

Bupa Care Homes (BNH) Limited

Queensmount Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service: Queensmount Care Home is a nursing care home registered to provide accommodation and nursing or personal care for up to 49 older people. At the time of our inspection there were 41 people living at the home.

People's experience of using this service:

There was a very homely and welcoming atmosphere where people were supported by staff who were exceptionally kind and caring. Feedback about the compassionate and caring approach of staff was overwhelmingly positive. People were treated with dignity and respect in a way that truly valued them as individuals. The management and staff were always prepared to go the extra mile to ensure people received the care they needed and lived full and meaningful lives.

There was a person-centred culture that was driven by a motivated and committed staff team. They constantly looked for ways to improve the service and ensure people received the outstanding care they deserved. This motivation resulted in a whole team who were totally supportive and committed to providing high quality, individualised care. The staff team told us they were truly valued and respected. They were highly skilled, motivated and knowledgeable. They were also very well trained and supported and encouraged to progress and develop.

People were placed at the centre of the service and were genuinely consulted in relation to all decisions about their care and the service. Families and visitors were welcomed into Queensmount Care Home and were full of praise for the genuine warmth and kindness they experienced.

The service remained at the heart of the local community with strong community links with a whole host of different community groups regularly visiting and people accessing their community.

The service was exceptionally well-led. The registered manager demonstrated how their open and listening management style and robust quality assurance systems had sustained continual development and improvement at the service. They had demonstrated ways of working that ultimately improved the outcomes for people living at Queensmount Care Home. They were clear about their expectations relating to how the service should be provided and led by example.

Since the last inspection, they had made many positive changes and were driven to provide an outstanding service. They were supported by a staff and a senior team who were passionate and fully committed to delivering quality person-centred care to people. Staff were motivated by and proud of the service and morale was very high within the service.

The service met the characteristics of outstanding in all areas.

Rating at last inspection: GOOD (The date last report published was 8 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. The service has improved and has now been rated Outstanding.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Outstanding.

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?

The service was exceptionally safe

Details are in our Safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding 

Queensmount Care Home

Detailed findings

Background to this 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: One inspector, one assistant inspector, one expert by experience, who is a person who has personal experience of using or caring for someone who uses care services and a nursing specialist advisor.

Service type: Queensmount Care Home is a nursing care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 41 people living at Queensmount Care Home at the time of the inspection.

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

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries and we sought feedback from the local authority, safeguarding team and clinical commissioning group (CCG). We used all this information to plan our inspection.

The provider had completed a Provider Information Return (PIR). 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. The information provided by the provider was used to plan our inspection and was taken into account when we made judgements in this report.

During the inspection we met and spoke with 14 people and two relatives to ask about their experience of the care provided. We spoke with eight members of staff including care assistants, senior carers, nursing

staff, the head of care, and the registered manager. We also spoke with two visiting health professionals.

Following the inspection, we received feedback from two relatives and two staff members via our website. The registered manager sent us their improvement plan, additional evidence and staff training information.

Is the service safe?

Our findings

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

Outstanding - People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and relatives were confident that people were protected from harm. One person told us, "Yes, I do feel very safe here, no problems with other residents, they all help each other". Another person said, "I do feel very safe here, everyone is very kind to me".
- Staff had completed training in safeguarding people from harm and abuse. Staff we spoke with were clear about their responsibilities to report concerns and were extremely confident that action would be taken if concerns were raised.
- There were effective safeguarding policies and procedures in place. The local authority safeguarding team told us the service worked well with them.
- The service was innovative in its response to learning from safeguarding. For example, one person with limited sight lost their way in dimmed light, and left the home and fell. Following the incident bright contrasting light switch plates were fitted to the person's bedroom and corridor light switches so they could easily see them to turn them on.

Assessing risk, safety monitoring and management

- The service was safe because people were supported by a motivated team. Safe practice was seen as a result of knowing people really well, along with what each person was capable of and how staff could support them to remain safe.
- An empowering culture encouraged positive risk taking. People were supported to live their lives as they chose. For example, one person, who was at risk of falling, wanted to continue going to their bank independently each week. The service arranged for a regular taxi driver who waited for the person and knew to contact the home if there are any issues. Another person, who had a nut allergy, wished to look after their own epi-pen they kept this in a known place in their handbag. This was so staff knew where to locate it in case of any emergencies but respected the person's wish to primarily manage it them self.
- Where people did not wish to follow plans to manage risks this was clearly documented to show the person was making an informed choice and that their choice was respected. However, the service had also looked at working with people to find alternate ways of minimising these risks. For example, one person who was at high risk of falls chose to mobilise independently regardless of the fact they frequently fell. The

service developed a programme of daily strengthening exercises for the person. Each staff day supported the person to do these exercises and their falls reduced significantly.

