Greensleeves Homes Trust

Queen Elizabeth House

Inspection report

38 Southborough Road
Bickley
Bromley
Kent
BR1 2EE

Tel: 02084673994
Website: www.greensleeves.org.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 10 and 11 August 2017 and was unannounced. At our last inspection of the service, on 4 and 5 August 2015 we found the service to be meeting regulatory requirements and was rated 'good'. Queen Elizabeth House provides accommodation and residential care for 28 older people, including people living with dementia and with physical disabilities. At the time of our inspection the home was providing support to 26 people.

There was a registered manager in post at the time of our inspection. 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.

Risks to the health and safety of people were assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. There were appropriate numbers of staff to meet people's needs.

Staff new to the home were inducted into the service appropriately. Staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and their support needs and risks were identified, assessed and documented within their care plan. People were provided with information on how to make a complaint. People using the service and their relatives were asked for their views about the service to help drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were enough staff to support people and staff were recruited into the service appropriately.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision and appraisals and received training that meet people's needs.

The service offered new staff an appropriate induction into the home.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring.

Interactions between staff and people using the service were

positive.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

Is the service responsive?

Good

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint and complaints and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality and safety of service provided.

There was a registered manager in post and they were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

People and their relatives were asked for their views about the service to help drive improvements.

Queen Elizabeth House

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 11 August 2017 and was unannounced. The inspection team consisted of one inspector on both days of the inspection. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We contacted the local authority responsible for commissioning the service to obtain their views. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. 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.

During this inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five people using the service, three visiting relatives and nine members of staff including the provider's operational manager and the registered manager. We looked at five people's care plans and records, staff records and records relating to the management of the service such as audits and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe with staff that supported them and staff treated them well. Comments included; "Oh yes I feel very safe. I have lived here a long while and I'm happy", "Staff are very kind, everyone is nice", "I have nothing to fear", and "It's very nice here, the staff are excellent." Visiting relatives also spoke positively about staff and the care provided. One relative said, "The staff do a very good job. I am very happy with the care at the home."

Risks to people's safety and welfare were assessed and reviewed on a regular basis to ensure people's continued well-being. Risk assessments identified and assessed levels of risk to people in areas such as diet and nutrition, mobility and manual handling, skin integrity, mental state and personal care amongst others. Assessments included information and guidance for staff in order to promote people's health and safety whilst ensuring known risks were minimised. For example, mobility and manual handling risk assessments documented the equipment staff required to ensure people were supported to manoeuvre and mobilise safely. Staff we spoke with were knowledgeable about people's needs and were aware of the risks to each individual and could describe the action they took to manage areas of identified risk. For example, staff were aware which people required support with their mobility and people who required support at meal times and with their diets to reduce the risk of malnutrition.

Accidents and incidents involving the safety of people using the service were recorded, managed and monitored to identify developing themes and trends which assisted the home and staff in reducing the risk of reoccurrence. Where appropriate we also saw, accidents and incidents were referred to local authorities and the CQC as appropriate. Accident and incident records demonstrated staff had promptly identified concerns, taken appropriate actions and referred to health and social care professionals when required. Information relating to accidents and incidents was clearly documented and demonstrated people were supported to remain safe.

There were safeguarding and whistleblowing policies and procedures in place to ensure people were protected from possible harm or abuse. The registered manager was the safeguarding lead for the home and they were aware of their responsibility to safeguard people. The registered manager and staff were knowledgeable about safeguarding and the types of abuse, the signs they would look for and action they would take if they had any concerns. Staff training records confirmed that staff had received up to date safeguarding training to ensure they had the knowledge and skills to support people appropriately. Safeguarding records we looked at were organised and policies, reporting forms and contact information for local authorities were in place to appropriately manage any concerns if required.

There were procedures in place to deal with emergencies. People had individual emergency evacuation plans as part of their care plan which highlighted the level of support they required to evacuate the building safely in the event of an emergency. Staff we spoke with confirmed that regular fire drills and tests were conducted to ensure they were aware of the correct procedure to follow and they were also aware of the actions to take in the event of a medical emergency. Safety maintenance checks were also regularly carried out within the home such as those for fire equipment, gas and electrical equipment and appliances.

