind and considerate.

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

- People were supported by staff to maintain good health and had access to dentist's, podiatrists and opticians when needed. The provider worked closely with specialist nursing teams and GPs to ensure people's health concerns were responded to in a timely way.
- Where appropriate, serious injuries were escalated to the emergency services.

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

- The provider had made improvements to the interior decoration of the home.
- Work was in progress to ensure the home was dementia friendly and supported the specific needs of people using the service.
- People were involved in decisions about the home's decoration and colour scheme. Doors to people's rooms were painted in a range of bright colours and plenty of themed seating areas encouraged people to stop and pause to engage with others. Reminiscence areas and objects such as an old fashioned sweet dispenser, post box, plants, newspaper rack, bus stop, maps, loose coins and timetables provided points of reference to people living in the home. Clear signage throughout the home and on room doors aided orientation and promoted identity. One person commented, "It's like being in your own home."
- The home had an attractive garden area. However, we noted that pathways were not always clear from obstacles, exit doorways were not suitable for people in wheelchairs and hand rails were not available making parts of the outside area hazardous for people with poor mobility. The provider contacted us on 24 May 2019 to report on action taken to rectify these issues.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had a basic understanding of the MCA and the importance of supporting people to make their own decisions where possible.

- 23 active DoLS were in place, 17 applications had been made and were awaiting a response and nine applications had expired. We received further information following the inspection stating that all applications were currently being reviewed by the local authority responsible for this task.
- Where people were found to lack capacity in specific areas, guidance was available to staff through completed mental capacity assessments and the outcome of best interests decision meetings.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that they were supported by kind and caring staff. Comments included, "The care is good", "[Staff] are doing a very good job", "I'm really happy with the care. Staff are very friendly", "[Staff] are nice, polite and kind" and "[The staff] are friendly. I haven't got a bad word to say about them."
- People's diversity and individuality were respected and promoted. Religious beliefs, important relationships and how people chose to express them were recorded in people's care plans and reflected in the daily activities provided. Religious services took place within the home.
- The premises were well-appointed and close to local amenities. Rooms were basic but spacious and had en-suite shower facilities. People were able to personalise their rooms with their own belongings.

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

- When people needed support to communicate their needs their care plans provided guidance for staff. Staff were able to describe how they communicated with individuals who were unable to communicate verbally. This included writing things down, gesturing, reading body language and facial expressions.
- People accessed relevant advocacy services so they could be actively involved when making decisions about their care and treatment. An advocate is someone who can offer support for people who lack capacity to make specific important decisions; including making decisions about where they live.
- Relatives told us they were involved in care decisions regarding their family members and were invited to reviews when these took place.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Doors were closed when staff were providing personal care and staff were mindful of the need to protect and promote people's privacy and dignity.
- Care plans and electronic records were kept securely within the nurse offices where access was limited to staff.
- Staff listened to people and encouraged them to make choices and do the things they wanted to do. We observed people carrying out daily tasks that were important to them. One person told us, "I clean my room myself." Another person was observed carrying a small tray of tea things from their room to the kitchen and appeared to be happily engaged in this task. Other people spent time listening to their favourite radio channels and watching preferred television programmes or took part in the organised activities.

Is the service responsive?

Our findings

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

Good: People's needs were being met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care documentation was available in paper and electronic form and included information about people's medical history, mental and physical healthcare needs, social, emotional and cultural needs.
- Care records included a section titled 'This is my life'. Where people and their relatives had been involved, information was detailed and provided a good account of what was important to them.
- The provider worked in collaboration with health and social care professionals and sought advice and guidance when needed. We saw evidence in people's care records that referrals were made to specialist nursing teams, dietitians, speech and language therapists, occupational therapists and podiatrists.
- Staff used a red bag system to ensure that people had everything they needed when they went to hospital and to ensure that hospital staff had the information they needed to meet people's needs.
- People were given information in a way they could understand. Staff understood the Accessible Information Standard. People's care plans identified and recorded people's communication needs. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- People could choose what activities and interests they took part in. Activities on offer included concerts, barbeques, tea parties, singing and dancing, a visiting zoo, knitting, baking, arts and crafts and religious expression. One person told us, "Someone comes to me to play games, give me massages and do my nails". Another person told us, "I'm always getting involved in the activities."