- There was a positive focus on developing new ways of supporting staff to assess and plan for managing environmental risks. For example, an empty room was set up with different hazards in it and staff were then asked to go in and identify all of hazards. Staff told us they really benefitted from this innovative way of learning to assess and manage risks.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Staff told us there were always plenty of staff. People spoke positively about staffing levels and comments included; "The staff are always available when I need them", "I am never rushed, the staff always have time to deal with me properly", "The staff will come very quickly if I press my call button" and "The staff are always available".
- There was a stable staff team and people and relatives told us they knew staff well. The service had low levels of use of agency staff and had high levels of staff retention due to the positive and supportive culture. The registered manager told us they and the head of care would work a care shift rather than use agency staff. The service had the lowest staff turnover of the eight homes in the provider's local region.
- There had not been any changes in the way staff were recruited since our last inspection. We sampled one staff member's recruitment file and staff continued to be recruited safely.

Using medicines safely

- There was a person-centred approach to medicines administration people were offered the opportunity to manage their medicines themselves but most people chose for staff to administer their medicines. One person told us, "My medicines come around every day like clockwork, no problems".
- Medicines were managed safely. There were effective systems to ensure medicines were ordered, administered and monitored safely. There were six medicine staff champions who were responsible for the safe checking in, administration and auditing of medicines.
- Senior care and nursing staff were trained in the administration of medicines and were responsible for the administration of medicines to the people on the living unit they were working on.

Preventing and controlling infection

- The service was extremely clean and staff were very proud of how they cleaned and maintained the infection prevention systems in the home. There were four infection prevention champions who were in a mix of clinical and non clinical roles. They were responsible for quarterly audits, handwashing audits and cascading training to staff.
- A staff member, who was completing a management qualification, had undertaken a research project into people who were prescribed oral medicines or skin creams for allergies and or infections. They had trialled washing those people's clothes and bedding in non-biological washing liquid. This had significantly reduced people's skin allergies and infections and the need for prescribed oral steroids and skin creams. This was now an established system in the home with there being separate systems for washing and storing the

clothing and bedding of people who were at risk of skin allergies and infections or they preferred to have non-biological washing liquid.

Learning lessons when things go wrong

- There were systems in place to ensure all accidents and incidents were recorded, investigated and action taken.
- The provider and registered manager ensured all accidents and incidents were analysed for trends and patterns. Where concerns were identified the provider looked for ways to further improve the service. However, the service had limited opportunities to learn lessons when things went wrong because of a lack of serious incidents or accidents. In response to this the management team were very innovative and developed scenarios that they would do without staff being forewarned. Examples of the scenarios were a staff member having a seizure, a staff member having a stroke, a senior member of staff asking other staff to provide a second signatory for medicines they had not witnessed being administered, missing persons, and a person choking. This meant the management team was able to assess how staff responded and any learning could be shared.

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.

Outstanding- People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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 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.

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

- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.
- Staff fully understood people's rights to make decisions even they were deemed unwise.
- People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision best interest processes were followed and recorded.

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

- There was a holistic approach to assessing, planning and delivering care and support. People had a comprehensive assessment prior to and on admission and a person-centred care plan was developed.
- The service achieved the best possible outcomes for people by ensuring that needs were assessed and delivered in line with current standards, guidance and legislation. For example, records considered National Institute for Health and Care Excellence (NICE) guidance and other good practice guidance. There was an excellent resource library of guidance that was easily accessible to all staff in the head of care's office. The resource included both NICE and local guidance on palliative care, wound management, dysphasia, syringe driver, Parkinson's and diabetes management.

