



Name of service:	Queens Court
Service address:	1 Dedworth Road, Windsor, Berkshire, SL4 5AZ
Service provider:	Care UK Community Partnerships Ltd
Date of visit:	Tuesday 26th November 2019 2pm-4pm
Authorised representatives:	Chris Taylor, Paul Lavender, Sharon Bowden, Jane Figg and Muriel Hanley
Contact details:	info@healthwatchwam.co.uk

Acknowledgements

Healthwatch Windsor, Ascot and Maidenhead would like to thank the service provider, staff and residents for their contribution to the Enter and View programme.

What is Enter and View?

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to patients, service users, their families and carers in premises such as hospitals, residential homes, GP practices and dental surgeries. These are known as Enter and View visits. They can then make recommendations where there are areas for improvement. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Disclaimer

Please note that this report relates to findings, observations and feedback from the residents and/or family and friends on the specific date set out above.

Purpose of visit

- Observe residents engaging with the staff and the care environment.
 - Capture the experience of residents and their families/visitors and to record any ideas they may have for change to improve their experience.
 - To produce a report summarising the above which will highlight areas of good practice and make recommendations that could improve the service.
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Strategic drivers – why we carried out the visit

Healthwatch Windsor, Ascot and Maidenhead collects and collates feedback and intelligence on local health and social care services. It shares anonymised intelligence with regulatory agencies such as the Care Quality Commission (CQC) and other strategic bodies involved in improving the quality of care such as the Care Governance Board. This Enter & View was planned to gather the direct feedback of the residents of the home (and their family/unpaid carers) and their views about the care and support they receive.

Collecting feedback on local social care provision is one of the identified areas in Healthwatch Windsor, Ascot and Maidenhead's current work plan and it has received negative feedback about Queens Court in the past when the service was provided by Central and Cecil Housing Trust; including serious concerns, which were shared with the Care Quality Commission and other relevant agencies.

Care UK Community Partnerships Ltd have been the provider of this service since the 29th December 2017.

Notification

A letter to the Registered Manager was sent almost 3 weeks before the planned visit - explaining what local Healthwatch is, an explanation of Enter and View and its purpose and giving the proposed date and time of the visit.

Methodology

Queens Court has 62 beds; 58 of these were in use during our visit and 2 are kept free for emergency respite. The Royal Borough of Windsor and Maidenhead have 75% of the beds.

Some of the people living in Queens Court are living with dementia and others have debilitating illnesses, therefore, due to this and the fact we were entering the home of residents, authorised representatives decided the best approach to gain feedback was to speak informally to small groups of residents and visitors; utilising the seven main themes of a questionnaire Healthwatch Windsor, Ascot and Maidenhead has developed for conducting semi-structured interviews with people receiving residential or supported living care.

The seven areas/themes are:

- **Do you feel listened to and supported?**
- **Do you do the things you want?**
- **Do you see your family and friends when you want?**
- **Do you like where you live?**
- **Are you supported to stay healthy?**
- **Do you feel safe?**
- **Do you know what to do when things go wrong?**

During the visit we were able to talk in depth to 9 residents, 6 visitors and 3 members of staff and the lead representative Chris Taylor, a member of Healthwatch staff, was able to talk to the Home Manager. Authorised representatives were also able to see an empty bedroom.

Due to dementia, not all residents were able to contribute to the discussion themes but their input was still very valuable including authorised representatives' observations of their non-verbal communication during the visit. It is important to listen to people's experiences as they remember them.

Authorised representatives' observations of interactions and the care environment also form part of the report content.

An online survey for visitors, family and friends was promoted via social media, on the Healthwatch Windsor, Ascot & Maidenhead website and on posters and flyers (which displayed a QR code and a link to the survey). We asked Queens Court to display the posters and make the flyers available to visitors. No completed surveys were received.

Discussions, findings and observations

The home has three floors and these are split to match peoples' needs; ground floor is residential, first floor is nursing/dementia and second floor is nursing. All staff are rotated around the different floors of the home. Each floor has a dining room, sitting room and other communal areas. The Home Manager told us that staff are encouraged to emulate the feelings of being at home but they do not refer to it as someone's home; residents support this attitude as they said they came from their home to here.

