

Methodist Homes

Queenswood

Inspection report

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Tel: 01159221037

Website: www.mha.org.uk/care-homes/residential-care/queenswood

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

Queenswood is a residential care home providing personal care to up to 41 people. The service provides support to older people. At the time of our inspection there were 28 people using the service.

People's experience of the service and what we found:

People were looked after and kept safe by staff who knew them well. They were supported with their medicines in a safe way. Staff were safely recruited and there were enough staff on each shift to keep people safe. The home was kept clean to reduce the risk of infection.

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.

The home was managed well, with checks and measures in place to ensure quality care was delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good published on 15 December 2018.

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Queenswood on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Queenswood

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Queenswood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Queenswood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service. We sought feedback 11 members of staff, these included auxiliary staff, management and care staff. We reviewed 4 people's care plans and related documentation. We looked at medicines management and reviewed medicine records for 12 people. We reviewed documentation relating to the running of the home, including audits, training records, staff files and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. People we spoke with felt confident staff knew what they were doing and provided safe care. Staff and management understood their duties to safeguard people. The provider supported this with the systems and processes they had implemented.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. People told us they had confidence in staff to support them to manage any risks associated with their specific needs. For example, one person explained to us, "When I had my choking fit they all came running. Two seniors arrived immediately, patted my back and reassured me until I was alright again." The provider had systems in place to ensure risks associated with people's individual needs and the environment were assessed, managed and monitored well.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff. The provider calculated the number of staff required by looking at people's individual needs, this was reviewed and adjusted when needed. People told us they felt there had been less staff recently, but this had not impacted on care received. One person explained, "The staff are happy which is why there are not many changes [to staff] though we can be a bit short sometimes." The provider operated safe recruitment processes. Appropriate pre-employment checks were in place to ensure the suitability of staff.

Using medicines safely

People were supported to receive their medicines safely. Everyone we spoke with said they got their medication on time and were asked if they required any pain relief. Medicines were stored, administered and managed safely. The provider had effective checks in place to ensure people received the right medicine at the right time.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices. People we spoke with felt staff washed their hands regularly and also wore gloves. We observed staff washing hands frequently. The home was kept clean and was free from any malodors.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong. There were processes in place to investigate when things went wrong. The registered manager gave us examples of when they had implemented changes as a result. For example, ensuring a care plan was in place prior to admission and ensuring people had a lifeline alarm in place until they were assessed not to need one. Lessons learnt were shared with staff at meetings, handovers and also in print for staff to sign they had read and understood.

Is consent to care and treatment always sought in line with legislation and guidance?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

The provider was working in line with the Mental Capacity Act. At the time of the inspection there was no one subject to DoLS or who had been assessed to lack capacity. However, the registered manager and staff demonstrated a good understanding of the MCA.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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

There was a positive and open culture at the service. People told us, "The staff are very kind. We are like a family, I am very contented", "This place is just what I was looking for, I love it here" and "I came for respite and liked it so much I stayed. I can't fault this place." Care plans were person-centred to guide staff on the best way to support people in an individualised way. Staff said, "I enjoy my job at Queenswood and feel that it is the best home I have worked in. It is very person-centred and the staff all work very hard and care about the residents." The provider had systems to provide person-centred care that achieved 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 provider understood their responsibilities under the duty of candour. The system the provider used for recording and reporting incidents and accidents included prompts to ensure they met their duty of candour responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. Regular audits were carried out to ensure the quality of the service provided and the safety of the environment. The provider was making changes that effected the home directly and had held meetings informing people and staff about this. However, the level of concern around this matter was still quite high. The registered manager was doing all they could to support and reassure people through this time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. People we spoke with stated the registered manager spoke to them frequently to ensure they were happy with the care they were receiving. There were regular meetings for residents and relatives. Staff told us they felt listened to and had regular supervisions and meetings. For example, a member of staff explained, "You can express things honestly at the meetings and we discuss an agreed way of moving forward with our manager if needed."

Continuous learning and improving care; Working in partnership with others

The provider had created a learning culture at the service which improved the care people received. The provider worked in partnership with others to ensure quality care continued to be delivered to people. The registered manager ensured staff had appropriate training to meet people's needs. People and staff felt listened to and management made appropriate changes. For example, a person explained to us, "I tend to speak to one of the seniors privately and they always sort things out."