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

- People and relatives were complimentary about the food. Where people had specific dietary requirements, they received food and drink to ensure their needs were met. Staff ensured people continued to enjoy their favourite foods and drinks. For example, one person needed to have their fluids thickened and they particularly enjoyed a beer when they were watching football. The person's nutrition care plan included this and staff knew that this must be offered to the person.
- The chef spent time with each person getting to know their likes and dislikes and whether they had any specialist diets. Where people requested a special meal the chef would arrange this. For example, one person had fancied a steak and the chef cooked this for them.
- The service had a small shop. People fed back to the staff that would like more choice to be available. The shop was now kept fully stocked with a wide variety of sweets, chocolates, and crisps. People had the opportunity to independently select their own choice of treats if they were unable to access the community. This meant people could be spontaneous and maintain the choices they would have had prior to entering the service.
- There were drinks and snack stations throughout the home where people could help themselves to drinks, snacks and home baked cakes. This then had a positive impact on people's nutrition, hydration and enjoyment of food. The registered manager had analysed people's weight loss over a period of year and there was an overall reduction in people losing weight since introducing the snack stations. For example, for one person who was prescribed nutritional supplements and did not join in activities often, there was marked improvement in their willingness to socialise, their weight increased, and the prescribed supplements were stopped. This was because the person liked to come out of their bedroom to select their home made snacks day and night from the snack station.
- The service had introduced an increased hydration challenge for those people who were at risk of dehydration. This hydration challenge is where staff sit with the person during medication rounds to encourage them to drink more fluids. This had been very successful in increasing people's fluid intake. For example, one person who was repeatedly falling but chose not to wear support stockings for hypertension agreed to take part in the hydration challenge. The person had not fallen for the last two months and was now mobilising independently. Another person had a history of urine infections and since taking part in the hydration challenge has not needed any antibiotics.
- The restaurant could also be used by people from the adjoining the sheltered housing. Staff told us this was mainly used by the neighbours when there was a roast dinner. People living at the service benefitted from having these meals with different people and told us they enjoyed the different company.
- The service completed regular mealtime audits to assess people's experiences. This had recently been extended to involving relatives and professionals with people's permission. Staff told us the feedback from this has been invaluable on improving peoples' mealtime experiences.

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

- External professionals were extremely complimentary about the working relationship they had with the registered manager and staff working in the service. Prompt referrals to the GP and working in collaboration with the community mental health team had resulted in extraordinary outcomes for some people. For example, one person, who was previously withdrawn, now enjoyed socialising and went on trips out with

staff. Another person, who lacked in confidence, now felt confident enough to leave their bedroom to join other people in the restaurant.

- People told us their health needs were well managed and they were supported to attend hospital, dental and optician appointments. People had access to specialist nurses, physiotherapists, consultants, occupational therapist and speech and language specialists.
- The service took part in a PROMS (Patient Reported Outcome Measures) project. This involved collecting feedback from people about their wellbeing, level of pain and views about the quality of care they received. The research showed there was a healthy culture where people could share feedback and individual action plans were developed for people where necessary.
- Nursing staff at the home would undertake initial assessments and treatment plans for those people who lived on the ground floor home who did not require nursing care. This meant people received immediate nursing care whilst waiting for further nursing input from community professionals such as district nurses.
- Relatives told us the staff contacted them straight away if anything happened to their family member.

Staff support: induction, training, skills and experience

- People and relatives told us people were supported by very skilled and competent staff. One person said, "The staff at this home do seem very well trained to me".
- Staff completed a range of training to ensure they had the skills and knowledge to meet people's needs. Health professionals were extremely positive about the skills of the staff and the impact this had on the quality of care provided.
- There was an excellent support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge, is integral to ensuring high-quality care and support. Specific training was also given to meet the changing needs of people living at the home. For example, the community mental health team provided training on delirium following the change in behaviour and confusion of one person. This equipped staff with knowledge to be able to differentiate between the effects of infections and people living with dementia.
- The staff training, and support was also focused around meeting people's individual needs. For example, The service held specific workshop with a specialist dementia lead to support staff to care for one person who disliked personal care. The staff team reflected on the person's past history, likes and dislikes. The team developed a plan of care which included moving the person's room around, so they could see staff approaching, used a favourite blanket to promote their dignity during personal care and promoted involvement from the person as much as possible. The person was then much calmer during personal care. The staff team now considered these factors for all the people cared for in bed and made changes to their environment and how staff provided any care.
- The service had run a job swap project to see if understanding the pressures of colleagues would make the service more effective for people. The project included staff shadowing staff from other departments. This had led to improved team work and integrated the different departments working together
- Health professionals were extremely positive about the skills of the staff and the impact this had on the quality of care provided. A healthcare professional told us, "The nurses are spot on and confident in their skills".