Staffing within the whole of social care is an issue and Queens Court is no different. The Home Manager has weekly calls with Care UK head office regarding recruitment and additional measures have been introduced. Banners advertising staff vacancies have been placed outside the home for example and an overtime bonus is now available. Agency staff are also utilised.

Queens Court has, since the 29th December 2017, been run by Care UK Community Partnerships Ltd who have over 100 care homes throughout the United Kingdom and a domiciliary care service. Queens Court has a 7.7 out of 10 rating (based on 2 reviews) on www.carehome.org.uk. The home's most recent published CQC report is January 2019 – when it was rated “Good”. Under the previous provider, Central and Cecil Housing Trust, the last CQC report was published in July 2017 – when it was rated “requires improvement”.

Do you feel listened to and supported?

One resident told us that at times they felt they were talking to themselves and one felt they should have been more involved with their care planning, but the majority of residents, and their visitors, feel that staff listen to residents,

involve them as much as possible in all aspects of their care plan and treat them well.

One resident told us that when they need help e.g. with cutting food, staff will always help and provide support. We saw many examples of staff providing unobtrusive support and care for residents. A couple of examples: We saw a resident leave their room to get some fruit. A member of staff saw her coming down the corridor and assisted her with her selection from the snack station. A resident stopped to talk to us in the corridor and became unsteady on their feet. A member of staff had been observing them from a distance and calmly walked up behind them and steadied them back onto their walking frame.

The atmosphere was extremely calm and no agitated or distressed behaviour was observed; this did not appear to be due to the over use of sedation/medication. Residents were still engaging with us, with staff and each other.

Staff were friendly and engaging with us and we observed good, positive and supporting interactions between staff and residents. One visitor told us they felt the staff worked at Queens Court for the 'right reasons' and are very caring. There is a nomination box allowing people to nominate the staff they feel are good.

There was one negative incident that we observed during our visit and the lead representative had to intervene. A resident was observed to have had an incontinence issue and this had not been seen by staff. We discreetly brought this to a member of staff's attention but the only action they seemingly took was to move the resident to a dry chair. We then escalated this to the nurse in charge who dealt with the situation promptly. We further reported this to the Home Manager and were told the issue would be dealt with appropriately.

Do you do the things you want?

Residents told us about the different activities and that there is 'always something going on'. We were told the Activity Coordinators were very good. Although staff encourage people to join in with activities they are not made to

do so. One resident said they were happy sitting and watching television. A resident told us that, apart from the hairdresser, all activities are free. Hairdressing takes place in a purpose built salon within the home and the prices, £10 for a cut and £25 for a perm, are very reasonable. There is a monthly meeting where residents can feedback about activities and put ideas forward.

The Home Manager told us there are two Activity Coordinators who are supported by the staff. The staff support the coordinators because the home is working towards all staff being actively involved in linking activities to the day to day care role they provide. The home uses the Pool Activity Level (PAL) instrument, which is a framework for providing activity-based care for people with cognitive impairment.

There was an activity board on each floor of the home and also one in the lift; these included information about the Healthwatch visit. Regular activities include: arts and crafts, yoga, reminiscence groups, exercise, reading with students, music and board games. We observed games and art and craft materials available in all the sitting rooms.

Queens Court has a Tovertafel; an interactive games and activity projector which is designed for people living with dementia. The home also has a Dementia Champion. We also saw a table top football game and a home library. There is a small shop in the reception area although we were unsure what it sells.

On the day of our visit the home was visited by a local school who came to sing to the residents. A local church singing group and a toddler group also visit the home. Pat dogs and a cat also visit. The Home Manger told us that the home has open days and had a summer party. We were told about a recent Opera Night where staff dressed up and residents had tickets. 6th Form students from a local school recently co-produced a show with residents which they then performed for them.

One resident told us there is a religious service on a Sunday morning but they do not attend as 'it is not my religion'. The Home Manager told us that main events e.g. Christmas, are celebrated and some other days such as National Tree Day.

Residents told us they could go to bed when they wanted and get up when they wanted and during the day they could stay in/return to their room whenever they wanted. The Home Manager told us that some activities, such as board games and art materials, are left out in the sitting rooms at night for those residents who like to get up.

In the sitting rooms seating is arranged to encourage people to talk to each other if they choose to and there are different types of seating available throughout the home.

