

# Chestnuts (Arnesby) Limited

## Queens Lodge

### Inspection report

15 Queens Park Way  
Eyres Monsell  
Leicester  
Leicestershire  
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Tel: 01162780148

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31 August 2017

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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

Queens Lodge is a care home located in Eyres Monsell, Leicester. It provides support for up to four people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were four people living at the service. At the last inspection in August 2015, the service was rated Good. At this inspection we found that the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe living at Queens Lodge. Relatives agreed that people were safe living there. People remained safe from avoidable harm because the staff team knew their responsibilities and the actions to take if they suspected someone was at risk of abuse or harm. Risks associated with people's care and support had been assessed and these were being monitored on a regular basis. Appropriate recruitment processes had been followed when new members of staff had been recruited. There were sufficient numbers of staff deployed to meet the care and support needs of the people living there. People continued to be supported with their medicines safely and in a way they preferred. There were appropriate systems in place to audit the management of medicines.

The staff team were appropriately trained and were supported by the management team through supervisions, appraisals and staff meetings. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected. People had access to relevant healthcare services and were supported to attend appointments when required. People had been involved in developing menus to include their own likes and preferred choices and their dietary requirements had been identified.

The staff team were kind and caring and treated people with dignity and respect. People's independence was promoted and they were supported to make choices about their care and support.

People were supported in a way they preferred because plans of care had been developed with them and with people who knew them well. The staff team knew the needs of the people they were supporting well because they had read their plans of care. People knew what to do if they had a concern and they were reminded of this through meetings and conversations with the staff team.

Staff members felt supported by the management team and told us there was always someone available to talk with should they need guidance or support.

People's views of the service were sought through meetings and informal chats. Surveys were also used to get gather people's thoughts and suggestions of how the service could be improved. Systems were in place

to monitor the quality of the service being provided.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well led.	<b>Good</b> ●

# Queens Lodge

## 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 30 and 31 August 2017 and was carried out by one inspector. The first day of our visit was unannounced.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed information that we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicester who are the local consumer champion for people using adult social care services to see if they had any feedback about the service. We used this information to inform our inspection planning.

At the time of our inspection there were four people living at the service. We met all four people living there and were able to speak with one of them. We spoke with two relatives of other people living there. We also spoke with the registered manager, the care manager, two deputy managers and four support workers.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care. We also looked at associated documents including risk assessments and medicine administration records. We looked at records of meetings, recruitment checks carried out on two support

workers and the quality assurance audits that the management team had completed.

# Is the service safe?

## Our findings

People told us they felt safe living at Queens Lodge and felt safe with the staff team who supported them. One person told us, "Yes [I am safe]." Relative's agreed and told us that their family member was safe living there. One relative told us, "[Name] is definitely safe, they make sure she is in a safe environment."

The management team were aware of their responsibilities for keeping people safe from avoidable harm. They knew the procedure to follow when a safeguarding concern was raised including referring it to the local authority and CQC. The registered manager had recently received a safeguarding concern. This had been appropriately investigated and handled in line with the providers safeguarding policy. The staff team had received appropriate training and knew the actions they needed to take if they had concerns for someone. One staff member told us, "I would report anything to my manager, she would act of course." Another explained, "I would report it to the manager and social services."

The care and support people received had been assessed. Where risks had been identified these had been appropriately managed. This made sure that risks to people's health and welfare were wherever possible, minimised and the people using the service kept safe from avoidable harm.

Appropriate checks had been carried out when new members of staff had been employed. This included obtaining suitable references and a check with the Disclosure and Barring Scheme (DBS). DBS checks help to keep those people who are known to pose a risk to people using care services out of the care workforce. Suitable numbers of staff were deployed to meet people's care and support needs.

People received their medicines in a safe way and as prescribed. Medicines were being appropriately stored and records were accurately completed. An appropriate system was in place for the receipt and return of people's medicines and audits were undertaken. This was to make sure people's medicines were handled in line with the provider's policies and procedures. Only staff members who had been appropriately trained were able to administer people's medicines. The care manager was in the process of checking the staff team's capability to make sure they remained competent to handle people's medicines.