- Staff's individual learning styles and abilities were considered across all aspects of their roles. For example, a staff member who struggled reading had the risk assessments for the use of cleaning fluids and chemicals read to them. The provider had also started a specific training and development programme for staff who wish to progress within the organisation. Those staff who were successful in their application have started on the programme. One member of staff has changed role to become the financial administrator and a senior carer was undertaking a management qualification with a plan to become a deputy or home manager.

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

- There had been significant investment and many improvements to the service since our last inspection. This included the refurbishment of all the communal areas and peoples' bedrooms. This included converting the ensembles to shower wet rooms as the baths were not accessible to people. There were also accessible baths for those people who preferred a bath. People had been involved in choosing the décor and furnishings by the use of choice boards.
- The service was designed around people's needs and wishes and used innovative ways to help people to be as independent as possible. For example, one person was admitted with a rapid deterioration in their mobility. The person had been an avid table tennis player until just before their admission. The service bought a table tennis table and the person played with staff, relatives and the physiotherapist as part of their rehabilitation. This meant the person was able to continue to do something they loved and regain some independence.
- The first and second floor had kitchenettes where people, staff and visitors could make themselves drinks and snacks.
- A games and bar area had been developed with a table tennis table, pool table, jigsaw puzzles and arts and crafts areas. These areas were well used during the inspection including the table tennis table which people had a quick game with staff when they went to go in the garden.
- The registered manager told us the call bell system had a good external range. Staff had explored how far people could go out independently whilst still being able to call for assistance. This had meant the people could access the local park independently whilst still being able to quickly seek staff assistance.

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

Outstanding- People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- There was an outstandingly caring culture that was promoted at every level. Without exception everything the service did was to enhance the lives of the people living there and their families. Staff were committed to providing an exceptional service and did so with kindness and compassion.

- Feedback about the staff from people and their relatives was excellent. Comments included, "They treat me well", "The staff are very caring and helpful towards me and other residents", "The staff are very good, caring and supportive of me", and "The staff are caring and supportive towards me".

- Equality and diversity were embedded in the principles of the service. Staff at all levels demonstrated an inclusive culture and respected everyone's individuality, valuing them for who they were without judgement.

- Staff went above and beyond and happily spent time with people in their own time. They developed genuine friendships with people. For example, one person liked to have an alcoholic drink the evenings but did not like to drink alone. A staff member who they became close to spent time, after their shift had finished, having a chat and drink with them. Another staff member brought their cat in from home on their days off so one person who loved cats could spend time the cat. The staff member and the person were planning to go to a local cat cafe on the staff member's day off.

- People were supported to follow their faith and beliefs. The service had contacts with different faith leaders so if people wanted to worship they could do so. One person told us they were expecting a visit from their church's curate.

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

- People were involved in all aspects of their care and felt in control of their lives. Where appropriate relatives and representatives were involved in decision making. One person said, "I was involved in my care planning with the help of my relatives". Another person said, "My wife was involved in my care planning with me".

- Staff made every effort to ensure people were involved in any decisions, choices and activities regardless of people's disabilities. For example, when people who were cared for in bed were not able to see the choice display boards for the décor staff took pictures on an electronic tablet so they could still be involved.

