

Queens Care Home Care Home Service

34 Ardayre Road
Prestwick
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Telephone: 01292 470501

Type of inspection:

Unannounced

Completed on:

17 September 2018

Service provided by:

Sanctuary Care (Queens) Limited

Service provider number:

SP2009010730

Service no:

CS2007157973

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Queens Care Home is registered to provide care and support for up to 49 people at any one time. The care home provides different levels of care and support to residents with mental and/or physical impairment.

Out of the 49 places, the service is also registered to provide respite care for up to four people. At the time of this inspection, there were 44 people living in the care home.

Queens Care Home is situated in a quiet residential area on the promenade in Prestwick. It is close to all local amenities and transport links. The building is a large extended two-storey property with a small garden facing the seafront. Communal areas consist of three lounges/ dining areas, two of which have limited kitchen facilities. All bedrooms are a variety of single rooms, and some have en-suite facilities. Some bedrooms are large enough to be used as a double bedroom, if necessary.

Queens Care Home is operated by Sanctuary Care (Queens) Limited. The service aims to:

'Offer care that is of the highest standard and is tailored to meet the needs of individuals with specific wishes and choices. These choices will be respected and honoured at all times.'

What people told us

Feedback varied from residents and relatives although overall, people were happy with the care and support provided by the service.

We used the assessment tool (SOFI 2 - Short Observational Framework for Inspection) to identify the experiences of people who were unable to tell us their opinions. Use of SOFI 2 identified variances in how interactions with people impacted on their experience and how this made them feel. The responses were dependent on individual staff members and their approach and relationship with the individual person.

We also received the following comments from residents:

'The lassies are lovely. They are just fantastic.'

'I have the best room in the house. The staff are all very good.'

'Sometimes I can wait a while for the bathroom as I require two carers to help. I also use a stand aid and this is not always available.'

'The home is very clean.'

'I get very good care here.'

'The staff are good and I am pleased I got a nice home.'

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

Overall, people were treated with respect with their health benefiting from the care they received, which was provided with care and compassion. Staff demonstrated they clearly knew each resident, and were sensitive to their needs to which residents responded with warmth. However, we observed how some people largely experienced care with a focus on tasks and routines. A more person-centred approach, with the role of keyworker being established, could provide more emphasis on personalised care and lead to better outcomes for residents. (See area for improvement 1)

Residents received nursing care from registered nurses who undertake health assessments. External health professionals provided any supports to meet the health needs of residents. The quality of people's experiences would be further enhanced when care staff also use their knowledge of each individual person and the story of their life. This will enhance both the care provided to promote a more consistent approach, and promote more meaningful engagement through inclusion of people's preferences within social interactions. (See area for improvement 2)

We saw some positive interactions between residents and staff, with residents responding warmly, and often with humour. Discussions were sometimes initiated relating to a previous discussion between some residents and staff, which enabled residents to feel valued. Some staff knew residents well, and shared information with colleagues to promote a consistent approach to meeting needs of residents.

Enthusiastic activities coordinators supported the implementation of the participation strategy although this was not supported when the coordinator was not around. Staff did not appreciate their role within promoting the wellbeing of residents, outwith their fundamental healthcare needs. Staff should be aware of how they support people and clearly understand what happens as result of their involvement in activity and meaningful engagement.

Other residents stated they had not set foot outside the door, even into the garden, since their admission. We were told how a variety of residents go out to community events and go out walking along the promenade. We found there was no clear offer or support to encourage residents to go outside, especially on a day when weather was warm and sunny.

Some appropriate legal documentation was accessible to support the dignity and respect of residents to make choices or informed decisions. Some staff spoke of their understanding of their role in protection of people, although there could be more effective use of consent forms to ensure residents are included in decision-making. This includes use of equipment within areas of restraint such as lap straps and bedrails.

The involvement strategy could be more effectively implemented and invite feedback from people to ensure they clearly understand what happens as result of their involvement. Improvement would be developed through staff understanding more of their role within this area as part of their job function.