The premises were well maintained. Checks had been carried out on both the equipment used to maintain people's safety and on the environment. Fire safety checks were regularly carried out and a fire drill was booked for the week of our visit. People had a personal evacuation plan which ensured their safe removal from the home in the event of an emergency such as a fire or a flood. A business continuity plan was also in place for emergencies or other untoward events. This provided the staff team with a plan to follow to enable them to continue to support the people using the service should these events ever occur.

## Is the service effective?

### Our findings

People told us the staff team knew them well and had the skills and knowledge they needed to look after them properly. A relative explained, "The staff are skilled and definitely know [name] needs."

New members of staff had been provided with an induction when they had commenced working at the service. Staff members we spoke with and records seen confirmed this. One staff member told us, "I had an induction. I read the care plans and did my training." Another explained, "I met [deputy manager], I had three days where I read the care plans and shadowed other staff. I sat in the background and watched and then I had training."

Records showed us that appropriate training had been provided. This included training in the safeguarding of adults, health and safety and equality and diversity. A number of training courses were also in the process of being refreshed. One staff member told us, "They [management] are planning to refresh our training in challenging behaviour and they are organising more training." The staff team had the knowledge they needed to appropriately support the people using the service.

Support workers were supported through daily communication, supervision and appraisal. Staff meetings had also been held. One support worker told us, "I feel very much supported by management. You get lots of help here; they are ready to help if needed." Another explained, "We are able to communicate, we have supervisions and staff meetings and we are able to make suggestions about things."

People were asked for their consent before care was provided. People's capacity to consent to their care had been assessed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the relevant applications for DoLS authorisations where necessary. Where people lacked the capacity to consent to their care, best interest decisions had been made with people who knew them well. The staff team were aware of the MCA and their responsibilities around this. One staff member told us, "It is for people who need assistance to make decisions. It's about helping them to make a decision and a choice that is best for them, as they can't do it themselves."

The staff team supported people to maintain a healthy balanced diet and people were involved in the planning of their meals. People's health was monitored and when necessary, input from relevant healthcare professionals had been sought. A relative told us, "They make sure that if [name] needs to see someone, they do." Records showed that people had been supported to attend the necessary appointments. These included dentist and GP appointments. The staff were attentive to people's health and wellbeing.

## Is the service caring?

### Our findings

People told us the staff team at Queens Lodge were kind and caring and they looked after them well. A relative explained, "The staff go over and above, they definitely treat [name] with respect. No question."

People were supported in a caring manner. The staff team had a good understanding of people's needs and support was provided in a relaxed and good-humoured way. Good relationships had been built between the people using the service and the staff team. They were supported to make decisions on a daily basis and when decisions were made, these were respected by the staff team. People were relaxed in the company of staff and clearly felt comfortable in their presence.

People's plans of care included details about personal preferences and their likes and dislikes and the staff team were aware of these. For example one person loved to eat old fashioned meals, cottage pie, fish and chips and scotch eggs, whilst another loved yogurts, roast dinners and nuggets. When we looked at the weekly menus, these preferences had been incorporated. People and things that were important to them were also included in their plan of care. This meant that the staff team had the information they needed to provide individualised care and support.

People were given information in ways that were easy for them to understand. We saw that information was available around the service that had been presented using simple words and pictures. A relative told us, "They know how to communicate with [name]." Staff explained to us that they used different communication methods for each person and this was based on their individual needs. One explained, "We understand what they are telling us, one person makes signs to tell us they are hungry and we use pictures for them to point to tell us what they want."

People were supported to make decisions on a daily basis. Whilst the people using the service were able to make decisions about their care, either by themselves or with the support of a family member, details of advocacy services were still made available. This meant that people had access to someone who could support them and speak up on their behalf if they ever needed it.

Staff members gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I always try to get people to undress themselves if they are able and I am there to support them. I always cover them with a towel and ask that they are happy for me to help." Another explained, "When I'm helping with a bath I always close the door. It is important to give someone their dignity."