Respecting and promoting people's privacy, dignity and independence

- Staff were extremely proactive in encouraging people to maintain and improve their independence. One person had been admitted to the home the previous month unable to mobilise independently and using a wheelchair. Staff supported the person to increase their strength and mobility with the support of a physio. The person was now walking with frame and was considering returning to their own home.
- People were supported to be involved in the daily tasks and activities about the service which gave them purpose and made them feel valued. For example, it was pancake day and the service had specifically bought very light weight frying pans so everyone who wanted to could have a go at cooking and tossing their own pancake. Records showed that when they had used the frying pans previously one person had said, "Thank you for helping me to achieve this. I never thought I would be able to cook again".
- People were respected for who they were and were treated with dignity and respect at all times. One person said, "The staff are always careful to protect my dignity". Another person told us, "The staff always protect my dignity and are very caring and careful in how they deal with me".
- Staff spoke with and about people in a respectful manner, whilst showing genuine affection for people and their relatives.
- The month prior to the inspection there had been a diversity day that celebrated the 20 different nationalities of the staff and people who lived at the service. There was also a dignity activity where people defined what dignity meant to them and this was displayed for everyone to see. The information given by people was also used to develop a dignity audit tool for the service. The first audit showed that the service met all of the criteria set and the registered manager planned to repeat the audit quarterly.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received person-centred care that truly valued them as individuals. Staff had detailed knowledge of people's histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were. Staff went to great lengths to ensure they knew people well and spent time with people when they first moved to the service to get to know them.
- The whole staff team were passionate about how they could improve people's lives especially when it came to supporting them with their communication. For example, one person who couldn't always verbalise or describe what they wanted and was becoming frustrated. A staff member, who was responsible for managing the laundry, had a particularly close relationship with the person and could understand their communication. They spent time with the person and developed a photographic communication aid so the person could communicate with all the staff team.
- There was a programme of activities seven days a week that was very much based in people's interests and preferences. This was a mix of group and individual activities. This plan was displayed on notice boards and each person was given the information in a suitable format. The activities co-ordinator reviewed how each activity had gone with people each month. Examples, of successful activities were individual reading sessions, hatching chicks, minibus trips and virtual reality headsets.
- Staff ensured people who were cared for in bed had the same opportunities for occupation and activities as everyone else. For example, when people were not able to attend a cheese and wine event because they were cared for in bed. The staff took the wine and cheese to the people. The staff had also developed a mobile garden on a trolley that people could water and tend the plants from their beds.
- There was whole team approach to providing and contributing to keeping people occupied. Any activity ideas from staff were taken to residents' meetings to be considered by the people living at the home. For example, a maintenance staff member wanted to consult people on whether they should purchase a second-hand table football game. This was following the successful introduction of a pool table, table tennis table and darts board that had been set up in the new pub games room area.
- The service had introduced a programme of making people's wishes come true. For example, one person had wanted to sit in a Mercedes car, another person wanted to go to a football match and another person on a boat trip to Brownsea island.

- Some people had taken part in a project that focused on them as an individual called, 'look closer see me'. This included people sharing their past lives including what they were most proud of. They used a past photograph of them in a mirror to show them how they were and how they were in the present to remind people this is who they are. These large photographs were displayed in the corridor going to the restaurant so people and staff could easily see them.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Complaints and concerns were fully investigated and monitored by the provider via an electronic system.
- People and relatives told us they did not have any concerns but that they would not hesitate to raise anything with the registered manager and staff. They were all very confident and concerns or complaints would be fully addressed.

End of life care and support

- When people were nearing the end of their lives, people and their relatives were treated with kindness, compassion, dignity and respect. We saw a range of thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff had done to support and help them through this difficult time.
- People were involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected.
- The home had recently held a memorial service for people and staff who had died over the last two years. This included a memorial book, a memory tree and service where people's relatives, friends and staff shared their memories of the people and staff who had died. Written feedback from relatives reflected that this had been a very emotional and valuable way to remember their loved ones and made them feel like they were still a part of the home.
- One person whose spouse had died at the home told us the care could not have been better. They said that their daughter had been able to stay for 10 days when their spouse was reaching the end of their life. They had been given a room to stay in and all their meals and drinks were provided.
- Nursing and care staff had linked with a local hospice and planned to visit to improve their palliative and end of life care skills.
- The service had introduced comfort boxes for people's relatives that included items that they may find useful whilst they were staying with their family member who was very poorly or reaching the end of their life. The registered manager had sought feedback from relatives as to which of the items they found useful or if there was anything else they could include and how they had been supported.
- Two weeks following the death of a person, the service produced a photographic memory cd for relatives of their time at Queensmount Care Home and sent this to them with a letter expressing how much they were missing the person.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service was led by an exceptionally motivated registered manager and management team. Their commitment to providing a service that was person-centred and put people firmly at the centre of all they did was outstanding.
- Without exception people were exceedingly positive about the atmosphere at the home and their lives at Queensmount. They also told us how well-led the service was and how well the staff got on with each other. Comments included; "The atmosphere is very pleasant here, Staff and residents get on very well with each other", "The staff are quite jolly and seem happy to me", "This care home must be well managed because it runs so smoothly", "Queensmount is a very friendly home and I would thoroughly recommend it", and "This home is very well run to my observation, very efficient".
- Staff were committed to the values promoted by the registered manager and were enthusiastic in their praise of the management team. Staff told us they were extremely proud to work for the service and the care they provided to people. One staff member said, "I feel privileged to be a member of such a lovely team who deliver outstanding care to each of our residents". Another said, "There is an open culture to discuss ways to improve the service to benefit our residents. The team feels like a family Queensmount is an exceptional place to work in. I feel proud to be part of the team."
- There was an open and honest culture that enabled learning from events and supported reflective practice to look for continuous improvement. This was demonstrated by the innovative ways the management team developed learning scenarios covering a range of risks and subjects.

