

Queens Manor Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
19 April 2024

Service provided by:
Barchester Healthcare Homes Limited

Service provider number:
SP2018013174

Service no:
CS2018369186

About the service

Queens Manor Care Home is a purpose-built home providing care for up to 60 older people. It is a detached building set in its own grounds on Queensferry Road, Edinburgh with car parking facilities to the front of the building. There are pleasant enclosed gardens to the rear of the property.

Accommodation is provided over two floors with stairs and a lift to the first floor. There are four units named Gameskeeper's Burn; Almond Mains Gardens; Pipers Walk; and Barnton Grove. All residents have their own rooms which have en-suite facilities.

Each floor has a large dining room, a lounge with a dining area, smaller quieter sitting rooms and communal bathrooms and toilet facilities. There is a café area downstairs. All meals are provided by the kitchen team led by the chef and the home has its own laundry facilities.

The service provider is Barchester Healthcare Ltd . The service has been registered since 2019. At the time of our inspection there were 59 people living at Queens Manor.

Care is provided over 24 hours by a team of carers, senior carers, a depute manager and general manager.

The service provider's aims and objectives include aiming to "provide safe, dignified, inclusive person centred care, of the highest quality, in a supportive welcoming and enabling environment".

About the inspection

This was full inspection which took place between 18-27 March 2024. The inspection was carried out by three 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/representatives . We also spoke with nine staff and management, observed practice and daily life, reviewed documents and spoke with one visiting professional.

Key messages

People said they felt well supported.

Staff were viewed as kind and respectful, by people who experienced care (PWEC) and their family representatives.

The home was clean, well furnished and freshly decorated. Equipment and facilities were well maintained.

There were areas for improvement around documenting activities and the recording of oral hygiene and topical medication administration.

The home had made significant improvements to laundry facilities.

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?	4 - Good
How good is our leadership?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated the service's overall performance in this key question as good. This meant positive findings significantly outweighed any areas for improvement and development.

Staff were observed to engage with people with appropriate respect, compassion and kindness. People were routinely offered choices and their views were sought by care workers. From our observations of interactions between staff and people who experienced care (PWEC), it was clear staff knew the people well. They used their knowledge and insight to engage effectively with the people they supported.

Family members said that staff knew their loved ones well. There was a consensus from family representatives we spoke with that staff worked with principles of respect and dignity to the fore.

All staff we spoke with identified values that reflected key service Provider's aim and objectives and key principles associated with the Health and Social Care Standards (HSCS).

There was a structured programme of activities with a range of entertainment, exercise-based classes and social, artistic and leisure provided across the home on a daily basis.

People were supported to access the garden area and engage with outings and trips out with the home. In addition, there were a range of visiting activities that offered people opportunities to get the most from life. These activities included, visiting therapists, visits from local schoolchildren and monthly religious observances.

We looked at how the home supported people who spent time in their rooms, through choice or due to infirmity, contrasting this with people who were independently able to engage with supports that enabled them to get the most from life.

We found that there was some variation in how this was evidenced. There were gaps which indicated that either some people weren't always being supported effectively around this aspect of their care, or that staff weren't documenting their support inputs adequately. This was an area for development at the previous inspection. We made an AFI around the provision and recording of activities associated with getting the most from life (see AFI 1).

Generally speaking, personal plans were good at outlining people's choices, wishes and interests. Some personal plans could be developed with a greater focus on life history.

Medication was administered in line with prescribers' guidance. Medication reviews were routinely undertaken and we saw some positive outcomes attached to supporting stressed/distressed presentation and changes to medication regimes.

Covert medication pathways were supported by professional instruction and compliance with best practice guidance, with clear guidance around administering covert medication.

As required medication protocols were in situ for people in the home, these generally covered key aspects associated with medication administration, although there were some areas for development around outlining preventative strategies that were to be employed prior to resorting to medication.

Wound care management was described positively by a visiting healthcare professional. The service was described as being pro-active in making referrals when skin integrity changed. This helped deliver positive well-being outcomes for people around tissue viability.

When we checked recordings associated with people who required repositioning and or the application of topical medication we found gaps in the documentation. The service should ensure that they routinely document these care giving episodes. We made an AFI which addressed gaps in documentation associated with these key elements of care provision (AFI 2).

People benefited from a well maintained care setting. Essential cleaning was routinely undertaken, although not always fully documented. This helped maintain an infection free home.

Equipment and facilities were well managed. Servicing and essential maintenance was undertaken. This contributed to positive health and well-being outcomes for PWEC.

People with stressed/distressed presentation were proactively referred to external professional services when required. This contributed to positive well being outcomes for them. Staff consistently told us that they would benefit from additional learning around supporting people with complex needs, particularly with regard to de-escalating conflict and stress/distress. The Provider has training resources available which compliment learning already undertaken.

Some staff were involved in a significant event which focused on not following Provider policy in relation to supporting someone after a fall. Although this was an isolated event, staff actions potentially contributed to negative outcomes for the PWEC . All staff should follow Provider guidance in response to managing falls events (AFI 3).

Areas for improvement

1. The service should ensure that all people have the opportunity to get the most from life and that staff fully document interactions and support provided in order to facilitate this.

1.6 -I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.

2.21 -I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.

2.22 -I can maintain and develop my interests, activities and what matters to me in the way that I like.

Health and Social Care Standards: my support, my life

2. The service should ensure that they fully document all care delivery around topical medication administration and the repositioning of people at risk of skin breakdown.

1.24 -Any treatment or intervention that I experience is safe and effective.

4.11- I experience high quality care and support based on relevant evidence, guidance and best practice.

Health and Social Care Standards: my support, my life

3. The service should ensure that all staff understand best practice guidance around providing care after a PWEC has a fall.

Staff intervention must be safe and follow organisational protocols.

4.11- I experience high quality care and support based on relevant evidence, guidance and best practice.

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.

Health and Social Care Standards: my support, my life

How good is our leadership?

4 - Good

We evaluated the service's overall performance in this key question as good. This meant positive findings significantly outweighed any areas for improvement and development.

There were a range of systems whereby people who experienced care and their family representatives were consulted and contributed to service development. These included service questionnaires and consultations around menu and the dining experience.

People told us management were a visible presence around the home and that felt comfortable about approaching senior staff in order to raise any concern or issue.

There were opportunities for people to participate in service review and these were convened at six monthly intervals. There were areas for development around reviews, particularly with respect to evaluating outcomes arising from care and the quality of support offered at QM. Reviews should evidence people's agreement with the content, being signed by those who participated.

In order to ensure that staff are effectively able to put learning into practice and consistently deliver positive support outcomes the service should develop systems which evidence that staff practice is of a requisite standard. Developing observations of practice which cover all key aspects of care giving would help evidence this effectively. Observations of practice should be undertaken early in induction period for new staff and used as talking points in reflective supervision (AFI 1)

There were a range of audits undertaken which helped management overview across a broad spectrum of support activities at the home. We highlighted several areas where more robust audit approaches would contribute to promoting improvement in the home.

Mattress audits should be undertaken at regular intervals, ensuring that all equipment remains fit for purpose.

There was room for development around recording of care giving and activities of daily living. Notes were often brief and functional, they didn't always capture the full scope of support provided, particularly around evidencing a more holistic approach to personal care delivery.

Areas for improvement

1.

In order to establish staff competency observations of practice should be undertaken early in any new member of staff's probationary period. The observations could be used in reflective discussion during supervision.

Observations of staff practice should be developed and have a broader focus, which addresses all key aspects of staff practice and care delivery.

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

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.

Health and Social Care Standards: my support, my life.

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

1. To ensure that laundry processes in the home promote best practice in infection prevention and control, the provider should improve on current laundry practices and produce an action plan to evidence that changes are sustainable long term. This should include but is not limited to:

- a) Staffing arrangements within the laundry
- b) Arrangements for storing dirty items until they can be washed
- c) Process for monitoring the flow of laundry
- d) Contingency plan if amount of laundry increases for any reason.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "My environment is secure and safe" (HSCS 5.19)

This area for improvement was made on 25 May 2022.

Action taken since then

Staffing arrangements were appropriate to the work undertaken in the laundry.

There were improvements around the flow of laundry into and exiting the laundry. This included improved practice around storage of soiled items.

There were no concerns around laundry facilities management or contingency if laundry amounts increased.

This AFI was met.

Previous area for improvement 2

1. To ensure that everyone can independently access all parts of the premises they use, including outdoor space, the service should make arrangements to safely facilitate people's freedom of movement within the home. This should include, but not be limited to, providing suitable aids and signage where appropriate .

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "I can independently access the parts of the premises I use and the environment has been designed to promote this" (HSCS 5.11)

This area for improvement was made on 25 May 2022.

Action taken since then

We noted improved access to some facilities, including balconies.

There was appropriate signage throughout the building.

The service were facilitating freedom of movement around the home.

Previous area for improvement 3

1. To ensure support plans contain current, clear and meaningful information the service should further develop care plans and reviews. This should include, but is not limited to, ensuring that:

- a) plans evidence that the care planned and provided meets peoples' assessed needs.
- b) documentation and records are clear to read, easily accessible and reflect the care planned and provided.
- c) support plans are regularly reviewed with people and/or their family/friends/carers as appropriate, and reviews evaluate how well support is meeting individual needs and outcomes.
- d) all staff involved in planning and documenting care and support are provided with appropriate training, time and support for this.
- e) managers are involved in monitoring and auditing support plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state 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 25 May 2022.

Action taken since then

Personal plans were seen to contain information relevant to people's support needs.

Personal plans were reviewed and updated at regular intervals, or as people's needs changed.

Management audit personal plans.

Review were convened regularly. There were still areas for improvement around making reviews more evaluative of the outcomes arising from support and ensuring that the views of PWEC and their representatives were adequately presented.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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