

St. Quentin Residential Home Limited

St Quentin Senior Living, Residential & Nursing Homes

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place over two days, 14 and 15 January 2016, and was unannounced.

Fifty one people can be accommodated within the two units at the same location. One building provided accommodation and care within a residential setting for 20 people. The other building provided nursing care and accommodation for up to 31 people. At the time of this inspection 47 people used the service, 20 people in the residential unit and 27 people in the nursing care unit.

At our previous inspection in July 2014 we judged the service as Requiring Improvement overall and in each of the five key questions. We issued four requirement actions in relation to assessing the risks to people, consent and medication, staff training and the quality assurance processes. At this inspection we found improvements had been made in all areas.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. The registered manager is the registered provider for this service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In this report we will refer to the registered provider as the registered manager.

Staff were aware of the actions they needed to take if they had concerns regarding people's safety. Risks to people's health and wellbeing were identified, recorded, reviewed and managed. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team.

There were enough suitably qualified staff available to maintain people's safety and meet their individual needs. Staff received regular training and supervision that provided them with the knowledge and skills to meet people's needs. Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed.

People were supported to make important decisions about their care and treatment. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People's medicines were managed safely, which meant people received the medicines they needed when they needed them.

People told us they enjoyed the food and were provided with suitable amounts of food and drink of their choice. Health care professionals were contacted when additional support and help was required to ensure people's health care needs were met.

People were treated with kindness, compassion and respect, and staff generally promoted people's independence and right to privacy.

People told us that staff arranged a range of social and leisure activities that met people's hobbies and recreational preferences. These were arranged either on a one to one basis or in groups. People could choose whether they wished to participate or not and staff respected their choices.

Some people were aware of the complaints procedure and knew how and to whom they could raise their concerns.

The registered manager was aware of the requirements of their registration with us and notified us of significant events related to care provision. The registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained.

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. People were protected from harm and the risk of abuse. There were sufficient suitable staff available to meet people's needs. Identified risks to people were minimised through the effective use of risk assessments. People's medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. Staff had the knowledge and skills required to meet people's needs. People were supported to have their healthcare needs met. People told us they had sufficient to eat and drink each day and they enjoyed it.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected and their independence promoted.

Is the service responsive?

Good ●

The service was responsive. People received care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. Some people were aware of the complaints procedure and knew who they could speak with if they had any concerns.

Is the service well-led?

Good ●

The service was well led. There were clear lines of management responsibility. Staff told us they felt supported to fulfil their role and the registered manager was approachable. Systems were in place to continually monitor the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days, 14 and 15 January 2016 and was unannounced. It was undertaken by one inspector and an expert by experience. The expert by experience was a person who had personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law.

We spoke with 17 people who used the service and observed other people's care and support. We spoke with six visiting relatives, four care staff, two registered nurses, three unit managers and the registered manager.

We looked at six people's care records, medication administration records, two staff recruitment files, training records and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Is the service safe?

Our findings

At our last inspection in July 2014 we found that people's care plans and risk assessments did not always record the relevant information to enable staff to care for people safely. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made to the recording of information.

Risk assessments and care plans had been completed and included the action needed to reduce the risks to people. For example staff told us that some people were at risk of developing sore skin due to their frailty of physical ill health. Some people at times experienced periods of unease and agitation. Staff explained the action they took each day to support people with their safety and well-being.

One person who used the service told us about their experience when they needed the mechanical hoist to support them with transfers as they were unable to move independently. They said: "It is not a very nice experience but they [the staff] talk me through it and try to keep me as steady as they can while working fast to move me around". We saw staff were considerate and put the person at ease when the mechanical hoist was needed to transfer them from one area to another. We saw risk assessments and care plans had been completed for this level of support. The risk assessment identified the type of hoist and the sling to be used to ensure the safety and comfort of the person.

People who used the service told us they felt safe and comfortable. One person who used the service told us: "What makes me feel safe here? Knowing someone is around who knows me and looks after me I suppose. There is always someone [Staff] not far away and at the end of buzzer. I feel very safe here". A visitor told us: "Yes. I think my relative is safe here because there is someone looking after him all the time". We saw care staff were readily available to offer help and support to people when they needed it.

