



Inspection Report on

Queens Court

**487-489 Abergele Road
Colwyn Bay
LL29 9AE**

Date Inspection Completed

06/02/2024

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About Queens Court

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Potensial Ltd
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	31 July 2019
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Queen's Court provides safe and supportive care that promotes people's independence and guides them to take responsibility and ownership of their lives. Personal plans are written and reviewed with the person, so they are always person centred and focus on achieving realistic outcomes. People are proud of how much they have achieved and know they have plans in place to progress further. They value the choice and control they have in the home and feel respected and listened to. The home is laid out to promote independence with separate kitchens for those who want to prepare their own meals and self-contained flats to help people prepare for life in the community. Staff are well trained in an extensive range of subjects relevant to the people they support, and many have years of experience working in the home. They know the people they support well and have built mutual trusting relationships with them. The provider has established systems in place to ensure quality care is provided and the service runs smoothly and safely.

Well-being

People have control over their day-to-day life. Their views are listened to and respected. The minutes of monthly meetings show that views are sought on activities, new entertainment equipment, celebration parties and days out. Those who want to cook for themselves and be more independent are actively supported to do this with monthly allowances for food put on debit cards. They are helped to choose recipes, draw up lists of items they need and go shopping for them. Peoples consent is sought for a range of aspects of the service such as entering rooms and sharing information as people rights are respected.

People are happy and do things to keep them healthy. There are wellbeing sessions that provide opportunity for activities and hobbies, exercises, and other wellbeing events. Some follow exercise and diet advice to lose weight and improve their fitness and wellbeing. People are pleased they are increasing their independence and know they are moving towards their goals. They enjoy greater confidence since being in the home, to speak more freely, to go outside for walks and help others in the community. People follow activities that make them happy; they create and partake in events in the home such as arts and crafts and live their lives how they want to.

People are safe and protected against abuse or other harm. There are disciplinary procedures for staff whose practice does not meet expectations; safeguarding processes are audited and staff must read the relevant policies. Safeguarding training is mandatory and is updated annually. People are at ease and feel able to express concerns should they have any.

People enjoy social and economic wellbeing. They contribute towards their social life, spending time with people they like and maintaining relationships with family and friends, People use their local community for example leisure facilities and visiting shops; they do volunteer work and feel what they do makes a difference. There is positive and proactive support to help people to live independently including managing budgets they can spend on food of their choice. People socialise with each other in the home and with guests from other homes provided by Potensils ltd; they celebrate events such as Valentines, Christmas and birthdays together often with a party. Some people recently enjoyed helping to plan and partake in a pantomime which entertained everyone.

Care and Support

People have personal plans which are accurate and up to date. Most monthly summaries, completed by keyworkers with the person, map the individual's progress towards achieving their outcomes. Reviews of plans are carried out with the individual, so they are regularly reminded of the progress they have made and actions for further development. Each day, there is a handover of information, so staff are always aware of any changes in people's needs as and when they occur.

Each person is provided with the quality of care and support they need, based on carefully consulted care planning. We saw an 'all about me document' detailing what matters to the person, and how they want to be supported, their history and family, their hobbies and interests. Care planning is centred around the person and focuses on their outcomes. We saw support reflects people's desires to become more independent. People wanting to learn to budget and shop for groceries to cook their own meals are provided with a debit card uploaded with a set amount every month. We saw examples of people's progress such as developing confidence and ability to socialise, taking up gardening or doing voluntary work or more regular use of local amenities. People told us how they are proud of their personal progress and wider achievements; they are full of praise for the support they have received while in the home. One person said, "*there is more choice here. It's better than other places I've been. I feel I am getting stronger. I feel safe.*" Another person told us they have come a long way since being in the home "*staff are great. nothing could be better.*"

Support staff are proactive in promoting people's health and wellbeing. We saw appointments made and attended, requests for input from different health services and activities arranged to promote healthy eating and exercise. A 'wellbeing champion' arranges a variety of events to enhance wellbeing and the environment provides a variety of places to spend quiet time. We saw equipment has been provided to people where additional needs have been identified. Some people attend work groups arranged in the community, to discuss and manage their individual issues.

There are safe systems in place for medication management. All staff are trained to administer medication and their ongoing competency is routinely checked. Records are audited regularly by the management team, and an annual independent audit is also arranged. There are locked safes in each person's room which only staff access. People are only able to administer their own medication following a thorough risk assessment.

Environment

Service providers ensure people's care is provided in a location and environment that helps them achieve their personal outcomes. People want to become more independent, and the accommodation is set out so that people can aim for more independent living. The availability of self-contained flats in the building allows people to safely develop a higher level of independence skills required for living with less support in the community. People's own rooms are decorated and furnished how they want them to be; one person told us how they had just moved their furniture around to meet their preference.

There are separate kitchens for those who wish to self-cater, and cupboards labelled with people's names so they can store their own groceries. There are laundry facilities on each floor, so people can do their own washing with support. There are a range of communal rooms for people to congregate, share activities such as the wellbeing events, or spend time alone. The home overlooks the sea and is in a good location for exploring and using services in the community.

Potensial Ltd has proactive arrangements in place at the home to identify and mitigate any risks to health and safety. The building is old and requires continual investment; we saw property audits are routinely carried out to identify any areas for repair and renewal, and action plans are drawn up to make sure these are addressed. A maintenance person is employed to address any day-to-day issues that arise with the building. Records show safety checks are routinely carried out on matters such as gas installation and equipment, electricity, water safety, fire systems and equipment. Staff are trained in health and safety and have signed to confirm they have read the health and safety risk assessments. We saw fire drills are regularly carried out including practicing evacuation procedures.

Leadership and Management

The service provider has governance arrangements in place that helps ensure the service runs smoothly and provides high quality care and support. There are multiple levels of oversight including in house audits to check the quality of procedures and practices, and separate audits routinely carried out by an area manager. A wall planner tracks which audits must take place and at what frequency.

The RI (responsible individual) has effective arrangements for oversight of the service, ensuring good standards of care and compliance with the regulations. They visit the service at least every three months to complete audits and report to the provider on their findings. These reports show which records have been viewed, the people spoken to, and observations made of the environment and of practice. Satisfaction surveys are distributed to people, their family and other stakeholders, their views collated, and actions formulated from the findings. Frequent staff meetings and residents' meetings also capture people's views; we saw examples of changes made following residents and staff suggestions. A bi-annual quality of care review is undertaken, and the subsequent associated reports evidence the RI knows what is working well and where improvements could be made.

There is a culture of openness and honesty in the home, and people using the service and staff feel able to express their views freely. The 'challenge charter' promoted by the provider, assures people they will be listened to, and actions taken and people told us they are confident of this. Some staff have worked at the home for many years, and this is testament to the leadership and culture. One staff member described management as; *"very fair; they are supportive and there is mutual respect"*. Staff are encouraged to put a colleague forward for a 'recognition award' and a regular newsletter celebrates 'good news' stories. Staff can make use of the employee assistance programme should they need any kind of support. They are delighted by their recent Christmas gift from the provider of an extra day holiday on their birthday. Staff feel valued and part of a team.

The manager ensures appropriate numbers of staff who are suitably fit and well trained for their roles. We saw effective recruitment and vetting procedures are carried out to ensure staff are suitable for the role. Induction is thorough and the mandatory training is extensive, covering all relevant and specific subjects relating to people's needs. Staff are paid to do their training and we saw a high level of completion rates in all areas.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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