

Barchester Healthcare Homes Limited

Queens Court

Inspection report

32-34 Queens Road
Wimbledon
London
SW19 8LR

Tel: 02089715019
Website: www.barchester.com

Date of inspection visit:
27 June 2019

Date of publication:
31 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Queens Court is a care home providing personal and nursing care for 37 older people, at the time of the inspection. The service can support up to 43 people. The provider is Barchester Healthcare Homes Limited and the home is situated in the Wimbledon area of south west London.

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

The home was a place that was safe for people to live and work. People felt safe and liked living at Queens Court. Risks to people were assessed, and this enabled them to live safely whilst taking acceptable risks and enjoying their lives. Accidents and incidents and safeguarding concerns were reported, investigated and recorded. There were adequate numbers of appropriately recruited staff. Medicines were safely administered.

The home's culture was open and there was identifiable management and leadership. There was a clear organisational vision and values. Areas of responsibility and accountability were identified, and service quality frequently reviewed. Audits were carried out and records kept up to date. Good community links and working partnerships were established. Registration requirements were met.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good (published 28 March 2018).

Why we inspected

The inspection was prompted in part due to concerns raised about staffing. A decision was made for us to inspect and examine this risk.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Queens Court 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Queens Court

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

This inspection was carried out by two inspectors.

Service and service type

Queens Court 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 24 June 2019 and ended on 17 July 2019. We visited the location on 27 June 2019.

What we did before the inspection

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 checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people, three nurses, six care workers, maintenance man and the registered manager. We looked at the personal care and support plans for four people. We contacted 11 health care professionals to get their views and received one response.

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.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included training matrix, audits and activities. We received the information which was used as part of our inspection.

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.

Staffing and recruitment

- There were enough staff to meet people's needs, with three care workers and a nurse on duty when we arrived at 5:16am. Records showed that staffing levels were sufficient during the nights, with a minimum of four staff on duty each night at least one of whom was a nurse. One person said, "They seem to have enough carers here, I don't have to wait long for help when I call them." A staff member told us, "There are enough staff. Sometimes a nurse won't be able to do their shift but we have bank, and sometimes we have an extra carer to make up the difference. I don't feel rushed at work."
- The staff recruitment process was thorough, and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a three-month probationary period with a review for junior staff and six-months for seniors.
- Staff received regular supervision, an annual performance review and there were regular staff meetings.

Systems and processes to safeguard people from the risk of abuse

- People's relaxed body language indicated that they felt safe. One person told us, "I have never had any issues. I am safe here." Staff were trained in how to identify abuse and the action to take if encountered. There were also policies in relation to safeguarding procedures. People were safeguarded by staff who were trained and knew how to raise a safeguarding alert. There was no current safeguarding activity.
- People were advised by staff about how to keep safe and areas of individual concerns about people were recorded in their files.

Assessing risk, safety monitoring and management

- Risks were appropriately assessed and measures put in place to mitigate risks, with clear direction for staff. This included all aspects of people's health, daily living and social activities and they were regularly reviewed and updated as people's needs, and interests changed.
- People who displayed challenging behaviours at times had clear records of incidents and plans in place to reduce these. Records showed that action was taken and the advice of specialist professionals sought when these occurred. A staff handover was completed including a person by person break-down.
- Staff checked on people frequently to ensure they were safe, during our visit.
- The home's general risk assessments were regularly reviewed and updated. This included equipment used to support people that was serviced and maintained. There were clear fire safety plans for staff of what to do in the event of an emergency. Fire drills were held regularly and staff told us these were useful.

Using medicines safely

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. If appropriate, people were encouraged and supported to self-medicate.

Preventing and controlling infection

- Staff had infection control and food hygiene training that was reflected in their work practices. The service premises were spotlessly clean. We observed staff wearing appropriate personal protective equipment (PPE) when supporting people and washing their hands using recognised techniques.

Learning lessons when things go wrong

- The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable using. The incidents were analysed to look at ways of preventing them from happening again.

- People who were assessed as being at high risk of falls or choking had clear plans in place to reduce the likelihood of these incidents. Falls were recorded in a falls diary and the registered manager analysed these to look for patterns and trends.

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 has 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. 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 home's culture was open and positive. This was due to the attitude and contribution made by staff who listened to people and acted upon their wishes. One person said, "They look after me too well here! I am very happy." The registered manager conducted an open door policy. One person told us, "I know who the [registered] manager is. Lovely lady, she always says hello and asks about my family." A staff member said, "The [registered] manager is alright, we have a good team here. If I have any issues I can raise them and I am confident she will do something about it."
- The organisation's vision and values were clearly set out and staff understood them. They had been explained during induction training and revisited at staff meetings.
- Staff reflected the organisation's stated vision and values as they went about their duties. There were clear lines of communication and specific areas of responsibility regarding record keeping.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- The provider's quality assurance systems were robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets.
- Audits were carried out by the registered manager, and the internal quality team. They were up to date. There was also an audit action plan.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.
- The registered manager conducted a series of spot checks on night staff, looking at fire safety, positioning and staffing. There was a heads of department meeting daily where staff shared risks, concerns, upcoming events and good practice.

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

- The home built close links with services, such as speech and language therapists, GP and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere. One person said, "I get to see the doctor when I need to, they

come once a week or come specially out when I need them to."

- The home facilitated community organisations such as a professionals breakfast, liaised with the Merton Seniors Forum and provided placements for students from St Georges and Kingston hospitals.
- The home held meetings for people and their relatives and questionnaires were sent out. These included meeting the chef to discuss menus.