Staff explained how they would recognise and report any concerns they had about people's safety and wellbeing. One staff member told us if they had any concerns they would go to the registered manager and tell her. Another staff member described how they might recognise changes in a person's behaviour in a potential abusive situation: "It could be physical signs or people might become withdrawn and quiet. In this situation I would report any concerns straight to the unit or registered manager. I am sure that they would look into it straight away". Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and to the local safeguarding team.

People offered varied comments about the staffing levels in the two units. Some people told us there were times when they had to wait for help and support from staff. One person who used the service said: "You have to wait sometimes; it is difficult to put a time on it as it is so variable but can be 10 minutes or longer". Another person commented: "On the whole I think there are enough staff around, I may have to wait a bit but I am not going anywhere". A visitor expressed the view: "Staff seem to be quite busy but I can usually find a staff member around if I need them". A unit manager explained how the staffing levels were determined

and we saw a dependency tool was used to decide the numbers of staff needed on each unit. We observed that people did not have to wait to have their care needs met and people received support in a timely manner.

Staff told us and we saw that the provider had followed safe recruitment procedures. Checks to ensure that people were suitable and fit to work in social care had been carried out prior to them being offered a position. These checks ensured staff were suitable to work with people who used the service.

People told us and we saw that most people were supported by staff with their medicines. Staff told us some people were able to self-administer their own medication, they explained the individual and differing levels of support each person needed. Staff told us they had received training to administer medication and they were confident in supporting people with their medicines. One person who used the service told us: "I get my medication as prescribed and staff always ask if I need any other tablets, such as painkillers". We saw protocols for 'as required' medication were attached with the medication administration records (MAR) so that it was clear when the occasional medicines could be given. We discussed the management and recording of topical medicines (external creams and lotions). The unit managers agreed that improvements could be made to ensure an accurate record was completed when people were supported with the application of these creams and lotions.

Is the service effective?

Our findings

At our last inspection in July 2014 we found that people had not always been involved in decisions about their care, treatment and support. This was because the principles of the Mental Capacity Act 2005 were not consistently followed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made to involving people and/or their representatives in important decision making.

Staff told us and we saw that some people would be unable to make specific important decisions that affected their lives. 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw one person who used the service was unable to make a specific decision about their end of life care. The person had an appointed Lasting Power of Attorney (LPA) who had the authority to act in this person's best interests. An LPA has the legal authority to make decisions on a person's behalf if they lack mental capacity at some time in the future or no longer wish to make decisions for themselves. The LPA had discussed this person's end of life care with a doctor and staff and a best interest decision had been made on behalf of the person.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that DoLS referrals had been sent to the local authority because some people were subject to continuous supervision and not free to leave the premises due to concerns with their personal safety. Some people had legally been deprived of their liberty and had authorisations in place. This meant the provider was following the principles of the MCA and ensuring that people were not being unlawfully restricted of their liberty.

Some people had the capacity to make their own decisions about their health and wellbeing. We saw that when important decisions were needed, people had been fully supported with making these decisions by their doctor, family members and representatives.

Staff told us they received sufficient training for them to do their job. One member of staff confirmed they had received recent training in moving and handling. We saw staff were competent and skilful when transferring people from area to area. Two staff members told us they had received training in dementia awareness and this had provided them with insight into the challenges faced by some people who were living with dementia. We saw the training matrix and planner recorded the training subjects and the date of training that staff undertook. This included mandatory and specialist topic areas.

Staff confirmed they received an induction to the service at the beginning of their employment. They had the opportunity to shadow and work with more experienced staff prior to them working alone. Staff had regular supervision and appraisals with their line managers. This gave them the opportunity to discuss work related issues and their training and development needs.

People told us they enjoyed the meals and had sufficient to eat and drink each day. One person who used the service said: "I can have what I want for breakfast; I usually have the same thing but can have a cooked breakfast anytime. I like to go to the dining room but could have it upstairs if I wanted". Another person commented: "Yes you can get a drink or something to eat whenever you want, you only have to ask. What I like is that it is not all additives but is good fresh food full of goodness and usually well cooked". We observed the lunch time period and saw that most people were encouraged to use the dining facilities. Some people preferred to stay in their bedrooms or in the lounge areas when this was their preference. There was a short delay in people being served their meal in the residential unit; no explanation was given when people asked the reason for the delay. Staff offered people support with their meal when this was needed. People considered to be nutritionally at risk were provided with fortified diets and food supplements to support them with adequate daily nutrition. Staff showed a good understanding of people's nutritional needs and we saw that a healthy and balanced diet was promoted.

