

Queens Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
21 February 2025

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378615

About the service

Queens Care Home is registered to provide care and support for up to 43 older people with mental and/or physical impairments. The provider of the service is Sanctuary Care Limited.

The service is situated on the promenade in the Ayrshire town of Prestwick, close to local amenities and transport links. The premises is an extended two-storey property with a garden, conservatory pod and a decking area facing the seafront. Bedrooms are single rooms, some of which have en-suite facilities with the ongoing refurbishment plan seeking to increase this provision where possible. Adapted, shared bathing/showering facilities are available on both floors. The ground level offers shared lounge and dining/kitchen facilities.

About the inspection

This was an unannounced inspection which took place on 18, 19 and 21 February 2025. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with nine people using the service and seven of their family members and reviewed 19 completed questionnaires
- spoke with 19 staff and management and reviewed 11 completed questionnaires
- observed practice and daily life
- reviewed documents
- had contact with two professionals associated with the service.

Key messages

- Leaders demonstrated a strong commitment to a culture of collaborative working and continuous improvement that delivered positive outcomes and experiences for people experiencing care and their families.
- Residents' physical and mental health benefitted from the care and support that was delivered by a stable and consistent team of skilled and knowledgeable staff.
- Staff supported residents to maintain relationships that were important to them as well as promoting beneficial connections to the local community. The overall activities programme provided innovative, creative and impactful opportunities for people to get the most out of life.
- Staffing provision had been well managed. Staff were valued and appreciated by a management team who demonstrated care and concern for staff wellbeing. As a result, staff were committed and motivated, achieving positive outcomes for people and their families.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found major strengths that had a positive impact on people's experiences and outcomes. We evaluated this key question as very good.

The residents and family members we spoke with expressed confidence in staff. They told us that health and wellbeing needs had been managed properly, demonstrating that staff had the knowledge, skills and experience needed to meet people's individual needs in ways that kept them safe and well. Throughout our visit, we were pleased to see that residents benefitted from regular interactions with staff who were familiar to them. Staff told us they had time to spend with residents outwith tasks and good initiatives such as the '3 o'clock stop' where all staff took time out to be with residents helped to promote people's wellbeing. Comments included:

'Before coming here, (relative) couldn't feed herself and was not engaging with anyone. That's all changed and it's astonishing. The first thing I noticed was the whole staff are geared up to take care of people. Folk in here genuinely care and it restores your faith in humanity. Residents are their top priority. It's like a family atmosphere here. I'm delighted. I can sleep at night and know she's safe.'

'We came here and met (depute) the first day and the staff drew me to the place. We got a feel for it - something about the place. I have absolute confidence in staff to pick up any health concerns and they let me know straight away. Staff do their best to make sure she eats.'

'Staff genuinely care for my mum and are aware of times when she's not herself despite her severe dementia.'

'I am so happy that my mum is at Queens. She is included in all activities that she wants to participate in and there is lots of activities available to her, the staff are all caring and allow my mum to have the freedom she likes. She has really flourished since she has been there as when she lived on her own.'

Opportunities for meaningful contact with loved ones, and ongoing support to maintain relationships is important to people experiencing care, and their families. We observed a service that was homely and welcoming. It was clear that staff had developed positive relationships with residents and their families and we saw individual staff going out of their way to interact with visiting family members. Procedures were in place to continue to support contact and visits during any restrictions, such as outbreaks of infection. This is good practice and reduces the risk of distress or loneliness associated with separation from loved ones.

People using care services should benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience. Overall, the personal plans we reviewed reflected a very good level of information about residents' needs, preferences and personal choices. We found that residents' physical and mental healthcare needs had been assessed, monitored and reviewed on a regular basis by skilled and knowledgeable staff. Evidence based risk assessments had been undertaken to inform the care plans that had been developed to meet people's identified needs. We were able to see that residents had received the sort of supportive interventions we would expect to reduce risks and promote wellbeing. We confirmed the positive impact of planned care across a range of health related concerns, including weight loss, skin care, falls management and the safe use of medication.

We discussed with the management team how consistently outcome focussed care plan evaluations and reviews that reflect people's abilities and independence, important relationships, participation in meaningful activities and involvement would further enhance existing good practice.

