



Inspection Report on

Queen Elizabeth Court

**CLARENCE DRIVE
LLANDUDNO
LL30 1TR**

Date Inspection Completed

08/10/2019

Welsh Government © Crown copyright 2019.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Queen Elizabeth Court provides care and accommodation for up to 67 people aged 55 and over; and supports people who require nursing care, personal care and people living with dementia. The home is purpose built within extensive, well-kept grounds situated in Llandudno, close to local amenities.

The service provider is Royal Masonic Benevolent Institution (RMBI). Karen Salley is the responsible individual (RI) overseeing the service. The manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

The quality of the care and support provided at Queen Elizabeth Court is good. People experience enhanced well-being, because their needs are understood and anticipated by a dedicated staff team, who treat them with dignity and respect. The service continues to provide a high quality environment for people receiving care and support. Staff feel well supported in their roles and have access to regular training, learning and development to enable them to fulfil the requirements of their role, and meet the needs of individuals using the service. There are clear lines of accountability and leadership providing assurances that the service is safe, well run and complies with regulations.

2. Improvements

This is the service's first inspection under the new legislation – Regulation and Inspection of Social Care (Wales) 2016.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service further, this included:

- Health and safety;
- Statement of purpose (SOP) and
- Policies and procedures.

1. Well-being

Our findings

People living in the home experience warmth and respect from a familiar and caring staff team. On the day of inspection we observed and heard staff involve individuals in meaningful conversations. We saw them supporting and engaging with people in a dignified and sensitive manner. People living in the home described the staff team as “*caeredig iawn*” (very kind), “*wonderful*” and “*joyful*”. Our observations within the dementia support unit – Criccieth Lane concluded that staff displayed patience and understanding when re-assuring individuals and used distraction techniques involving humour and a change in conversation to re-direct people when required. Comments from staff included “*service users’ welfare is excellent*” and “*staff work as a team*”. We saw a sample of thank you cards received from relatives displayed around the home. Comments included “*thank you so much for the kindness and loving care that you gave to X*”. People are treated with dignity and respect and have positive relationships with staff.

The service provider promotes people’s physical, mental and emotional health. People spoke to us about their positive experiences living in Queen Elizabeth Court. We found people had pre-assessment documentation in place to ensure their individual needs could be met by the service. Various health and social care professionals are called upon in a proactive and preventative manner to ensure people’s health and well-being is maintained. The home is part of a project with the National Health Service (NHS) to support faster access to services and to reduce hospital admissions by pairing the home with an advanced nurse practitioner who is part of a multi-disciplinary team. The service is also being supported to be part of the ‘thousand lives’ project to train shift leaders to undertake basic clinical observations. We saw personal plans were in place for people’s specific care and support needs including personal preferences and routines. We saw policies and procedures were available and proportionate to the service being provided in accordance with the statement of purpose. Staff and management felt supported in their roles and received on-going training and development to enable them to fulfil the requirements of their role. There are effective governance arrangements in place to support the smooth operation of the service and to ensure there is a sound basis for providing high quality care and support. People receive the right care and support from a service, which is committed to quality assurance.

People are safe and protected from abuse and harm. A safeguarding and whistle blowing policy was available at the service. The safeguarding policy included how to identify signs of abuse and what staff should do should if they suspected or witnessed abuse. Training records confirmed staff had completed training in safeguarding. Staff spoken with had sound knowledge of the procedure and were confident in what action they would take if they had any concerns. People we spoke with stated they would feel confident and comfortable raising any concerns with the management team. We saw relevant risks

assessments in people's personal files, which were used to record identified risks to people's health and safety. People are kept safe from abuse and harm, as there are effective systems in place to protect them.

People live in safe and suitable accommodation. All external doors were kept secure to prevent unauthorised access to the building. A visitor's book was available in the reception area to ensure records were kept of all visitors entering the building. We saw appropriate documentation was in place, which evidenced fire safety checks were completed regularly throughout the year. The environment was homely and well-maintained with a range of communal areas set out to promote meaningful interaction. There were also quieter and private areas, which could also be accessed. We found the dementia support unit – Criccieth Lane to be dementia friendly, which promoted people's well-being. People told us they were happy with their own rooms and overall environment. We saw a sample of occupied rooms, all of which were decorated nicely and contained family photos and personal memorabilia that were important to people. People live in a home that best supports them to achieve their well-being outcomes.