Provision of equipment supported movement for residents including walking aids, supported independence and freedom of movement for residents. However, more effective monitoring would support prevention of falls and enhance mobility and movement for people. (See area for improvement 3)

Opportunities to enhance the medication system, including administration and storage, were discussed with the management during inspection, and had been included in recent complaint activity. Content of folders containing medication documents should be streamlined which should support safer processes for administering and recording of medication. This should enable people experiencing care to be confident that there were systems for reviewing medication needs. (See area for improvement 4)

Observation identified the deployment of staff could be more effective in supporting residents to get the most out of life, not merely to meet their basic care needs although residents spoke highly of staff. (See area for improvement 5)

Areas for improvement

1. The provider should promote and develop the role of keyworker within the service to develop staff understanding and improve identification of outcomes for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:
3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

2. The manager should continue to progress the use of life story information to enable residents to engage in meaningful activities and engagement linked to the development of the keyworker role. This would support staff to identify and facilitate opportunities for meaningful engagement.

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

1.9 I am recognised as an expert in my own experiences, needs and wishes.

3. The manager and staff should introduce strategies for falls prevention and management.

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

1.22 I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.

4. Medication recording systems and processes, including monitoring of stock balances, recording of administration times, including topical medication records should be improved to ensure safety for service users.

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

2.23 If I need help with medication, I am able to have as much control as possible.

5. The manager should consider how staff are deployed within the home, with regard to the skills and knowledge of staff and the needs of residents.

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

3.19 My care and support is consistent and stable because people work together well.

How good is our leadership?

3 - Adequate

Quality assurance systems should be more robust as there were several gaps within information being obtained, and how this was used to improve the outcomes for people using the service. A focus on outcomes for people using services would support identification of areas through audit processes designed for improvement in monitoring and evaluating quality to create action plans to improve the service. The regional management team was receptive and appeared to understand and recognise the need for change and improvement as well as the timescales required for implementing and embedding this within the service. (See areas for improvement 1 and 2)

Some improvement had been noted in how the service used methods to enable residents and relatives to comment on the quality of staffing in the service. Ongoing consideration should be given to how feedback can be obtained from people living with sensory impairment.

Recent changes in the management of the service had created instability in provision of leadership within the service. This led to inconsistency in how staff were supported and directed to provide positive outcomes for people using the service. To promote more cohesive working within the team, a review of the mission statement could reflect the individuality of the home and promote team working towards a common aim. (See area for improvement 3)

Response times to answer buzzers could be more effectively monitored which could challenge the culture of staff. This could promote resident choices and support residents' wellbeing which benefits from their care and support. (See area for improvement 4)

Policies and procedures were being reviewed and updated to reflect Scottish legislation and best practice at organisational level to ensure standards were set to meet the needs of residents.

Accidents and incidents were recorded, although this information recorded statistical information. Improvement of measuring quality was being introduced as described previously.

Recruitment was undertaken with support from head office. We discussed some improvement areas which could be more reflective of safer recruitment guidance to protect people using services. We discussed this with management who acknowledged the benefit of this, and it is currently being considered through updates to policies and procedures.

To enhance the protection of people using services, notifications should consistently be made to the regulatory body. We found some instances where notifications had not been submitted which compromised the transparency by the management of how people were being supported. (See area for improvement 5)

The effectiveness in handling of complaints made to the service was to be evaluated by regional management, to support quality assurance within Queens Care Home and to improve outcomes for people experiencing care.

Investigations into complaints made to the Care Inspectorate were being undertaken in conjunction with this inspection, with 11 elements from 25 being upheld. No specific reference has been made to individual findings, but has been incorporated into the inspection plan. Findings from the complaint activity have been acknowledged by the regional management team who have taken steps to minimise the risk of reoccurrence and improve outcomes for people using the service. Areas for improvement have been made under the relevant key questions.

Areas for improvement

1. Audit processes should be more effectively used to gather information to improve the quality of the service as well as statistical information to consider outcomes for people experiencing care.

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

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

2. The provider should ensure that the admissions process is improved in line with the home's own policy and procedures.

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

4.27 I experience high quality care and support because people have the necessary information and resources.

3. A review of the mission statement with stakeholders could reflect the individuality of the home and how it can promote teamworking.

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

4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop.

4. Monitor response times for nurse call alarm system to ensure minimal delay in attention being provided to residents.

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

4.3 I experience care and support where all people are respected and valued.

5. Appropriate notification and updates to Care Inspectorate to promote transparency in sharing how resident needs are met and monitoring staff practice.

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

4.18 I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

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

How good is our staff team?

3 - Adequate

Staffing levels were provided mainly in accordance with the assessed needs of residents as determined by the management. However, we found that there were a few discrepancies when reviewing the staff rota, which potentially led to reduced outcomes for people using the service. We were told of times when the staffing was short due to sickness absences. Other times, staffing numbers were increased with the use of agency staff to provide cover. The assessment of dependency levels should continue to reflect the changing needs of people to assist in planning future staffing levels.

Deployment of staff relating to resident need, and not with a task focus, would improve the impact and overall standards of care and support provided to individuals. This would assist people to maintain and develop their interests, activities and what matters to them in a way that is personal. (See area for improvement 1)

To guide staff in supporting and achieving positive outcomes for people, the leadership could be more consistent in promoting team working on a day to day basis. Morale and team working could improve through more effective leadership and direction from nursing staff on a daily basis. An evaluation of the role of each staff member could be discussed as part of the supervision and appraisal process to promote that people experience warmth, kindness and compassion in how they are supported and cared for. A new system was scheduled to be implemented to support monitoring of performance, identify staff development and training needs and team meetings. (See area for improvement 2)

Checks of staff registration with the regulatory body, Scottish Social Services Council, to ensure their fitness to practice was being monitored.

Staff training was varied with not all staff consistently receiving training and/or being monitored on the effectiveness of the training they had undertaken in achieving outcomes for residents. Consideration should be given to a more effective health/wellbeing champion role to provide staff with more fulfilment in their role. (See area for improvement 2)

Awareness of the necessity for good record keeping and appropriate storage of information should be clear for the staff team. This could be a consideration for training opportunities.

We observed staff engaging with residents in a compassionate and caring manner offering choices and attending to them. Feedback we received from relatives was very positive about the staff team. In particular, relatives were happy about the consistency of several members of staff who have worked at Queens for some time and have gotten to know them well. Relatives feel that this continuity gives more stability and offers a familiar face, which provides some comfort.

Areas for improvement

1. Appropriate numbers and considered deployment of staff around areas of the home would more effectively support the needs of residents timeously.

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

3.15 My needs are met by the right number of people.

3.17 I am confident that people respond promptly, including when I ask for help.

2. Improvement in monitoring and evaluating effectiveness of staff training and outcomes for residents.

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

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

How good is our setting?

3 - Adequate

Taking account of good practice guidance such as The King's Fund EHE Environmental Assessment Tool would support the service to develop and improve the area for people who live with the diagnosis of dementia. This would also encourage recognition of any appropriate use of signage to promote orientation and minimise potential hazards for residents around the building. Views and access to the outside are essential to wellbeing. The service should provide people with independent access to a safe outside space. Access to the outside is limited and again signposting does not help, there is some real potential to have good access to the seafront views. (See area for improvement 1)

We saw that some areas of the home had become quite tired and worn, although one person told us they were happy enough with their home as 'every place needs a lick of paint now and again.' The provider has indicated their intention to invest and improve the care home environment. We would like to see involvement of residents and relatives in this process, with timescales provided for the developments. The refurbishment plan is to improve areas around the home to consider en-suite shower rooms, quality of furniture and development of secure garden areas.

A general maintenance person ensures the maintenance checks and other servicing records are in order in the home. Regular health and safety checks are completed with repairs undertaken to safeguard people experiencing care when required.

We observed the domestic staff working very hard and keeping the environment clean and tidy, we noted some very good examples of their friendly and compassionate engagement and interaction with residents.

Some risk assessments were in place for hazards within the home to minimise the risks to people experiencing care and staff and support people to use the space freely. However, to protect residents on outings and in the event of an emergency within the home, updated risk assessments should be completed with a regular date of review. In the event of an emergency, people should have a personal emergency evacuation plan (PEEP) to assist in providing staff awareness on how to guide them to safety. (See areas for improvement 2 and 3)

Areas for improvement

1. A more effective and robust audit tool such as The King's Fund Environmental Tool should be used to assess quality and development opportunities of the environment, and in encouraging freedom of movement within the environment.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:
4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

2. Risk assessments should be completed timeously to promote the wellbeing of people, including people who wish to access areas of the home without the support of staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:
5.11 I can independently access the parts of the premises I use and the environment has been designed to support this.

3. Personal emergency evacuation plans (PEEPs) should be clear on the level of assistance required for each resident in the event of an emergency.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:
4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

How well is our care and support planned?

3 - Adequate

Care plans were completed with a clinical focus where information was obtained through completion of good practice health assessments with care only to meet health needs of residents.

Care planning and health assessment tools should be more effectively and timeously completed to ensure residents receive appropriate and up to date care. Any identified health issue should clearly reflect any impact it has on the wellbeing of each individual person. Gaps in the care plans were found where changes to residents' health conditions were not clearly recorded or updated with detail to promote more positive health. Care staff admitted they infrequently read the contents of care plans, which had the potential to compromise the wellbeing of residents. This led to a lack of outcome focus and did not reflect person-centred care. The care plans were a mix of different documents which if streamlined could support more of a positive direction for staff to focus on outcomes for people experiencing care. (See areas for improvement 1 and 2)

Records should be more effectively completed to reflect any support provided to residents timeously. This includes dietary and fluid charts, completion of topical MAR (Medication Administration Records) charts and monitoring of continence and elimination needs. Records should be evaluated to monitor effectiveness of the care plan.

During inspection, the management identified methods through which the care planning process could be developed to be more reflective of individual people using the service and to consider wellbeing as well as health needs.

We observed staff working together to meet the needs of residents through a moving and handling manoeuvre, despite guidance information within plans not always being clear.

Some use of Multifactorial Risk Assessment had been undertaken, although this was only noted to be completed after a resident had fallen. A high number of falls was noted throughout statistics in the quality assurance system but there was minimal evidence on actions taken to evaluate strategies and introduce proactive management to reduce numbers of injuries of people.

Areas for improvement

1. Care plan assessment tools should include, but are not limited to: Tissue viability (Waterlow); nutrition (MUST); falls (Multifactorial Falls Risk Assessment) and continence or elimination. Pain management should be assessed regularly to monitor necessity and effectiveness of pain relief. Where a risk is identified, there should be a corresponding plan of care to support a positive outcome and the wellbeing for each individual person.

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

1.15 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.

2. The manager should promote a more outcome focussed plan that should be reflective of the person receiving the support. This should include identification of individual outcomes and goal planning as well as support required to work towards achieving these. This would enhance the quality of support, encourage choice and provide a consistent approach to support provision for each resident.

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

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must ensure that they meet their current minimum staffing schedule. In addition, the provider must ensure that adequate staffing levels are maintained at all times to deliver a safe service for residents which takes account of aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff breaks, support and supervision needs.

This is in order to comply with:

SSI 2011/210 Regulation 15(a) Staffing - a requirement for a provider to ensure that at all times suitable qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare and safety of service users.

This requirement was made on 14 September 2017.

Action taken on previous requirement

Rotas demonstrated there were enough staff on duty with a few exceptions, as a result of sickness. Numbers of staff varied at different parts of the day, with evidence of agency staff being used to boost numbers. However, we found that deployment of staff did not contribute to maintaining a safe environment for residents or providing outcome focused care. A recommendation is made to reflect some concern on the deployment of staff.