The home has access to a shared mini bus which is used for day trips and these take place about once a month. Although there may be an extra charge to residents to cover costs such as entrance fees there is no additional staffing charge and fundraising also helps to pay for these trips.

Do you see your family and friends when you want?

Visitors have the code for the main entrance door and therefore have access 24/7; although people visiting are expected to visit at appropriate times. There is a notice board with information and a visitor book in reception and some chairs to wait in. We were told about a regular visitor who uses a wheelchair. Access can be difficult for them at the weekends when the door is not manned (as well as the keypad there is a buzzer monitored by the office next to the door).

Many of the residents and/or their families are from the local area and are able to see family and friends frequently. Residents can also, at their own cost, have a telephone installed in their bedroom and at least one of the people we spoke to has this facility.

A family visitor told us that they can visit anytime and although there are several meetings a year to review their family member's care and support they feel they can speak to the home at any time. A visitor also told us they were able to bring in their dog to visit their family member and that they feel Queens Court is like an 'extension of home.' One visitor told us they would be coming in for Christmas Day lunch with their relative. Visitors have access to a free coffee machine and cake.

The Home Manager told us that care plans are reviewed monthly with next of kin and there are quarterly family meetings. The home has also tried to start a family group but at the moment there appears to be no interest in this.

Parking can be an issue for visitors. The home's car park has 13 regular spaces, 2 disabled bays and 1 space reserved for a visiting doctor. We observed cars parked on the curbs making it difficult for other drivers to manoeuvre and this also impacted on pavement access. However, there is public parking available a short walk away.

Do you like where you live?

Although a couple of residents did say they would much rather live at home, 'there's no place like home', everyone we spoke to said they were happy living at Queen's Court - with at least two residents telling us they chose to move into the home.

The Home Manager told us that all rooms are ensuite and furniture is supplied – although people can choose to bring in their own. Wardrobes that are supplied have plastic see through fronts so the contents can be easily seen. Residents can choose the basic decoration (colour scheme) for their room and this is carried out to a good standard. If someone wants anything in addition to this, it is done at their expense.

Residents can also bring their own electrical equipment such as televisions. Residents can also have a phone line and satellite TV such as Sky installed in their room at their own cost. One resident told us they had a choice of room,

were able to bring their own furniture, like having their own shower and are very happy living at Queens Court.

Residents told us that staff usually knock before entering bedrooms and are respectful of their personal possessions. People are encouraged to bring items that bring them comfort.

We were told, by more than one person we spoke to, that before Care UK were running the home it was 'awful' and that everything is so much better now - '100% better'.

There are sitting rooms on each floor which all have good sized televisions; these were displaying subtitles. There are also separate smaller areas for residents to relax and spend time in. These areas are themed e.g. 'Celebrity Lounge' and 'Seaside Lounge'. All of these areas were a little cooler than the rest of the home as the windows were open a little. Outside balconies were available on the higher floors.

Throughout the home we observed that it was clean and tidy and well decorated. The lighting was good and bright and the general temperature was warm. The home had a neutral smell; it did not smell of disinfectant, cooking or other negative smells often associated with care homes. The home is well maintained and in a good state of repair. Only two minor items needing replacement/repairing were observed; a discoloured head rest on a lounge chair and some loose plastic conduit.

On the first floor, which caters for people living with dementia, there was a sign displaying the date, month, year, season and weather in the dining room. This was up to date. There was also a variety of retro items, such as a television and a typewriter, for residents to interact with. There was a large clock in the sitting room but this was not a dementia friendly clock. We saw a sign asking for donations of CD's, DVD's, board games, audio books, magazines etc. from the past.

On the first floor memory boxes are located outside bedrooms. Relatives are encouraged to support residents with filling these. We observed that a number of these boxes were in use and we saw one resident using their memory box to locate their room.

Authorised representatives looked at how accessible and dementia friendly the care environment was, especially on the first floor. On the first floor we noticed that the signs for toilets/bathrooms also had pictures as well as words although the doors were the same colour as all the other doors. Mirrors in bathrooms have been well placed; they are not facing someone when they walk in.

Light switch surrounds were not of a contrasting colour to the walls and on the ground floor there were white rails and walls. Although this is not the floor specifically for those living with dementia, contrasting colours are also good for those with visual impairment.

There is a lift to the upper floors. This contains mirrors on the back wall and the lighting is low. This could cause confusion and/or anxiety to someone living with dementia.