2. Care and Support

Our findings

People receive person centred care. We reviewed three care files from the dementia support unit and two from the nursing unit. We saw evidence that the service had completed pre-admission documentation prior to people moving into the home to ensure the service was suitable to meet the individuals care and support needs. An 'enquiry, admission, transfer and discharge' policy was available, which clearly set out the home's process in relation to admissions and commencement of the service. We were told by the manager that a new pre-assessment form was being rolled out which required more in depth and person centred information to be documented. All care documentation was held electronically and was accessible to staff. Care files included a one-page profile, which contained important information about people's preferences, likes and dislikes, hobbies and routines. We saw personal plans provided guidance to staff on how to meet people's particular care and support needs. Personal plans were up to date and had been reviewed in line with the regulation. It was noted that some personal plans did lack specific information for staff to follow. For example, a personal plan for skin integrity for one person stated '*staff to support X to keep skin healthy*' and '*staff to support with any skin routine as required*'. It was also not always clear how the service had included the person receiving care and support and their relative/representative in the review of their personal plan. This was discussed with the manager. Overall, we conclude people's individual needs and preferences are understood and anticipated.

People are supported to be as healthy and active as they can be. The personal plans we viewed included people's health needs and showed that appropriate referrals had been made to various health and social care services. Records showed that referrals were made in a timely manner with outcomes documented appropriately. Medication administration records we viewed showed that people received their medication as prescribed. We viewed the four week rolling menus and saw they offered healthy meal choices which were freshly prepared by an external catering company 'WhiteOaks'. People living in the home did give a mixed response to the quality of the food, which was discussed with the manager. It was stated in the latest quality review that "*there were residents requiring support and assistance with their meals; this was not person centred and staff appeared to be task oriented*". We observed the lunch time period in the nursing unit and noted it to be a pleasant experience with support given in a person centred manner. Staff were seen to be assisting people on a one to one basis and involved them in meaningful conversations. We saw information about activities was displayed in the reception area and a monthly newsletter containing the latest activities provided. October activities included a Halloween Party at one of RMBI home's in Liverpool, Rikshaw armchair shopping, thai chi, ladies fun-time choir, giant scrabble, singing for the mind Welsh and English, quiz, female singer and bus to town centre. People spoken with were happy with the activities provided, comments

included “*we are very lucky in this home*” and “*the music entertainment is fabulous here*”. On the day of inspection, the afternoon entertainment was a professional singer, which was very popular with the people living in the home. We also observed people on the nursing unit interacting with an augmented reality system, which is an enhanced version of reality with technology adding additional elements and images. People receive pro-active and responsive care to ensure they remain as healthy and active as they can be.

People are safe and protected from harm and abuse. On the day of inspection we saw people were relaxed and comfortable with the staff supporting them and in the presence of management. We reviewed the safeguarding policy and procedure dated 15 January 2019, which was aligned, to current legislation and national guidance. Staff spoken with were aware of the policy and of their responsibilities in ensuring people living in the home were kept safe. We also saw the manager had made Deprivation of Liberty Safeguards (DoLS) applications to the local authority under the Mental Capacity Act 2005 due to people’s perceived vulnerability. People’s individual health needs were understood and anticipated and they had access to professional advice, care and support. We reviewed staff training documentation which confirmed 87% of staff had completed training in safeguarding, Mental Health Act and DoLS. People receive a service from a service provider, which has mechanisms in place to safeguard vulnerable individuals to whom they provide care and support.