Relatives could visit at any time. One explained, "We can go any time and we are always made welcome with a lovely cup of coffee."

## Is the service responsive?

### Our findings

People had been involved in the planning of their care with the support of their relatives. One person told us, "I have a care plan." A relative told us, "Yes, we were involved in developing [name] plan."

People received care that was based on their individual needs. Plans of care were in place and these contained relevant information with regards to how people wished to be supported. They included people's likes and dislikes and their daily preferences. Fact sheets on specific health conditions were also included. These gave the staff team the information they needed to support the people appropriately. The plans of care had recently been reviewed and included people's up to date care and support needs. Staff members we spoke with had a good knowledge of people's needs and were able to describe in detail the support that people needed.

We looked at the daily records kept. The provider had recently converted from paper records to an electronic recording system. This enabled the support workers to input information in real time and reduced the risk of records not being completed. Records seen were up to date and included records such as fluid intake charts and personal care charts.

Reviews of people's care needs had been carried out. This provided them with the opportunity to discuss any issues and made sure that they had as much choice and control over their care and support needs as possible. A relative told us, "They [management team] ring up to say there is a review and we are invited to go or not. If we can't go they get the paperwork for us."

People were able to participate in activities they enjoyed and they were encouraged to follow their interests. Whilst there was no formal activities time table to follow, it was evident that people were supported to enjoy activities of their choice on a daily basis. During our visit one person was supported to go out for walks including a trip to the local shop. Another had a pampering session whilst another was supported to enjoy their sensory room. Another person wished to just watch the television; this was respected by the staff team. Records showed that recent trips to Blackpool and Devon had also been enjoyed by all.

People were reminded of the provider's complaints process on a regular basis and a copy of the process, which was available in easy read format, was displayed. The registered manager confirmed there had been no complaints made in the last 12 months. Relatives spoken with knew who to talk to should they have a concern of any kind. One relative told us, "I would talk to [deputy manager] but you could tell any of the staff and it would get related back to her."

## Is the service well-led?

### Our findings

There was a registered manager in post and they were supported by a care manager and a deputy manager. During our visit we saw them chatting with the people using the service and the staff team and we saw them supporting people with their daily lives.

A relative told us the management team were approachable and always available to speak with. One explained, "[Deputy manager] is very approachable and always at the end of the phone." Another told us, "When I go there is always someone who sits at the table like [deputy manager] who I can talk with."

Staff members felt supported by the management team and told us that there was always someone they could talk to if needed. One explained, "I feel supported, the management are approachable and there is always someone around." Another explained, "The management are doing a good job, you can talk to them and they support you. We work very well together as a team."

Meetings for the people using the service were carried out on a monthly basis enabling them to be involved in how the service was run. At these meetings a variety of topics were discussed. These included how people were feeling, if there were any healthcare professionals they would like to see and whether they were happy with their keyworker. (A key worker is a member of staff who takes additional responsibility to support the person to meet their individualised goals and plan and review their care with them). The minutes recorded for the meeting held in June 2017 showed us that one of the people requested to see the dentist. Their records showed us that this had been arranged. When asked about their keyworker they stated, "I like [name] he takes me out." People's requests and thoughts had been taken on board.

Staff meetings had also taken place. These provided the staff team with the opportunity to discuss any issues and share their thoughts of the service provided. Topics discussed at the last meeting held in July 2017 included accurate completion of documentation, available training and the use of picture cards to support people to make choices. A health and safety talk on slips, trips and falls had also been provided. Staff meetings were being used as an opportunity to continually improve the service being provided.

Monitoring systems were in place to check the quality and safety of the service being provided. Audits were being carried out on a daily, weekly and monthly basis. These covered areas such as medicines management, incidents and accidents, people's personal finances and the environment. The deputy manager also conducted daily walk arounds and checks to make sure people were receiving the care and support they should have. These checks made sure that people were receiving the safe care and support they required.

The management team were aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area of the service for people's information.