We saw some people had fluid charts to monitor their daily intake. We saw not all of the charts had been sufficiently completed to provide an accurate account of a person's daily fluid intake. Staff could not be sure that people had sufficient to drink from looking at these records. Staff told us that any concerns with people's dietary intake including fluids, were discussed at the handover period at the beginning of each shift. We spoke with the registered manager and unit managers about our findings they told us that action would be taken to ensure accurate records were maintained.

Staff supported people to access health care services should they become unwell or require specialist interventions. Referrals for advice and support were made and guidance from health professionals was being followed. People had access to regular consultations with their doctor if this was requested and required. On the day of the inspection GP's visited and completed a 'ward round' to attend to people's health concerns and to check their wellbeing.

Is the service caring?

Our findings

At our last inspection in July 2014 we found that people's privacy was not always respected. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made to ensuring people's privacy was always respected.

People in both the residential and nursing units told us they felt staff were very caring and they were happy with the care given. Most people we spoke with needed some level of assistance with personal care, they all commented they were treated with respect and their privacy and dignity was maintained. One person who used the service commented: "They always knock on the door before coming into my room, all the staff and not just the carers". We saw that attention had been paid to the appearance of people who required support with personal care. People were smartly dressed, the ladies had their jewellery on, their hair was styled, nails polished and for many make up was applied.

Visitors told us they felt their relatives were very well treated and no one we spoke with had any need to complain about the level of care provided. We observed staff spoke with people in a caring, patient and understanding way. We saw a member of staff sat with a person and spoke with them about their family, the person was smiling and engaging in the conversation. Staff took time to listen to what people said and responded in an appropriate manner.

Staff told us that whenever possible people and their representatives were consulted with planning their care and treatment. One person who used the service said: "Yes I am involved, they [staff] always keep me informed about things and let me know if there any issues and we talk them through. Similarly I feel able to approach them [the staff] and feel they will listen". We asked a visitor about the involvement they had in their relative's care they told us: "Not me, but I know my parents are involved in care decisions and are kept informed and involved if there are any changes necessary. I know they feel well looked after, as I do". Records were signed by the person or their representative to indicate their involvement and agreement with their plan of care.

People were encouraged to maintain their level of independence. One person told us: "They do encourage me to be independent in a lot of ways but don't let me do anything that's dangerous and explain the reason to me". A visitor told us the staff did not encourage their relative to try to do things for himself but equally told us about the person's limitations. Some people required specialist and adapted equipment to support them with maintaining their independence. Aids and equipment had been provided, for example walking frames, wheelchairs, cutlery and crockery. People who were living with dementia had been provided with specialist equipment that met their individual needs. We saw that people, particularly those who were nearing the end of their life had access to specialist seating and bedding to promote their ease and comfort.

People told us and we saw people's privacy was respected, staff were careful to ensure bathroom, toilet and bedroom doors were closed when people required support with their hygiene needs. Staff told us they supported people to the privacy of their own rooms when being visited by healthcare professionals such as

the doctor or district nurses.

Is the service responsive?

Our findings

At our last inspection in July 2014 we found the service was not responding to the needs of people living with dementia by following nationally recognised guidelines in order to meet their needs. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made.

We saw that one person was living with advanced dementia and was wholly reliant on staff to support them with their daily living. The person had developed a specific behaviour pattern where although this brought them comfort included a level of risk. Action had been taken by the registered manager to ensure that a specialist piece of equipment had been provided so that the person was able to continue with this behaviour but in a safer way. The risk assessment and care plan had been completed with the instructions for the use of this equipment. Staff described the action they took to ensure the safety of the person and this accurately corresponded with the risk assessment and care plan.