Improving care quality in response to complaints or concerns

- Information about how to make a complaint was available in the reception area. People knew how to make a complaint and to whom.
- We looked at the complaints records and saw that 11 complaints had been logged since our last inspection in September 2018. Complaints were investigated fully and action taken to resolve concerns. However, it was not always clear what action was taken when complaints concerned poor staff performance and we could find no documented evidence to demonstrate that learning from mistakes was taking place as part of the complaints handling process. We discussed this issue with the management team who agreed to re-open relevant investigations where needed.

End of life care and support

- Staff attended multi-disciplinary team meetings on a regular basis to discuss people's end of life care and implement recommendations.
- Some information was available in people's care records in relation to end of life (EOL) preferences such as preferred place of death, preferred place for burial, named church for burial service, people involved and who to contact.
- Anticipatory pain relieving medicines and prescriptions were in place for people where these were

required.

- 'Do not attempt cardiopulmonary resuscitation' (DNACPR) forms had been completed (where appropriate) and these were reviewed by a GP as required.
- Not all staff had completed training in EOL care.

Is the service well-led?

Our findings

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

Requires Improvement: Service management and leadership had improved but there was not sufficient evidence of consistent good practice.

Continuous learning and improving care; Working in partnership with others

- Leaders within the service were promoting person-centred care and were aware of the provider's registration requirements. However, at the time of our inspection, staff training, and supervision were behind schedule and complaints had not always been sufficiently followed up to address staff performance issues. In addition, although significant improvements had been made since our last inspection, there was insufficient evidence of sustained good practice over time to change the rating from Requires Improvement to Good for this domain. We will check this at our next inspection.
- The management team worked in partnership with staff members, quality managers, local authority representatives and healthcare providers to ensure the home provided a safe, effective, caring and responsive service.
- Staff were clear about their roles and responsibilities. However, the provider's training matrix showed that a number of staff had yet to complete core training and staff supervision and appraisal was not always taking place on a regular basis. The provider has since sent us an internal training action plan demonstrating how they intend to address the issues we identified during the inspection. We will check that this matter has been fully addressed when we next inspect the service.
- Information was available in the main reception area in relation to agencies and services that provided support to elderly people.
- Nursing staff kept their professional registration requirements up to date and continued their professional development to ensure they remained aware of best practice guidance and procedures.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection, the service was without a registered manager. The provider has since informed us that the current manager has begun the process of applying for the post of registered manager with the Care Quality Commission.
- Daily meetings, team meetings, weekly clinical governance meetings and allocation of task schedules underpinned the day to day management and running of the service ensuring people's support needs were met appropriately.
- The provider and management team were committed to improving the home's quality assurance processes. Regular audits and checks were completed to ensure the service and staff delivered a good service to people living in the home.
- A copy of the most recent report from the Care Quality Commission was on display at the service and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the

provider's performance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us the management team was approachable and supportive. There was a clear focus on team work and developing a compassionate and caring model of practice. A member of staff told us, "The changes are positive. [Name of acting manager] is really good. She's like family. You need someone like her to be happy at work and you need to be happy at work to care for vulnerable people. If you are happy then you can make other people happy. You can do all the training in the world but if you are not treated well and not happy, you can't do a good job."
- At our previous inspection we found that we were not always receiving notifications of safeguarding concerns and/or other events. At this inspection we found that improvements had been made. The provider and management team understood their responsibilities in relation to their registration with CQC and submitted notifications of accidents and incidents in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's diverse cultures and equalities characteristics were considered and promoted. The lifestyle co-ordinator designed activities to support people to celebrate their own identity and individual interests and share those of other people living in the home.
- The provider sought feedback from people using the service, relatives, friends and visiting healthcare professionals through the use of feedback forms and surveys. 20 returned 2019 surveys demonstrated that respondents felt safe and were happy with the service they received.
- Relatives were invited to attend monthly meetings at the service and meeting dates were clearly displayed in the main reception area.
- Staff were encouraged to share their views on how the home could improve. Staff were listened to and their ideas were acted on. One staff member commented, "The leadership within the home is good. I can talk to them and everyone listens. We can come together as a team."

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	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff were not always being provided with appropriate training and supervision to support them in their roles.