We were able to take a good look around the first floor dining room and kitchen area. Everything was clean and the tables had been set up ready for dinner time. The sign for the dining room is clearly worded but there is no symbols or pictures.

There is a large well-kept garden with tables and chairs and a greenhouse. There is an ice cream kiosk for the summer. A volunteer helps look after the garden and one resident told us how much they enjoyed being in the garden in the summer.

Are you supported to stay healthy?

A resident told us that when they are unwell they tell the nurse and they are taken to the GP when needed. We were told that the GP comes to the home twice a week but, if necessary, staff would arrange a trip to the surgery which

is nearby. At least two of the residents we spoke to named their GP and one visitor told us how they are included in their family members GP health care and consultations.

A resident told us that although they are not very well (long-term), they feel very looked after and cared for.

The Home Manager told us that podiatry, chiropody and opticians are all paid for extra services but there is no staffing charge for access to medical appointments if staff have to accompany someone to these, but the cost of transport (taxis) are charged to residents. A dentist also visits for which there is a £50 call out fee that the home tries to split between multiple people to help reduce the cost. One visitor did tell us they were not happy about their family member's nails; they felt not enough had been done.

We were told that the food service was brought in-house in February 2019, enabling more control over what is provided and menu development considering nutrition and fortification needs. The kitchen staff are involved with the serving of the food and consult with residents to help make improvements. Daily menus are available on each floor located at the entrance to the dining rooms. The menus run on a six week rolling basis with a choice every day of two main meals and a variety of deserts. One resident told us 'the meals are fantastic!'. There are also lighter alternatives such as baked potatoes or omelettes available and this was confirmed by feedback received from residents and visitors.

Snack stations are available throughout the home. At the time of our visit these contained fruit. Residents have access to water fountains in communal areas, have jugs of water in their rooms and juice is available in the dining rooms. During our visit afternoon tea was served and cake and fresh fruit was offered.

One visitor told us how good the staff are at getting their family member to eat and drink; an area that has been identified as an issue in their care plan. Their family member likes to walk around constantly so staff leave food around for

them and monitor how much is eaten. This information is shared with the visitor.

Hand sanitiser is available on entry to the home and in corridors and visitor toilets were clean. The majority of the residents appeared clean, well dressed and well cared for.

Do you feel safe?

Call buttons were observed in the corridors and they are also available in the bedrooms. Emergency pull cords for staff were available in the sitting rooms. We were told by residents and visitors these set off a different alarm and are responded to very quickly. Bedrooms have sensor mats that go by the beds at night so staff are aware if residents are up and out of bed.

We observed residents with call assistance buttons around their necks but also saw at least one resident without a button calling out for assistance.

Staff had a work area in the sitting rooms so they did not have to leave residents if they needed to complete paperwork or use the computer; the computers are locked when not in use to protect resident confidentiality.

The front door is a key coded locked door and there is CCTV on exterior doors. Windows are secured so they can only be opened so far. There are keypads on doors to non-resident areas.

Residents told us they have a Fire Drill and fire exits are clearly signposted. Residents also told us that they are accompanied when they go outside by members of staff and two said they were unsure if anyone ever goes out alone; they had never personally asked to.

Any electrical equipment a resident brings in at the start of their residency must be less than a year old or have had a portable appliance test (PAT). All future portable appliance testing is carried out free of charge by the home. In the bedrooms all furniture over one-metre-high is screwed to the wall

No residents told us they felt unsafe or had any worries or anxieties; one resident verbally confirmed they felt safe. One relative did tell us that although generally they feel their family member is safe, they do worry that they will get out of bed and fall.

A visitor did tell us that their family member has bruises on her but stressed this was not from ill treatment but from being picked up. She had had to query this bruising with staff as it had not been openly reported to her.

One visitor praised the open-door policy.

Do you know what to do when things go wrong?

Residents told us they would know what to do if something goes wrong; who they would talk to (a family member or member of staff). One resident did tell us they would find it difficult writing down any problems.

Visitors told us that little issues are dealt with promptly and that they would know how to complain about serious issues and would not be worried about doing so. We were told that the staff 'always seem to put residents first'.

On the first floor there was a poster about advocacy.

The Home Manager told us that complaints are initially handled by them but there is a central complaints team within Care UK who assist. If anyone is not happy with the response they receive to their complaint they can escalate it to the Managing Director at Care UK.