One person told us and we saw the service was very responsive to their individual care needs. They told us: "They [the staff] provide all the care I need and make sure that I am comfortable and nothing is too much trouble. They make sure I am turned regularly and are monitoring my physical health and will ask if they are not sure. Although I stay in my room they do come and check on me regularly, I am quite happy with the frequency. If I need them in between I only have to ring and they usually respond in a timely fashion". Everyone had a plan of care which informed staff of their social history, likes, dislikes and preferences. We saw people's care was regularly reviewed and plans reflected people's current care needs. People received care that was personalised and met their individual needs.

A range of activities was provided; people could choose to join in when they wished to do so. We spoke with a member of staff who told us about the activities on offer: "As part of activities programme we have people coming into entertain which includes singers and school choirs. We have regular input from one of the local clergy for those people who like to take part in Holy Communion. We also take people out in groups into the community. We go out for pub meals and garden centre cafes and encourage as many as we can to come along".

One person who used the service told us: "I have always played the piano and often play the piano in the lounge for everyone, I play most days. I also get out in the grounds and go for a walk most days. If it is nice my friend comes and we walk down Sandy Lane". We saw one person crocheting and another person engaged in a crossword puzzle. Another person told us about their interest in gardening and how they had been involved with the planting of spring bulbs. People were encouraged to maintain their interests and hobbies.

Most people told us they would speak with their relatives or the registered manager if they had any concerns or complaints. Some people on the residential unit were a little unsure of where or to whom they would raise their concerns. One person who used the service said: "I think they [the staff] do listen to what we residents say and I would not hesitate to speak to the manager myself if I was not happy about anything. If I

could not get any satisfaction my family would do it for me. But I think it would be fine as they are always happy to explain things to me". The registered manager told us no complaints had been raised with them during the past 12 months.

Is the service well-led?

Our findings

At our last inspection in July 2014 we found staff training was not up to date and specific to the needs of people who used the service. Care records were not all up to date and securely maintained. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan outlining how they would make these improvements.

At this inspection we found improvements had been made. The principles of the Mental Capacity Act (2005) (MCA) were followed and best interest meetings had been held for people who required support with decision making. People's care plans and risk assessments recorded the relevant information to be able to care for them safely. Staff had received specialised training in the MCA and Deprivation of Liberty Safeguards (DoLS). The service had responded in meeting the needs of people who were living with dementia.

Staff told us they were very aware of the management structure of the service, and said that all the managers were supportive and helpful. One member of staff commented: "It's okay. Yes, I think the home is run well and is well led. Management are brilliant. The registered manager is in every day and is always available if you need her. She does get out onto the floor, although more often she is in the office".

Most people who used the service were aware of the registered manager and the different teams. One person said: "I think the manager is available most of the time in the office if you want to know anything and she always speaks to you and asks how you are". Another person commented: "The manager is okay, don't have much to do with her really". There were clear lines of responsibility with the registered manager being supported by unit managers and teams of nurses and care staff.

Systems were in place to seek people's views and experiences of the home. Residents meetings were arranged at regular intervals. Relatives were invited to attend, one relative commented: "Yes they do have relatives meetings but I have never been to one so don't know what is discussed. I think I missed one recently but I feel it was not well advertised. I think I saw a small notice on the board but the board itself is easy to miss in current position in my view". People had the opportunity to discuss and comment on a variety of issues, for example on the food, activities, the environment and the staff. A unit manager told us that any suggestions were discussed within the management team with action taken when required.

Satisfaction surveys were sent to people who used the service and their relatives. Those completed and returned were in the process of being checked and suggestions considered. Additional comments on the surveys included, 'The staff are kind and I feel my relative is well cared for', 'The carers are good and my relative is content', and 'There appears at times to be a shortage of staff'. A unit manager explained that in due course the comments will be discussed within the management team.

We saw that checks and audits were completed throughout the year in each of the two units and to assess the quality and safety of care the home provided. These audits are then forwarded to the registered manager for further review. Both units were well maintained and there were plans for continuous

improvement to ensure the premises remain safe and comfortable for the people who used the service.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, accidents and deaths that had occurred at the service, in accordance with the requirements of their registration. We saw the registered manager had displayed our rating of the service on a notice board within a unit. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided.