

Queens Care Home Care Home Service

34 Ardayre Road
Prestwick
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Telephone: 01292 470501

Type of inspection: Unannounced
Inspection completed on: 14 September 2017

Service provided by:
Embrace (Queens) Limited

Service provider number:
SP2009010730

Care service number:
CS2007157973

About the service

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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 41 people living in the care home, of which, none were receiving respite care.

Queens Care home (referred to in this report as "the service") is discreetly 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 sea front. 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.

The Service is operated by Embrace (formerly European Care) and has recently been acquired by Sanctuary Group.

The service claims 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

At this inspection we spoke with eight residents and two relatives. We received one care standards questionnaires from relatives and none from residents. People expressed mixed views about the quality of the service.

Comments included:

"I'm quite happy here"

"Staff are very good"

"Not enough staff"

Self assessment

The service had not been asked to complete a self assessment in advance of this inspection. We looked at the services quality assurance paperwork. We advised that they should continue to implement their own development plan.

From this inspection we graded this service as:

Quality of care and support

3 - Adequate

Quality of environment

not assessed

Quality of staffing	4 - Good
Quality of management and leadership	not assessed

What the service does well

Previous recommendations regarding resident and relatives meetings and involvement, gaining residents views about staff recruitment, management of personal clothing and belongings and improving communication between the care home and relatives were met. We found that four out of seven previous recommendations were met.

Personal Plans and other documentation such as communication records were written in a respectful and person centred way. There was evidence that personal choices were sought from individuals.

Personal plans indicated and residents confirmed that they were supported to access primary and other health services such as opticians and podiatry. Staff and residents liaised with community health professionals and others, such as GPs, community nurses, social work services and families. This ensured that resident's health needs were identified.

There were some opportunities for residents and relatives to participate in assessing the quality of the care and support provided by the service. For example, residents care needs are formally reviewed on a six monthly basis, or sooner if required. This enabled people to comment on aspects of care delivery and contribute to their plan of support.

The service recruits two activity coordinators who had organised a diary of events and activities, which included events such as themed days and group events.

We observed staff to be respectful and caring and working hard to create a positive atmosphere within the home.

Communication systems within the home were continuing to be reviewed and strengthened to support good outcomes for people.

Some residents and relatives confirmed that they were periodically asked for their views through questionnaires. In addition, the service displayed a complaints procedure and people we met confirmed that the manager was always available to resolve any matters if necessary.

Residents spoke positively of the staff team and the care and support they provided.

What the service could do better

We are repeating three recommendations from the previous inspection to monitor progress. These are about how the service gains views of people with memory impairment, seeking residents' and relatives' views regarding the quality of staffing and implementing the services own policy on food and nutrition. (See section on recommendations for further information and recommendations 1, 2 and 3 below)

We found that provider is not compliant with the current certificate of registration and staffing schedule. The manager stated that this is because the care home is not at full capacity. The manager is conducting dependency assessments of residents. However, they do not take account of changing needs and the physical

layout of the service. We observed a clearly overstretched staff team working hard to meet residents needs. However, there were delays in delivering basic care needs for residents such as supporting people to get up and dressed, administering medication and serving and supporting residents with meals. We discussed with the manager our concerns that minimum staffing levels are not being maintained and how that compromise safety and basic delivery of care. We are concerned that a lack of appropriate staffing did not allow residents to make basic choices and raised concerns about delays in receiving adequate intervention such as supervision of lounges and support with eating.

(See requirement 1 of this quality theme).

We sampled the services Medication Administration systems. On the day of inspection, we found that there were significant delays in people receiving their medication on time. Furthermore, we found examples where the service was not administering medication as instructed by health care professionals. For example, one resident was prescribed to be given medication at 8pm daily but this was not given routinely and consistently on time. This has the potential to compromise health and wellbeing for residents and we have recommended that the service improve medication management. We advised that the service take a more co-ordinated approach to management of medication, ensure that the staff member administering medication is sufficiently freed up and review if the task is too large for one individual.

(See recommendation 4)

Although the service has two activity coordinators, on the days of inspection, one was absent and the remaining activity coordinator was supervising a lounge/dining area and supporting people with their meals. This was to free care staff to attend to residents. We observed that there were no activities being delivered and no alternative arrangements were made. We found that staffing levels were impacting on the care experience of people using this service and that access to meaningful engagement was limited. The service has a keyworker system but many people did not know who their key staff were. We consider that the provider should ensure that staff have the time to develop and deliver an activity programme which reflects the up-to-date and holistic needs and preferences of residents in a meaningful manner. This would promote participation, socialisation and create a more inclusive and homely atmosphere for residents.

(See recommendation 5)

We discussed with the manager the need to improve the management and support for residents regarding falls prevention in a pro-active manner. We advised the manager to review falls management taking account of the 'Managing Falls and Fractures in Care Homes for Older People' published by Social Care and Social Work Scotland(SCSWIS) 2011 and NHS 2011.

(See recommendation 6)

We encouraged the manager to continue to use Kings Fund EHE environmental assessment tool to enable the continued development of a supportive environment for people with dementia. As an area of improvement, the provider, manager and staff should continue to develop a supportive environment for people with dementia making use of resources such as the Kings Fund EHE Environmental Assessment Tool.

Despite being short staffed and overstretched, we noted that that the staff team worked hard to meet the basic needs of their residents and some staff expressed a view that they would like to be able to do more. Staff interaction with residents was positive, although task orientated, and residents clearly enjoyed staff company. We observed some warm, friendly exchanges and found staff to be trying hard to meet the needs of residents and presented as being caring and dedicated. We have repeated this recommendation to monitor progress. People told the Inspectors that they are treated with respect and dignity.

We discussed with the manager the potential for future team work which takes account of resident's holistic needs and delivery of a training programme for staff such as the Promoting Excellence framework, Scottish

Government 2011 to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. We advised that once the service has reviewed staffing and deployment, we will follow up on these matters at future inspections.

We noted that during the days of inspection, many staff members were not wearing name badges. This made it difficult for residents, particularly people with cognitive impairment, and visitors to know who they were speaking with and what their job role was. We advised that staff should be identifiable at all times.

We also advised that the manager introduce a clear development plan for the care home which addresses all issues identified. We suggested that timescales, who is taking action and when it is completed would support the service to demonstrate achievements. We will follow up on this future inspections.

Requirements

Number of requirements: 1

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) - 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.

Timescale: within 8 weeks from the date of issuing this report.

Recommendations

Number of recommendations: 6

1. The service should consider and implement a strategy on how they plan to gauge the views of those service users with significant memory impairments.

National Care Standards: Care Homes for Older People Standard 11 Expressing Your Views. (repeat recommendation from August 2015 and January 2016)

2. The service should develop methods to enable residents and relatives to comment on the quality of staffing in the service on a regular basis.

National Care Standards: Care Homes for Older People Standard 11 Expressing your Views (repeat recommendation from August 2015 and January 2016)

3. The service provider should ensure that all staff are aware of and implement the policy in relation to Food and Nutrition. This should include appropriate assessments, evaluations and recording charts. (repeat recommendation from January 2016)

National Care Standards, Care homes for older people, Standard 13: Eating well

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

National Care Standards, care homes for older people, standard 6: support arrangements.

5. 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.

National Care Standards, care homes for older people, standard 6: support arrangements.

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

National Care Standards, care homes for older people, standard 6: support arrangements.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
29 Jul 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
28 Jan 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
7 Aug 2015	Unannounced	Care and support 4 - Good Environment 3 - Adequate

Date	Type	Gradings	
		Staffing Management and leadership	3 - Adequate 4 - Good
4 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
29 Jul 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
12 Dec 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good
23 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
5 Oct 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate
14 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
27 Jul 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
26 Oct 2010	Unannounced	Care and support Environment	4 - Good 3 - Adequate

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	4 - Good
23 Apr 2010	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
16 Dec 2009	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
2 Jun 2009	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
6 Jan 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
11 Jun 2008	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good

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