Good practice highlights

- Overall care environment and atmosphere.
- Varied areas for residents to utilise.
- Staff/resident interaction.
- The level of personalised care and support given to residents.
- Regular resident meetings.
- The varied activities and resources consistently provided and the provision of 2 Activities Coordinators.
- Involving all staff in linking activities to the day to day care they provide.
- Rotating staff between the different floors; which means they develop the skills to support people with different types of care and support needs.
- The strong links with the local community.
- Choice and quality of food offered to residents.
- The support given to maintain residents' links with family and friends and the relationship between the home and relatives.
- Memory/personal identity boxes outside each bedroom.

Recommendations that could improve residents' experience

- Purchasing / leasing an accessible transport to enable more external group outings and reduce reliance on taxis for transport to medical appointments.
- Review signage, particularly on the first floor, to make it as accessible as possible.
- Cover mirrors in the lift perhaps with posters and improve the lighting.
- Look at providing contrasting colours in some areas; light switches, railings on ground floor, toilet doors
- Ensure posters and literature about how to make complaints and information and support available if there are issues (e.g. Healthwatch Windsor, Ascot & Maidenhead, the CQC, Safeguarding Board) is widely displayed and is accessible.

- Run a consultation with family members to see why the initial attempt to set up a family meeting/forum was not successful.
- Provide a method for anonymous feedback (e.g. suggestion/feedback box).
- Themes/issues raised in feedback and complaints are shared in forums such as family meetings (whilst protecting individual's identity and specific details) – this will help identify if they are isolated concerns or indications of wider issues.

Questions for the provider for clarification

- What is the average percentage of staffing that is provided by agency and are these long-term placements?
- What arrangements are made to cater for people who need certain foods because they are vegetarian/vegan or for religious or cultural reasons?
- What arrangements are in place to ensure all residents are offered the chance to practice their chosen religion?
- What does the small shop in the reception area sell?

Issues the visit has highlighted that are also impacting on the wider health and social care economy

- Staff recruitment

Provider's response – received 28th January 2020

Many thanks for your email and I am pleased that your visit was a positive experience overall.

Please see my response below for your consideration and to be added to the report.

Purchasing / leasing an accessible transport to enable more external group outings and reduce reliance on taxis for transport to medical appointments.

As highlighted in your report QC has access to an accessible bus that is parked at our sister home Mountbatten 0.3 miles away due to QC parking limitations. We have our own MIDA qualified colleagues who have access to this transport by mutual arrangement.

Review signage, particularly on the first floor, to make it as accessible as possible.

Look at providing contrasting colours in some areas; light switches, railings on ground floor, toilet doors

We work in partnership with Worcester University dementia team who advise and support on décor for homes with people living with dementia and we are using best practise guidelines. We worked in partnership with RBWM in ensuring that this area was suitable for individuals with dementia support needs.

Run a consultation with family members to see why the initial attempt to set up a family meeting/forum was not successful. Provide a method for anonymous feedback (e.g. suggestion/feedback box).

Suggestions box located in foyer window near the signing in book.

Questions for the provider for clarification

What is the average percentage of staffing that is provided by agency and are these long-term placements?

Based on an 8 week average is 21.4% agency usage for HCA, RGN and including any catering support.

What arrangements are made to cater for people who need certain foods because they are vegetarian/vegan or for religious or cultural reasons?

Revised menu with Clinical lead and Chef input. Chef attends clinical meetings regularly. Alternative choices are available on request. The chef meets with individuals to discuss any dietary needs as part of the Resident of the Day process.

What arrangements are in place to ensure all residents are offered the chance to practice their chosen religion?

Lifestyle team discuss any spiritual or religious needs with individuals on first arrival and record this on CareSys.

Issues the visit has highlighted that are also impacting on the wider health and social care economy

Staff recruitment

Recruitment day booked for January 2020.

Recruitment banners are clearly visible and promote Care UK incentives.

Anthony Browne
Home Manager

Distribution of report

- Healthwatch Windsor, Ascot & Maidenhead website, social media accounts and email bulletin
- Healthwatch England
- Care Quality Commission (CGC)
- The Royal Borough of Windsor & Maidenhead – commissioners and relevant elected members
- Optalis – relevant social care teams and managers