Medicines were managed, stored and administered safely and people received their medicines as prescribed by health care professionals. Medicines were stored safely in locked trolleys kept in the medicines room that only authorised staff had access to. Controlled drugs were also stored safely and records of stock balances were completed accurately. Medicines that required refrigeration were stored appropriately in refrigerators and refrigerators and medicine room temperatures were checked to ensure that medicines were fit for use. We looked at the Medicine administration records (MAR) for eight people using the service and saw they were completed accurately with no omissions or errors reported. Records showed that staff responsible for administering medicines had completed training on the safe management of medicines and had medicines competency assessments to demonstrate they had the knowledge and skills required to ensure the safe management of medicines.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work. Records included application forms, proof of identification, references and history of experience or qualifications.

People told us they felt there were enough staff available to meet their needs. One person said, "There is always someone around when I need them." Another person commented, "There appears to be enough, I never have to wait long for help." Comments from visiting relatives were mixed, however largely positive. One relative said, "I visit often and have noticed some new staff, I think they could do with some more. All the staff are very friendly." Throughout our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner when requested. Staffing rota's corresponded with the number of staff available on duty at each shift. The registered manager told us that staffing levels were reviewed on a regular basis to ensure people's need were met and that there was currently four care staff vacancies that they hoped to recruit to soon.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the knowledge and skills of staff working at the home. One person told us, "Absolutely they know what they are doing. The staff here are very good at their jobs." Another person said, "They know us all very well, they certainly know what I like." A relative commented, "Staff knows my loved one very well. They know exactly how to support her." Another relative said, "Staff here do a very good job. They all appear to be well trained. I have no issues at all."

There were systems in place which ensured staff new to the service were provided with an induction. This included a period of shadowing experienced members of staff and completing training the provider considered mandatory. Staff we spoke with confirmed that they had received an induction and training when they started. The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records confirmed that staff had completed an induction programme when they started work to ensure they could meet people's needs safely and effectively.

Staff we spoke with told us they were regularly supported by the registered manager and received supervisions and an appraisal of their practice and performance. One member of staff said, "I feel very much supported to do my job. I have been here for many years and love my job. I get regular supervisions and there is good training provided." Staff records we looked at confirmed this. The provider's training matrix and staff training records demonstrated that staff received regular training in areas such as first aid, fire safety, safeguarding, dementia awareness, equality and diversity, moving and handling, medicines management and The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards amongst others. There were systems in place to ensure staff training was kept up to date and staff were also provided with specialised training to meet people's needs appropriately which included areas such as understanding behaviours that challenge the service, mental health and learning disabilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff demonstrated a good understanding of the MCA and DoLS. They told us that most people using the service had capacity to make decisions about their own care and treatment, however if required MCA's were in place. We saw that capacity assessments were completed for specific decisions and retained in people's care files where required. We saw that a number of applications had been made to the local authority to deprive people of their liberty. Where these had been authorised we saw that the appropriate documents

were in place and were kept under review by staff and any conditions of authorisations were appropriately followed by staff.

People were supported to ensure they received a balanced diet that met their needs. People we spoke with were complimentary about the food on offer at the home. Comments included, "The food is lovely", "The food is always fresh, hot and tasty", "I like the food very much, there's always plenty of choice", and "Meals are very nice, I do enjoy the food." Visiting relatives also commented positively on the food. One relative said, "My relative always enjoys the food. There always seems to be lots of choice on the menu and I know the food is fresh."

We observed the lunchtime meal in the dining room and saw people were able to make choices about the food they wanted to eat. We saw that some people required support from staff to eat during mealtimes and staff were available to provide appropriate assistance. There was a relaxed atmosphere within the dining room and appropriate background music was played to ensure people's meal time experience was positive. We visited the kitchen and spoke with the cook who was very knowledgeable about people's nutritional needs and diets such as the need for soft or moist foods to reduce the risk of choking and reduced sugar diets to promote people's health and assist in maintaining a healthy weight. People's care plans documented risks relating to people's nutritional needs and guidance by health care professionals such as speech and language therapists were in place to ensure people received appropriate care and support to meet their needs. Food and fluid charts were also in place where required to ensure people received enough to eat and drink throughout the day.