In our discussions with staff, it was clear that they knew individual residents well. This had enabled them to recognise any health related concerns quickly. We saw staff had escalated their concerns to senior colleagues or to the relevant external healthcare professionals, taking the necessary actions and following the advice given. Good shift handovers and the informative daily 'flash' meetings had supported good communication across the staff team with key information being shared, acted on and reviewed. This vigilance, and the good working relationships staff had developed with community healthcare colleagues, meant that people had experienced treatments and interventions that had been safe and effective. Managing concerns like this at an early stage helps to reduce symptoms and enables people to recover more quickly when they become unwell. External professionals involved with the service commented:

'The home has excellent leadership and staff appear compassionate, skilled and knowledgeable in their roles.'

'Care and support is person-centred and outcome focused to ensure independence and dignity of residents is in place.'

Revised anticipatory care plans had been rolled out to capture people's future wishes and where appropriate, those of their relatives. This ensures that people are supported to live well right to the end of their life, including their preferred place of care. Staff advised that these were not yet in place for all residents and, so that residents and their families are sensitively supported to discuss significant but challenging topics including end of life care, we shared resources that can facilitate difficult conversations with the management team. We also shared guidance around the use of language and care planning with the management team to further support and develop existing good practice.

It is vital that medicines management is safe and effective so that people receive the right medication at the right time. We found that robust checking procedures, including quality assurance audits, had supported good practice. Staff practice had minimised the use of medicines that can have unwanted side effects, with protocols in place for the use of psycho-active and 'as required' medicines prescribed to manage stress and distress.

Supporting people experiencing care to be as active as possible and offering daily opportunities to participate in a range of recreational activities, both indoors and outdoors, promotes wellbeing and enables people to get the most out of life. Motivated and enthusiastic staff valued meaningful activity and occupation, delivering a wide range of creative and innovative activities and events informed by a person-centred approach. It was positive to see that staff had considered the purpose of each activity, for example, promoting social connections, developing friendships or revisiting past occupations or hobbies in meaningful ways. The 'can do' attitude meant that individual residents had benefitted from impactful activities that genuinely promoted a sense of belonging and worth. In addition, the importance of people experiencing meaningful links with the local community was highly valued and the creation of an additional staff role to facilitate this is to be commended.

We observed well-managed and relaxed mealtime experiences where attentive staff provided discreet support and encouragement. Residents told us they enjoyed the food and staff had a good awareness of residents' nutritional needs and preferences. Menus offered a good variety each day with ample, good quality food, drinks and snacks available throughout the day and overnight if required. We saw that

concerns had been closely monitored with staff proactively supporting residents to maximise their food and fluid intake.

The provider had continued to invest in the premises meaning that people benefitted from safe, attractive and well-maintained facilities. An active refurbishment and redecoration programme had enhanced the home environment with ongoing improvements planned to deliver high-quality facilities throughout. We observed good standards of hygiene and cleanliness throughout the care home, delivered by a conscientious housekeeping team. Well-established infection prevention and control (IPC) measures had been monitored via regular walk-rounds and the wider quality assurance checks and audits. Staff demonstrated robust IPC practices which helped to protect people from the risk of infection.

How good is our staff team?

5 - Very Good

We found major strengths that had a positive impact on people's experiences and outcomes. We evaluated this key question as very good.

Residents and their families benefitted from stable and consistent care and support delivered by skilled and knowledgeable staff who knew them well. Staff responded to meet residents' needs quickly and were flexible to their preferred routines. This meant that people's choices and preferences were recognised and promoted. The people we spoke with all praised staff highly and valued the positive relationships that had developed. Comments included:

'Staff go above and beyond without any doubt. It's no mean feat to get all the staff in here working the same positive way - residents are their top priority. It's like a family atmosphere here.'

'Staff are amazing. I look on a lot of the staff as close to friends as you can get - that's how they treat me. If I ran a care home this is staff team I would pick.'

'Staff always keep me up to date and know my mum well.'

'Excellent cohesive team.'

'The staff always go above and beyond to accommodate not only the residents but the family of the residents as well.'