Met - outwith timescales

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 develop methods to enable residents and relatives to comment on the quality of staffing in the service on a regular basis and continue to seek views from people with sensory impairment.

This area for improvement was made on 7 August 2015.

Action taken since then

Some methods continued to be developed to obtain feedback from people experiencing care and relatives on all elements of the service provided.

This recommendation is met.

Previous area for improvement 2

The manager should improve the medication administration systems to ensure that residents receive medication timeously and as prescribed by health professionals.

This area for improvement was made on 14 September 2017.

Action taken since then

There were ongoing issues related to medication. A new reformatted recommendation has been made to supercede this one.

Previous area for improvement 3

The service should continue and demonstrate development of the keyworker role for staff; care management, life story work and meaningful activities. Personal planning should continue to be developed to reflect the holistic care and support, including meaningful engagement, communication needs and positive outcomes for each resident.

This area for improvement was made on 14 September 2017.

Action taken since then

Keyworkers have been identified. However, this role is yet to be developed and established.

This recommendation is reformatted to be more specific and repeated. This recommendation is met although replaced.

Previous area for improvement 4

The manager and staff should introduce strategies for falls prevention and management.

This area for improvement was made on 14 September 2017.

Action taken since then

Implementation of the multifactorial falls risk assessment tool would support improvement in the use of strategies to minimise the risk of falls. This has not yet been introduced.

This recommendation is repeated.

Previous area for improvement 5

We made the following recommendation as a result of a complaint investigation.

To ensure people using the service experience support that protects them from harm, the manager should by 30 July 2018:

- Ensure risk assessments and care plans are reviewed and updated with any preventative measures following an accident or incident.
- Ensure both written and verbal communication systems within the care home are improved upon and staff are fully aware of their professional responsibility to comply with policies, procedures and best practice guidance.
- Ensure the changing healthcare needs of residents are reviewed and more efficient monitoring of procedures are implemented.

This area for improvement was made on 27 June 2018.

Action taken since then

There remained outstanding areas relating to this area for improvement. However, some action had been taken to update documentation following accidents or incidents, namely within personal plans. Communication systems within the home were functioning at a basic level to meet the needs of people using the service. Healthcare needs and evaluations of care remained an area for development as was identified through inspections.

As a result, individual areas for improvement have been made which will ensure ongoing monitoring of the elements detailed within this area for improvement.

This area for improvement is therefore met, but individual areas for improvement have been made.

Previous area for improvement 6

We made the following recommendation as a result of a complaint investigation.

The provider should ensure that equipment is in working order.

This area for improvement was made on 26 April 2018.

Action taken since then

Records showed there was an appropriate system to monitor with monthly checks that equipment was being maintained. We did not find any equipment to be non-functional during inspection.

This area for improvement is met.

Previous area for improvement 7

We made the following recommendation as a result of a complaint investigation.

The provider should ensure that the admissions process is improved in line with the home's own policy and procedures.

This area for improvement was made on 26 April 2018.

Action taken since then

Action had been taken to ensure staff had knowledge to undertake their responsibilities for people being admitted to the care home. However, as policies and procedures are being updated, some consideration should be given to the criteria for admission to enable the needs of each person to be fully assessed, with a care plan devised within 28 days to promote their wellbeing and support their healthcare needs.

This area for improvement is repeated.

Previous area for improvement 8

We made the following recommendation as a result of a complaint investigation.

The provider should ensure that records are fully completed, accurate and detailed.

This area for improvement was made on 26 April 2018.

Action taken since then

Record keeping training had been provided to staff. However, the content of some documents, especially care plans, recording of supplements and evaluations continue to have some gaps. Individual areas for improvement for specific areas identified through the inspection process consider record keeping and completion of documents.

As individual areas of improvement address the record keeping, this area for improvement is met.

Complaints

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

Also, see our 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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