RCH Care Homes Limited

Queens Court Care Home

Inspection report

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23 September 2020
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01 October 2020

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Queens Court Nursing Home is a care home providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. The service can support up to 90 people.

People's experience of using this service and what we found
We received wider provider concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

At the previous inspection we found that people had bed rails in place without the appropriate documentation to determine their consent or safety and we made a recommendation about this. At this inspection risks assessments and consent documentation was in place for the people we looked at.

Medicines were administered by staff who had received training to do so and were managed safely. However, we have made a recommendation in relation to protocols for as and when required medicines. Information found on these protocols did not always give staff enough guidance.

People's needs were assessed before they moved into the service to ensure they could receive the care they required. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were enough staff to meet peoples needs

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.

Quality assurance and audit processes were in place at local and regional level. Appropriate safeguarding and whistle blowing policies and procedures were in place; staff knew how to raise concerns and were confident to do so if needed. Staff were positive about the support provided by the registered manager.

Why we inspected
The inspection was prompted in part due to wider provider concerns received about medicines and people's nursing care needs. A decision was made for us to inspect and examine those risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Queen's Court Nursing Home on our website at www.cqc.org.uk.
The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Enforcement
Since the last inspection we recognised that the provider had failed to comply with a condition of their registration (s33 Health and Social Care Act 2008). This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Queens Court Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by two inspectors, a specialist professional advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert by Experience had cared for relatives who had used this type of service.

Service and service type
Queen's Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. Inspection activity started on 22 September 2020 and ended on 01 October 2020. We visited the service location on 22 September 2020.

What we did before the 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 five people who used the service and ten relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager. 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 reviewed a range of records. This included six people's care records and multiple medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, care plans and quality assurance records.

Good

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 requires improvement. At this inspection this key question has now improved to Good: This meant people were safe and protected from avoidable harm.

Using medicines safely
• Systems were in place to manage people's medicines safely. Only staff who were fully trained administered medicines and checks were in place to ensure staff remained competent in this task.
• Regular medicines audits were undertaken, we saw areas for improvement had been identified and actions taken.
• When medicines were prescribed to be given 'when required' we saw that protocols had been written to guide staff when it would be appropriate to give doses of these medicines. However, these varied in detail with some not always being person centred or with enough detail for staff to be able to administer correctly, particularly for agency staff and newer staff. Protocols did not always specify the type or location of the pain, or whether the person was able to verbally express their pain or what non-verbal signs of pain might be.

We recommend the provider considers current guidance and reviews all PRN protocols.

Systems and processes to safeguard people from the risk of abuse
• Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report any concerns.
• The registered manager understood their safeguarding responsibilities and identified and reported concerns to the relevant authorities as required.

Assessing risk, safety monitoring and management
• At our previous inspection we identified that some people did not have the appropriate documentation in place for their bed rails. At this inspection this had been addressed.
• Risks to people were identified and management plans were in place to minimise risks. For example, people's care plans included assessments relating to the risk of falls, moving and repositioning, use of bedrails and risk of malnutrition. Measures were in place to minimise these risks.
• Where people had individual medical needs, for example PEG (Assisted feeding) or wound care, people had plans of care in place.
• People told us they felt safe. One person told us, "Very safe and very nice staff." A family member said, "I believe (person) is safe, the minute you go in it's very hygienic I go to a special room now for visits they are taking all the precautionary measures." Another family member said, "I am comfortable with [relatives] safety and that their needs are met."
• We noticed that improvement was required around the monitoring and recording of care. For example, some fluid charts had not been totalled so it was uncertain if any concerns would be identified quickly to enable appropriate action to be taken. This was discussed with the registered manager who told us they would be addressing this straight away.

Staffing and recruitment
• We made observations that there were enough staff on duty to keep people safe and meet their needs. One person told us, "I press my button and staff arrive straight away. There is enough staff." A staff member said, "It is okay now, we have all done really well. [Registered manager] and [deputy manager] are very supportive and there is enough staff now."
• People's relatives did not raise any significant concerns with us about staffing levels.
• Safe recruitment processes were in place including taking up references and completing the necessary checks to make sure staff recruited were suitable to work with vulnerable adults.

Preventing and controlling infection
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
• There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

Good

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

• At the last inspection we had identified that the provider had not taken satisfactory steps to recruit or retain a registered manager within a reasonable timescale, which is a condition of their registration. A fixed penalty was issued and subsequently paid by the provider.

• At the last inspection we recommended the service consider training for staff, based on current best practice in relation to the principles of the MCA and take the appropriate actions. At this inspection staff understood the need for the correct documentation required particularly in respect of bed rails.

• A registered manager was now in place and was supported by a deputy manager. The registered manager was very responsive to any minor concerns identified during the inspection and acted immediately.

• The registered manager was committed to making improvements at the service in relation to dementia services. A new dementia specialist was now working for the provider and the registered manager told us they had a meeting arranged to look at the environment and care practice so they can improve outcomes for people at the service living with dementia.

• Systems and processes were in place to monitor the safety and quality of the service. There was a range of audits in operation to monitor the health, safety and welfare of people who used the service. The provider undertook additional checks.

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

• Relatives we spoke with were mainly positive about the communication they had received and were very positive about the activity organiser that had taken responsibility for keeping them up to date. One relative said, "I do not know who the manager is, but I have never needed to complain, If I had a problem I would speak to [named activity organiser] she is so kind and lovely." Another relative said, "[Named activity organiser] is so kind and lovely she is fantastic to my [family member] and treats them like a friend. It has been invaluable for us."

• Other relatives had mixed views about the management but confirmed that things have improved. One relative said, "They have had a long string of managers. I don't know who it is, but in the last year there has been an improvement. It used to be a problem with the new managers, they moved all staff round but it's definitely better in that respect. We haven't had any communication about the different manager as the priority has been covid and staff look happier." Another relative said, "There is a good atmosphere in the place and [registered manager] is settling well."

• The registered manager had sent out a survey to staff in high risk groups to ensure they felt supported and

the management had taken enough steps to reduce those risks. The registered manager was in the process of analysing these surveys.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• At the last inspection we recommended that provider seek advice and guidance from a reputable source about supporting people living with dementia when making choices at meal times and take the appropriate action. At this inspection this had improved, and we saw people offered show plates of the two choices available so they could make a choice at the time of the meal.
• During our inspection we observed an art session with one person being assisted to paint their cat 'Stanley', the interaction was very person centred. The [activity organiser] then spent time with another person who was a bit quiet and not involved. This led to this person becoming involved and producing some artwork for an art exhibition. Snacks and drinks were provided throughout the activity and personal prompts such as people's family members names were used to encourage people's involvement.
• Staff were very positive about the support that had been provided by the manager. One staff member said, "I like [registered manager] and I can talk to them. I had a real wobble at the beginning of Covid, I sat with [registered manager] and they listened and understood, it really helped. We are really good at infection control here and they [management] take it seriously." Another staff member said, "The new manager is really trying and willing to listen to us."

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; Continuous learning and improving care; Working in partnership with others.
• The registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. They investigated incidents thoroughly, sharing any learning from mistakes and issuing information and guidance to remind all staff about their responsibilities.
• The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dietitians, speech and language therapists and GP's. This ensured a multi-disciplinary approach.