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

- There was a clear staff structure and staff understood their roles and responsibilities. The provider and registered manager had introduced champion roles. Staff had attended training in their specific areas and were responsible for monitoring and supporting staff in relation to these key areas. Champions roles included, first aid, infection control, catheter care and UTI reduction, staff engagement, competency assessments, medication management, show around, new starters, falls prevention, sepsis and hospital avoidance, parkinsons, diabetes, health and safety and end of life. This meant these subject matter were

always considered in the day to day running of the home and this positively impacted in the quality of service people received.

- The communication systems at the home were very well established and worked well. Everyone understood their role and responsibilities. There were handovers between care and nursing staff and a daily 10-minute meeting with a representative from each the staff teams where the day's plans were discussed. This included care, nursing, catering, domestic and maintenance teams. All the representatives actively participated in these briefing meetings.
- There was a monthly newsletter for people that included events, people and staff updates, and important dates. New people and staff were welcomed to the home and people who had died were remembered.
- Staff were exceptionally well supported. Staff were valued for their commitment and willingness to go the extra mile for people. A member of the nursing team said, "Everyone's job is valued, and cleaners, domestic staff nurses and carers work together as a team".
- The provider and registered manager supported and encouraged staff to develop and progress their careers both within the service and the wider provider organisation.
- There was an employee of the month who was nominated by people, relatives and staff. All of the staff nominated and the reasons why they were nominated were also listed on the notice board. Staff were very proud when they were nominated by people who lived at the service.
- The service's and individual staff's achievements had been recognised in the national press and in national care home competitions. There were 51 positive reviews for the home on a national care home review website. The high number of compliments received by the service were recorded and shared with the staff team. These were from relatives, friends and professionals.
- There were extremely effective and robust quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Without exception people, relatives and staff were involved in decisions about the service. This included planned improvements to the service. There were extremely effective forms of communications which enabled the service to seek feedback about the service. This included residents' meetings, surveys, individual care reviews, staff meetings, staff surveys and engagement forums.
- The service had also developed a pulse check which was a way recording feedback from visitors about their experience at the end of each visit. This was by them putting a green, amber or red counter in a pot to reflect how the visit had been. The reception staff then also recorded any verbal feedback. This was then analysed monthly and displayed on the communal noticeboard with any action taken.
- There were very well attended resident and relatives' meetings. One person told us the registered manager listened to them and they felt that the forums such as the residents' meetings were both valuable and effective. They gave us the example of that some people found it difficult to remain standing in the lift. They suggested a flip down seat and the registered manager arranged for this to be fitted. Another person

said, "They hold a residents' meetings and we can make suggestions about things we want".

- The registered manager was actively recruiting people and relatives to be involved in staff recruitment. They hoped that people would be involved in staff interviews.
- The registered manager had an ongoing improvement plan and had involved people, relatives and staff in working towards making the service outstanding.
- Staff told us they were extremely well cared for. There were three staff engagement leads (who were not part of the management team) and they were accessible three times a week for staff to bring any issues or worries to them. Ideas were regularly exchanged at staff meetings to improve staff well being. The week prior to the inspection people and the staff had a session with an external speaker on mindfulness. Staff could also access 'Healthy Minds Support' through the provider.

Working in partnership with others

- The service was very much part of the community and both reached out to the local community and welcomed them in. For example, they worked with a local college for people with Asperger's and Autism, the students came in and completed a remembrance project with people. Staff volunteered and took food and other essentials to the local homeless community over Christmas. This was being widened to include any people living the home who were interested in helping out.
- The registered manager had joined the Dorset Care Homes Association. They are the only registered manager from this large national provider to have joined. They told us they have proactively shared and learnt from the other independent homes in the local area. They were also taking part in the new manager mentorship scheme for the association.
- Each month there was community fish and chip day. The service worked alongside a local charity that supported people that were isolated in the community and volunteers brought them in to share the fish and chip meal with people at the home. People told us they enjoyed this and it had positive benefits for them and the people they met who were isolated in the community.
- The home has also held tea dance parties with a local charity that supports older people in the community.