The management team had established a responsive assessment process that delivered the right number, skill mix and deployment of staff to meet residents' care and support needs. Using a process of continuous assessment, the manager had implemented the staffing method framework to consider and link the various aspects of workforce and workload planning that delivered positive outcomes for people as well as supporting the wellbeing of staff.

Staff understood their individual roles and responsibilities, communicating effectively and supporting each other to work as a team to benefit people. These positive working relationships created a good atmosphere in the home. We saw that residents benefitted from a good level of interaction with staff outwith tasks, experiencing warm, responsive and compassionate support that led to people feeling safe, acknowledged and involved.

The staff we spoke with said that they felt valued, appreciated and well supported by the management team

and their colleagues. Staff told us that the collaborative teamworking culture fostered good morale. Managers demonstrated genuine concern for staff wellbeing with a range of benefits and initiatives in place to support this. Staff surveys, a staff council and the 'Our People' plan demonstrated the commitment to enrich staff lives and promote their involvement. Staff told us that Queens was a good place to work and the resulting low turnover of staff provided stability and continuity for residents and their families.

Safe recruitment practices had protected residents and a robust and staged induction period supported new staff to settle into their role. Staff told us that they benefitted from good training and development opportunities. We saw that the training undertaken by staff was suited to meet the needs of residents and there had been a very good level of compliance. This meant that staff were equipped with the necessary knowledge and skills. Systems were in place to record the training undertaken and close monitoring prevented training from becoming overdue which can compromise staff practice.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should continue to develop the care and support documentation to fully reflect the good standards of person-centred care we observed during our inspection visits and ensure that the information contained is readily available and accessible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 4 November 2022.

Action taken since then

Electronic care plans had been introduced and we found that residents' needs, choices and personal preferences had been well recorded as detailed under quality indicator 1.3 in this report.

This area for improvement had been met.

Previous area for improvement 2

Whilst we recognised and commend the provider for recently employing new activities staff to support people's physical and mental wellbeing, this has only started and it will take time to implement a full programme to improve people's access to meaningful activities that meet their individual needs, interests, and aspirations. This should include ensuring appropriate numbers of staff are available to support people to continue to experience meaningful activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 4 November 2022.

Action taken since then

We found a wide ranging, creative and impactful programme of meaningful activities as detailed under quality indicator 1.3 in this report.

This area for improvement had been met.

Previous area for improvement 3

The new management team should continue ensure that the quality assurance systems help inform changes and improvements to the service. This should include the views and comments from people living in the care home and their relatives or representatives being used to inform service development and improvement. They should ensure that, as well as through newsletters and other written communication they continue to gather evidence to demonstrate participation and involvement in the developments within the service. We recognise the progress made so far and look forward to reviewing this at future inspections.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 4 November 2022.

Action taken since then

Comprehensive and robust quality assurance systems and processes had been implemented and this had included the involvement of residents and their families.

This area for improvement had been met.

Previous area for improvement 4

The provider needs to continue to support the new management within the care home to allow them time together to plan and review the quality assurance information and ensure that they have the resources to address any issues identified through their daily managerial and nursing duties.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

This area for improvement was made on 4 November 2022.

Action taken since then

See area for improvement 3. In addition, the home management team had benefitted from regular contact and support from the senior team.

This area for improvement had been met.

Previous area for improvement 5

To effectively manage pressure sores and wounds, there should be a multifaceted approach focused on prevention, early detection, and appropriate treatment. To do this, staff should keep detailed records of skin assessments, interventions, and wound progress. Care plans should be regularly reviewed to ensure they include the changing needs in relation to skin care and treatment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 22 November 2024.

Action taken since then

The management of skin care and pressure ulcers had been reviewed with learning for staff. We saw that risk assessments and care plans had been implemented and regularly reviewed. Treatment plans had been followed with evidence of close monitoring and improvement.

This area for improvement had been met.

Previous area for improvement 6

Staff should carry out a full review of all care plans to ensure that when someone has pressure sores that they use a clear system of regular monitoring and recording, using designated tools or digital systems to track healing and any developments. These records should be completed for each wound and up to date. Staff should ensure that there is a detailed treatment plan in place for each sore and any changes effectively communicated throughout the staff team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 22 November 2024.

Action taken since then

See area for improvement 5.

This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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