People were supported to access health and social care services when required in order to maintain good health. People told us they had access to healthcare professionals when they needed it. One person said, "The doctor visits when I need them. Staff look after me well." Care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required for treatment.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind, supportive, considerate and caring. Comments included, "They are all very good, very caring", "The staff are lovely, they always have a chat with me", "Staff know me well, they are always very kind and supportive", and "They are very helpful, they know me better than I know myself." Visiting relatives comments included, "I visit often and staff are always considerate, they offer drinks and make sure we are welcomed", and "Staff are very caring, I've never had any problems or concerns."

Throughout the course of our inspection we observed staff engaged with people in a caring manner with patience and consideration. Staff spent social time with people in communal areas or within people's rooms talking about things that were important to them, for example family member's visits or activities they wished to do. People appeared relaxed and comfortable in the presence of staff and the atmosphere within the home was friendly and calm. It was evident from the discussions and interactions people had with staff that they had built good relationships and knew each other well. Staff addressed people by their preferred names and staff we spoke with told us of people's preferences and life histories which we saw matched information contained within their care plans.

People were supported to maintain relationships with relatives and friends and where appropriate were involved in making decisions and in the planning of their care. A visiting relative told us, "Staff are very good at keeping us informed of any changes. They involve us in everything but also understand that my relative can make decisions and choices independently." Care plans documented, where appropriate, that relatives and or advocates were involved in people's care and where required were invited to review meetings and other meetings or events held. We observed that people were free to come and go and visitors were welcomed at any time. The registered manager told us that families and friends could visit whenever they wished and there were no restrictions on visiting the home.

People told us staff respected their privacy and dignity. One person said, "They always knock on my door before entering. They are very respectful." Another person commented, "I feel very relaxed when staff support me with my personal care. They always maintain my dignity." Staff we spoke with told us how they promoted people's privacy and dignity by knocking on people's doors before entering their rooms, ensuring doors and curtains were closed when offering support with personal care and by respecting people's choice's for example if people wished to spend time in their room. Staff were also knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. Staff gave us examples of how they address people's cultural needs and provided information about people's dietary and religious preferences. The registered manager told us staff received equality and diversity training to ensure people's needs were met appropriately.

People told us how staff supported and encouraged them to be as independent as possible and we observed this during our inspection. One person said, "Staff will always help me if needed but I do like to try and be as independent as possible." The home environment and equipment available assisted in the

promotion of independence by supporting and maximising on people's abilities. We noted that equipment was readily available to assist people when required for example walking frames and wheelchairs.

People's end of life care needs were assessed and documented to ensure their wishes were respected. For example care plans we looked at recorded people's specific directives that were in place to meet their religious needs and wishes. Where people did not want to be resuscitated, Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms had been completed appropriately.

People and their relatives were provided with appropriate information about the home in the form of a residents guide upon admission. This information was kept within people's rooms for review and contained information about the home and the standard of care people can expect. Information was also included in relation to the provider's philosophy, aims and objectives, facilities and activities available within the home and the provider's complaints policy and procedure.

Good

Is the service responsive?

Our findings

People told us the support provided by staff was responsive and met their needs. One person said, "They always ask if I need anything or if they can do anything for me. They know I like to try and do things for myself." Another person commented, "Staff are very good and know what I need help with." People's needs were assessed prior to admission to ensure they could be safely met by staff and within the homes environment. People's needs and preferences were identified from information gathered about them and took into account people's history, interests, preference and choices. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care.

People and their relatives told us they were involved in planning for their care and in reviews of their care that were conducted on a regular basis. One person said, "I have a folder in my room which tells me about the care I get." Another person commented, "The staff are very good at involving me. They always ask me if everything is ok." A relative told us, "Everyone at the home is very good in keeping us informed and involved in our loved ones care."

Care plans contained assessments of people's needs and risks which covered areas including people's personal history and preferences, physical and mental health needs, personal care, mobility, nutrition, dexterity, communication, mood and behaviour and medicines amongst others. Care plans also contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. For example one care plan detailed the support the person required to ensure their safety whilst mobilising and provided staff with information on the use of the persons mobility aid. Another person's care plan detailed the support they required to ensure a balanced diet and the support they required at meal times to safeguard them whilst eating. Staff were knowledgeable about the content of people's care plans and how people wished for their care to be provided. Care plans were reviewed on a regular basis in line with the provider's policy and daily records about people's day to day care and wellbeing were routinely kept by staff. The registered manager told us that the provider was in the process of implementing a computer based care plan system which would allow staff to record information on people's assessed care needs and risks in a timely manner using a portable tablet devise. They said they were hopeful that the system would be operational within a month.

The home offered a range of activities and organised social events for people to take part in to meet their need for social stimulation and interaction. Large social events and activities were planned on a monthly basis and included events such as birthday parties, garden parties, external entertainers, trips out, seasonal events and local community events including visits from other people living within local care homes and visits from local schools. Smaller activities were scheduled within the home on a weekly basis and included activities such as quizzes, news and current affairs discussions, games and religious services. We also saw that people were supported to organise and assist in running services and activities within the home. For example one person enjoyed playing the piano whilst others enjoyed singing along and another person organised and run a sweet shop for residents and visitors which was located in the reception area of the home.

There was a complaints policy and procedure in place and this was on display for people's reference detailing how people could raise concerns and how their concerns would be responded to. People and their relatives told us they knew how to make a complaint if they had any concerns. One person said, "If I had a concern I would tell a member of staff or the manager. I am sure if a raised any complaints they would be addressed." A visiting relative told us, "I am very happy with the care my loved one receives and have never had any cause to complain, however if I did I would speak with the manager." Complaints records we looked at showed that when complaints were received they were responded to appropriately in line with the provider's policy to ensure the best outcomes for people.

Good

Is the service well-led?

Our findings

People and their relatives commented positively about the care and support provided by staff, the home environment, how the home was run and the registered manager. One person said, "I love living here. It's the next best thing to home." Another person told us, "The staff are wonderful and the manager is good. My room is just how I like it." A third person commented, "It's a lovely place and yes I think it is well managed." Comments from visiting relatives included, "I have no concerns at all. The staff are great and the manager is always around", "I visit often and it's always a nice place to come, everyone is very welcoming", and, "I am very happy with the care, I think it's well managed."

At the time of our inspection there was a registered manager in post who knew the service very well and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. Throughout the course of our inspection we saw the registered manager spent time with people using the service, their relatives and staff. Staff we spoke with told us the registered manager was supportive and operated an open door policy to encourage feedback about the service. One member of staff commented, "I have worked here for several years and feel very supported to do my job. The manager is very approachable and I can speak with them about anything at any time."

Staff told us that meetings took place for different disciplines within the home and they were able to make their views known to senior staff and the registered manager. Staff handover meetings were held several times a day at shift changes and provided staff with the opportunity to discuss people's daily needs. Heads of department meetings were held monthly and included the attendance of the cook, maintenance workers and domestic staff. Care staff team meetings were held on a monthly basis and were well attended by staff both day and night workers to ensure effective communication throughout the home. Minutes of meetings held showed these were used as an opportunity to keep staff informed about changes and about how the home was run.

Regular residents and relatives meetings were held and provided people with the opportunity to raise any issues or suggestions they had about the home. Minutes of the meetings were made available to people to review. We looked at the minutes for the last residents meeting held in July 2017 which included discussions in relation to music played within the home, the homes shop and sessional planned activities. We also looked at the minutes for the relatives meeting held in June 2017 and areas for discussion included the National Care Home Open Day, visitors book, budget and activities. We noted that the home also operated a 'catering committee' meeting which was held on a quarterly basis and provided people with the opportunity to meet with the cook and discuss the food and menus on offer at the home. The provider also sought the views of people using the service and their relatives through satisfaction surveys that were conducted on an annual basis. We looked at the results for the survey conducted in October 2016. We saw that results were positive showing the home had scored 914 out of a possibale1000 with the provider's benchmark average being 880.

There were systems in place used to monitor the quality and safety of the service on a regular basis. We looked at the systems used within the home which included a regular schedule of audits conducted by the regional manager and registered manager. Audits conducted included care plans and care records, staff files and records, infection control, accident and incident monitoring and trend analysis, falls monitoring log and trend analysis, health and safety, general annual risk assessment and monthly medicines audit amongst others. We noted that the medicines audit conducted in July 2017 had a compliant rate of 98%. We saw that an action plan was implemented following the 2% drop which was due to a missing signature on a MARs for the application of a topical cream and action was taken to address the concern including a meeting held with staff. External audits were also conducted by visiting professionals such the visiting pharmacist, commissioning local authority and an independent auditor that the provider commissioned.