

GCH (Hertfordshire) Ltd

Queensway House

Inspection report

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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Queensway House is a care home which is registered to provide accommodation and nursing care for up to 80 people. At the time of the inspection, there were 37 people living in the home.

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

People and their relative told us they felt safe. Staff understood their responsibilities in safeguarding people and had received training.

Risks to people's health, safety and wellbeing had been identified. Assessments were completed and included guidance from health professionals, where it had been received. Staff were provided with guidance to reduce the risk of harm to people and equipment to support people's health and mobility was provided.

Medicines were managed safely and were administered by staff who had been trained and assessed as competent. We were assured by the measures taken to help ensure the prevention and control of infection. The service was facilitating safe visits for family and friends, in accordance with Government guidance.

Staffing levels were reviewed regularly by the manager to ensure there were enough staff to meet people's needs. Staff were recruited safely to the service with all relevant pre-employment checks completed.

Quality assurance processes had been implemented since our last inspection. The manager was using a wide range of tools, and seeking feedback, to monitor and improve safety at the service and the quality of care provided. The service development plan recorded actions required following audits and checks. Work remained ongoing to achieve the actions detailed and for systems to fully embed in everyday practice. Feedback from professionals working at the service was positive.

Relatives gave mixed feedback on the engagement they had with the service but felt confident they would be listened to if they raised any concerns.

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 10 June 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 23 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safety of people living at the service, the induction and support of temporary clinical staff, quality assurance and record keeping.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Queensway House on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Queensway House

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. 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

The inspection team consisted of two inspectors, two specialist advisors and an Expert by Experience. The specialist advisors were a nurse and an occupational therapist. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Queensway House 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 did not have a manager registered with the Care Quality Commission. A manager from the provider organisation had applied to register. This means that the provider is 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, manager, nurses and care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that care and treatment was provided in a safe way. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health, safety and wellbeing were identified. Assessments were completed and included guidance from health professionals, where it had been provided. Where people required equipment to support their health or mobility these were provided.
- Guidance was in place for staff on how to reduce the risks of harm to people and how to help keep them safe.
- Frequent reviews of people's needs took place and risk assessments had been updated when people's needs changed. The provider also routinely audited people's assessments, records and care plans.
- Relatives told us they thought risks to their family members were managed well. One relative told us, "The home understands [relative's] needs and has [specialist equipment] and uses a wheelchair some of the time."

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were safe. One relative told us, "Yes, I feel [relative] is safe. The staff always appear to be caring and thoughtful. [Relative] never appears to be fearful of staff, always relaxed and settled with them. Staff always go the extra mile for [them]." Another relative told us, "[Relative] has been there nearly [number] years. I have no concerns around safety."
- All staff knew and understood their responsibilities in relation to safeguarding. They told us they had received safeguarding training and records confirmed this.
- The provider had systems and processes in place to help protect people from the risk of harm and abuse.

Staffing and recruitment

- Relatives feedback on staffing was mixed. One relative told us, "There are enough staff most of the time, but [relatives] are quite able and staff spend time dealing with other residents so sometimes they are left to it a bit." Another relative told us, "Not a lot of staff up there lately. They could do with more staff. They are so busy, doing too many jobs." A third relative told us, "Upstairs there are enough staff."
- People's needs were assessed, and the manager regularly monitored staffing levels and deployment. We

discussed relative feedback with the manager who told us that, due to reduced occupancy of the service, staff deployment changes had been made.

- Staffing levels were seen to be consistent with the dependency tool used and the planned rota. We observed staff respond promptly to request for support from people.
- Staff recruitment was safe and all essential pre-employment checks were completed. These checks included Disclosure and Barring Service (DBS) checks, written references and proof of identity.

Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions. One relative told us, "I have no concerns. If there are any issues the home will call me. There is good communication about medication." Another relative told us, "[Relative] gets support when needed. Occasionally [they don't] want [their] medication and they (staff) handle it well."
- Staff had completed training and their competence reviewed. Records tallied with stock held and audits for stocks, errors, safe storage and ensuring records were completed.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Relatives felt that if their family members were involved in an incident of accident the service took action in response. One relative told us, "[Relative] is safe. I do trust (staff). The fall [they] had was upsetting, but the home is putting so much in place now. [Relative] has been [description of action] since and I feel confident."
- All significant events such as accidents, incidents and safeguarding referrals were monitored by the manager and the provider. Records showed action had been taken in response to improve people's safety.
- Lessons learned were shared with staff via team meetings, supervisions and handovers.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had failed to ensure systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service did not have a registered manager. A manager from the provider organisation had been appointed and they had applied to register. The area manager confirmed this was not a permanent appointment and recruitment for the registered managers post was ongoing. However, they confirmed the manager would be in post for a period of at least 12 months to ensure a full induction and handover to any new manager.
- Since our last inspection, the manager had implemented the provider's quality assurance systems at the service. This had enabled them to check the safety and quality of care provided, and complete ongoing monitoring. Audits and checks completed covered all aspects of the service but required further time to fully embed into everyday practice.
- The manager used a variety of feedback and tools. This included results from internal audits and feedback from external agencies such as the local authority. The service had a comprehensive development plan in place which detailed all the planned actions in response to the findings of the processes.
- The service worked in partnership with professionals from other agencies. For example, the local Care Home Improvement Team (CHIT), tissue viability nurses and occupational therapists. One member of staff told us, "There has been a change in this with a better interaction with staff and improved positive relationship as reflected in recent referrals and reviews of residents by occupational therapists and physiotherapists." Feedback we received from professionals who worked with the service was positive and all spoke of improvements in the care provided and increased engagement from the management team.
- The manager had submitted notifications to the Commission for significant events that had occurred at the service. Staff meetings were utilised by the manager to ensure continuous learning and improvements

took place by sharing information with all staff. Minutes showed a wide range of topics had been discussed.

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

- People and their relatives told us they were happy with the care provided at the service but had mixed views on engagement. One relative told us, "I get updates and they inform me of any problems promptly. Communication is good. Home is well managed." However, another relative told us, "I don't know exactly who the management is. It is just a courtesy to inform us. (Names of two staff members) introduced themselves to me, but I had not been informed of who they are. I often only learn of changes in staff from other staff members. It is unsettling."
- The manager told us that feedback from people and relatives was a fundamental driver of improvements at the service. However, they confirmed that formal feedback had not been sought in recent months. This was reflected in comments we received from relatives, but all confirmed they were confident if they raised any concerns they would be listened to. One relative told us, "No questionnaires recently, but whenever I talk to them, they know how I feel about the home."

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 manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong.
- All incidents and untoward events were fully investigated, and outcomes shared with partnership agencies, people, relatives and staff.