3. Environment

Our findings

People receive care and support in a location and environment with facilities and equipment, that promotes achievement of their personal outcomes. On the first day of inspection, we toured the building and found the service to be clean, tidy and free from hazards. We spoke to a domestic member of staff who told us about their role and responsibilities. They stated, *“we all work as a team here - It doesn't matter whether you are a domestic, management, shift leader or a carer we support each other”*. Each unit within the home was divided into house groups, each with its own team of care and domestic staff. Each house group had its own dining room and communal lounge as well as small kitchen units where people could prepare their own snacks and drinks. This encouraged people to complete daily living tasks to increase independence and give them a sense of achievement and ownership of their surroundings. The home also had a library and a grand silver jubilee lounge, which we observed to be very popular on the day of inspection. We paid particular attention to Criccieth Lane as part of our dementia thematic review. The corridor within Criccieth Lane was decorated with brick effect wallpaper, which gave a sense of walking down a street of houses rather than a hallway with bedrooms. Each bedroom had a different colour front door with a letterbox. Memory boxes were located outside each room, which can help stimulate memories and support people with communication. Each of the three bedrooms we viewed in Criccieth Lane had good natural light. A person we spoke with could clearly identify their bedroom and were happy with their room. Bathrooms were clearly identified with the same clear signage. We did note that some bathrooms contained supplies of latex gloves. We discussed this with the manager and recommended that they were securely stored away to maintain people's dignity and health and safety. It was noted during our observations that the dining room contained enough space and chairs for carers to assist people with eating and drinking. The lounge contained rummage boxes and was set up to encourage social interaction. Rummage boxes are another means of tapping into memories from the past and help people with dementia feel empowered and secure in familiarity. A safe and enclosed garden was accessible to people and had been designed to encourage engagement and activity, for example, returning pathways and raised flower beds. Overall, we conclude that Criccieth Lane is dementia friendly.

The service has effective systems in place to ensure people living in the home, the staff and visitors are kept safe. We looked at records which evidenced there were systems in place for checking and maintaining fire safety. A fire risk assessment was in place and had been reviewed on the 2 July 2019. We reviewed documentation, which evidenced that weekly and monthly fire safety checks were carried out consistently throughout the year. We saw fire drills had been completed day and night with clear documentation kept of the drill scenario, observations and any further action required. We reviewed staff training

documentation, which confirmed 92% of staff had received and completed training in fire safety.

The kitchen had been inspected by the Food Standards Agency on the 6 February 2019 and were awarded a food hygiene rating of five (very good). This indicates that appropriate food hygiene arrangements are in place.

People live in accommodation that is safe and meets their individual needs.

4. Leadership and Management

Our findings

People have access to information about the service. We reviewed the statement of purpose (SOP) which is also available in the Welsh language. We found the SOP to be comprehensive and included the necessary information. We found the SOP to accurately describe the service that was provided to people as we evidenced this through discussions, observations and documentation seen during our visit. We discussed two recommendations with the manager. We reviewed the latest managing and responding to complaints policy dated June 2017. The manager confirmed this policy was currently being reviewed. Staff spoken with were aware of the policy and had sound knowledge of the complaints procedure. People we spoke with were complimentary about the service and knew how and who to approach if they had any concerns. We reviewed the latest data protection policy dated 2018, which was aligned to current legislation and national guidance. Overall, people can access the right information, when they need it, in the way they want it.

People receive a service where staff are recruited safely and appropriately trained for their roles. We reviewed staffing rotas dated 7 September 2019 to 4 October 2019 and found the service to be staffed appropriately. The service did use agency staff at the time we inspected. However, the same agency service was used when agency staff were required in order to provide consistency for the people receiving a service. We were also informed that agency usage had reduced as different incentives were being trialled to improve staff recruitment. A new job role had also been created, namely a resource planner, to have overall responsibility for rota management. We reviewed four staff files, which contained the required information to ensure their suitability and fitness. It was evident from the staff files that the necessary pre-employment checks, such as references and disclosure and barring service (DBS) checks, had been completed and found to be satisfactory. Discussion with staff and records showed there was a staff training program in place including an induction for new starters. Each staff member we spoke with were happy with the frequency and the quality of the training provided. We reviewed the staff training documentation and saw staff had completed mandatory training and some service specific training in order to meet people's individual needs. People are supported by staff who are suitably fit and trained to carry out their roles.

