

Methodist Homes

Queensway House

Inspection report

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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

About the service

Queensway House is a purpose-built care home providing nursing care for up to 22 people with mental health support needs. The home is set over two floors; each person had a small flat which contained, a bedroom, living, kitchen and bathroom area. There were 20 people living at the home at the time of this inspection.

People's experience of using this service and what we found

People were positive about the support they received at Queensway House and told us they were happy living there. A person-centred culture was at the centre of the service. Staff had built effective relationships with people and were kind and caring in their approach. People's dignity and privacy were respected.

Staff told us they were able to develop positive relationships with the people they supported. Safeguarding procedures were in place and staff knew how to raise any concerns. People who lived at Queensway House told us they felt safe. There were enough staff to meet people's needs in an unrushed way and staff had been recruited safely. The environment had recently been refurbished, it was clean and well maintained.

People were supported by care staff who had a range of skills and knowledge to meet their needs. Staff understood their role, were well trained and supervised. Staff felt well supported by the provider. People's health was well supported as staff worked with other health care providers to ensure their health needs were met. Staff took a holistic approach to support people's health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care records were person-centred and provided staff with detailed guidance about people's individual needs. Staff were consistent and knowledgeable about people's needs, responded to any changes and intervened quickly to prevent further deterioration.

People were well supported to take part in meaningful activities and the home had good links with the community. People felt able to raise any concerns and were given the opportunity to provide feedback about the care they received.

The home was well -led. The provider had effective quality assurance systems in place to monitor the quality of the care. Staff were positive about the management team. There was an emphasis on continuous learning.

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

Rating at last inspection

The last rating for this service was 'good'. (Report published 12 January 2017). At this inspection the rating remained 'good'.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

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?

The service was well-led.

Details are in our well-led findings below

Good ●

Queensway House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Queensway House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this 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 before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, two nurses, two carers, the area support manager

and the activities coordinator. We also made observations of care provided within the communal areas.

We reviewed a range of records. This included three people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to protect people from avoidable harm.
- People told us they felt happy and contented living at the home, they told us, "I love it here" and "I feel happy here."
- Staff had undertaken training in safeguarding and demonstrated an understanding of what abuse was, how they would identify signs of abuse and what action they would take if they had concerns about people's wellbeing.
- Where necessary, the registered manager had followed procedures to ensure any safeguarding concerns were reported and dealt with appropriately.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and were safely managed.
- Detailed risk assessments were in place which linked to people's care plans. Appropriate actions had been taken to reduce risks. For example, where a person had experienced some falls, measures had been put in place to help reduce this risk.
- Staff were knowledgeable about identified risks and told us how they supported people safely. We saw staff using equipment in line with people's care plans.
- Staff had undertaken de-escalation, management and intervention training. Risk assessments and care plans were in place to ensure non-physical intervention took place, or that staff were skilled if physical intervention was needed. This had not occurred for some time.
- Emergency evacuation plans were in place which included guidance for staff to follow in the event of an emergency and were individual to each person's needs.
- Systems to ensure the building and equipment remained safe continued to be in place.

Staffing and recruitment

- There were enough staff to meet the needs of the people living at the home.
- The staff team were stable and consistent; there were no staffing vacancies.
- Staff were very visible throughout the inspection. They told us they had time to meet people's needs in an unrushed way. We saw staff sitting and chatting with people, as well as supporting them with activities such as nail painting.
- The provider ensured safer recruitment procedures were followed, such as obtaining references and criminal records checks.

Using medicines safely

- People told us they received support with their medicines. We found medicines were managed well within the home.
- Staff responsible for the administration of medicines had received appropriate training for medicines management.
- The home had recently created a new clinical room, this was well maintained, and records were kept. For instance, the temperature of the room and fridges were taken.
- Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.

Preventing and controlling infection

- The home was clean and well maintained.
- Staff had undertaken training in preventing and controlling infections.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. These were reviewed and analysed by the registered manager and provider to ensure action was taken to prevent further incidents.
- Where physical intervention to support people had previously been required, these were fully recorded and analysed to learn whether things could be done differently in future.
- The provider ensured any learning or new guidance was shared through the organisation.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received effective care; staff completed assessments and regularly reviewed the support they provided to make sure it met people's needs.
- Staff used nationally recognised assessment tools to assess people's needs in line with guidance and best practice, such as nutritional risk assessments.
- Staff worked with people's relatives and healthcare professionals to plan and deliver care in a way that met their individual needs.

Staff support: induction, training, skills and experience

- People benefited from skilled and experienced staff. Staff were well trained and knowledgeable about the needs of the people they were supporting.
- Each new member of staff undertook an induction when they started and confirmed to us they received appropriate support.
- Ongoing refresher training was carried out and all staff were up to date with this.
- Staff were encouraged to continually learn and develop their practice; they were supported through regular supervision meetings, and annual appraisals; as well as staff meetings and other communication to keep their knowledge up to date.

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

- People were happy with the food available. There was a varied menu and people could ask for alternatives if they preferred.
- One person had a poached egg and told us staff knew just how they liked it. They told us they didn't like all the food choices, but that staff would always get them something else if necessary.
- Risks associated with food and drinks were well managed. Where required people had specialist diets or thickened drinks. Where people were at risk of losing weight this was monitored, one person had recently gained weight with support provided.

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

- The service worked well with other agencies to provide effective care to people.
- Staff were proactive in monitoring people's health and wellbeing. Nurses understood people's needs very well and responded quickly to any changes and intervened effectively.
- People's records demonstrated they had regular input from other professionals such as psychiatrists,

speech and language therapy, chiropody. Staff followed any guidance provided to meet people's needs.

- The service took a holistic approach to support people's health and wellbeing. For example there were regular music therapy and reflexology sessions.

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

- The design of the home was suitable for the needs of the people living there.
- The home had recently been refurbished. There was a modern and bright feel to the home.
- People had access to a well-maintained garden and were able to sit outside on the patio. There was an activity cabin in the garden where people could relax, listen to music or spend time with visitors.
- Each person had their own flat, which comprised of a bedroom, sitting area and kitchenette. People's flats were personalised with their own belongings.

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

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were routinely involved in decisions about their care. Staff sought people's consent and supported them to have choice and control over their care and support.
- Staff had a good understanding of the MCA and ensured they followed the MCA to protect people's rights.
- Where required MCA assessments and best interest decisions had been recorded. These were detailed and well written.
- DoLS applications had been made in people's best interests, as required.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 benefitted from a consistent staff team who were kind and caring in their approach. We found a friendly and welcoming atmosphere.
- People told us, "I'm happy with everything" and "Staff are very good, they look after you pretty well."
- Staff supported people with patience, calmness and genuine warmth. They were skilled at communicating with people and had built good relationships. We saw numerous examples where staff supported people in distress with care and attention to their individual needs.
- The day of the inspection was particularly warm, people were supported with cooling fans and were enjoying ice-lollies.
- The registered manager was proud of the way staff created a homely atmosphere. People looked comfortable and at ease, they were able to access all areas of the home, including spending time in the office area with staff if they wished.
- Staff recognised and supported people to meet their diverse needs. People's protected characteristics were considered within their assessments, so they were protected from discrimination. Staff recently held an LGBT celebration day to promote an inclusive environment.

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

- People were supported to make decisions about their care. They had been involved in regular reviews of their care plans.
- People had access to advocacy services, if they needed support to make decisions.
- Meetings were regularly held to enable people and their relatives to express their views about the service and to make suggestions

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person answered, "Very much so", when asked if staff respected their privacy.
- Staff clearly understood the need to maintain people's dignity and gave good examples of how they did this in practice, such as knocking on people's doors.
- The management team had good oversight of the home and were able to observe and monitor the way staff spoke with and supported people.
- People were able to lock their front doors and had access to a key where appropriate, this supported their privacy

- People's personal information was stored securely in locked cupboards and rooms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were met in a personalised way and people had choices about the way their care was provided. They told us, "I do as I like" and "I prefer to spend time in my flat and I can choose."
- Staff understood and responded to people's needs and choices well. For example, a person wanted a lie on the bed after lunch and staff immediately responded.
- There was a stable staff team, people and staff had built effective relationship and staff were very knowledgeable about people's individual likes and preferences. Each person had a named keyworker to coordinate their care.
- Each person had a care plan in place which was reviewed regularly. Care plans were very detailed and thorough, they contained individualised information to guide staff about how to support people effectively.
- Staff maintained accurate and up to date records to demonstrate the support provided to people

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and their needs were included within their care plans.
- Information was available in alternative formats where required. Where a person's first language was not English, staff had explored using a translator to support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a wide variety of meaningful activities available and people were supported to follow their interests. There were numerous volunteers and visitors to the home.
- There was an activities coordinator who had developed a programme of activities and entertainment in partnership with people living at the home. Care and nursing staff also supported people to take part in activities.
- We saw people enjoying a barbeque outside in the sunshine at lunchtime. Other activities such as an ice cream van visit and coffee mornings had been arranged.
- Where possible people were supported to go out into the community. One person enjoyed bingo and staff had planned, for them to regularly attend.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place, which was on display for people to see.
- Where they were able, people knew how to raise any concerns and felt able to do so. One person told us, "A lady in the office will write down any concerns, so that you can have a say in the matter."
- A new online survey was available for people and visitors to complete and provide feedback at any time,

End of life care and support

- People's spiritual needs at the end of life were particularly well supported. A Chaplain was available at the home, who had in some cases, conducted people's funerals, which provided a personal touch to the service.
- Staff had undertaken training in how to best to support people at the end stage of life.
- People had been supported to discuss their wishes and care plans were in place to support people at end of life.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A person-centred culture was at the centre of the home.
- The registered manager was focused on providing people with the best quality of life, where they had choice and control. Systems were in place to support this.
- One member of staff told us, "Everyone has the needs of the residents at the forefront of everything we do, it's their home."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had an effective quality assurance system in place. The area support manager and registered manager undertook thorough and regular audits to monitor the quality of the care. Any identified areas for improvement were acted upon.
- Staff were clear about their roles and there was good communication throughout the staff team. Regular staff meetings, clinical meetings and handovers took place.
- The regional manager checked staff knowledge and understanding of procedures, for example of safeguarding, through discussions with them during quality audit visits.
- The provider ensured policies and procedures were kept under review and staff were asked to read updates on a monthly basis, to ensure they were kept up to date.
- The registered manager ensured we were notified of events as required by regulation. We saw the previous CQC inspection rating was displayed at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were motivated and felt well supported. They told us the management team were approachable and would listen to any concerns and act on them. They commented, "I love working here" and "We definitely work well as a team."
- Staff at Queensway House worked closely with other healthcare professionals, ensuring people received holistic care tailored around their support needs.
- People, their relatives and staff views were sought through a regular satisfaction survey and meetings. The registered manager had an open-door policy and regularly spoke with people.

Continuous learning and improving care;

- Staff were passionate about continuous learning. The home supported nurse students with learning placements. Nursing staff mentored students and saw this as an opportunity for their own continuing development.
- The provider had a new strategy for homes and other locations within the organisation to work more closely together. The registered manager had linked in with a local housing scheme to share ideas and resources.
- The provider was implementing a new leadership programme to enable managers to use coaching and mentoring skills to support staff and encourage further development.