People receive care and support from a manager who provides a positive work ethos and culture at the service. On the day of inspection, we saw the manager interacted in a caring and supportive manner with all individuals living and working in the home. Staff spoken with felt supported in their role and described the management team as "*approachable*", "*supportive*", adding they "*always give clear direction*". We saw evidence of staff receiving regular supervision in line with regulation. We reviewed a sample of these supervision records, which were described as 'conversations that lead to results'. The records we reviewed encouraged staff to reflect on their practice to ensure their professional

competence was maintained. We reviewed the service's 'supervision and performance development review policy' dated November 2016, which required reviewing. We reviewed a sample of 'domestic staff meetings' and 'general staff meetings' all of which had been recorded appropriately. People living in the home benefit from a service, where the staff team are dedicated to their role and feel supported and listened to.

People receive high quality care and support from a service, which sets high standard for itself. There was a clear management structure in place and all staff spoken with confirmed that management were approachable and had an "*open door policy*". We reviewed the latest RI quarterly visit report which evidenced the RI visited the service in July 2019 with another visit imminent. It was evident from the report that the RI had systems in place to monitor the performance of the service, which included talking to people receiving a service and staff. The service manager told us they felt fully supported by the RI. We requested to see a copy of the latest quality of care review, which was dated May 2019. We found the report to be very comprehensive and was in line with regulatory requirements. Each section had an overview of the evidence to support each line of enquiry and any further action to improve the service further. The report also commented on the dementia care mapping which was conducted on the 14 May 2019 between 18:00 and 20:00. This tool is used to achieve and embed person-centred care for people living with dementia. People receiving a service, their relatives and friends were encouraged to review the quality of the service via carehome.co.uk. They were asked to review and rate the overall standard, facilities, care and support, cleanliness, extent to which people were treated with dignity, food and drink, staff, activities, management, safety and security, rooms and value for money. We reviewed a sample of the feedback and, overall, found it was positive, scoring five out of five. We conclude people are benefiting from a high quality service, which enables them to achieve their personal outcomes due to robust governance arrangements, to support the smooth operation of the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

We recommend the following:

- The SOP should be reviewed to include a summary of the admission process including emergency admissions and how the responsible individual will maintain oversight of the management, quality, safety and effectiveness of the service including frequency of visits to the service.
- A review of policies and procedures is needed to ensure they are all up to date and aligned to any current legislation and national guidance.
- Latex gloves need to be securely stored away to maintain people's dignity and health and safety.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. One inspector made an unannounced visit to the service on the 7 October 2019 between 9:25 am and 5:15 pm and we returned on the 8 October 2019 between 9:10 am and 12:10 pm.

The following regulations were considered as part of this inspection:

- The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017. The following methods were used:
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We toured the building and looked in three bedrooms in Criccieth Lane and four bedrooms on the nursing unit. We used the King's Fund environmental assessment tool. This tool has seven sections and a set of questions to prompt discussions this enables inspectors to assess if the service is dementia friendly.
- We case tracked and reviewed records for three people living with dementia and reviewed two nursing care files and associated documentation.
- We looked at a wide range of records. We looked at four staff files, supervision and appraisal documentation, training documentation, staffing rotas, a selection of policies and procedures, RI visit and report, quality assurance, food menus, activity brochure and fire safety file.
- We reviewed medication practices within the service.
- We reviewed the SOP and compared it with the service we observed.
- We spoke with 11 people receiving a service, eight members of staff and one relative.
- We gave feedback to the manager on both days.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
-----------------------	-------------------

Service Provider	The Royal Masonic Benevolent Institution Care Company
Responsible Individual	Karen Salley
Registered maximum number of places	67
Date of previous Care Inspectorate Wales inspection	This was the first inspection under RISCA.
Dates of this Inspection visits	07/10/2019 & 08/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and has demonstrated a significant effort to promoting the use of the Welsh language and culture.
Additional Information:	

Date Published 26/11/2019