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Quenby Rest Home

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

About the service

Quenby Rest Home is a residential care home providing personal care to 23 people aged 65 years and over, some of whom are living with dementia. The service can support up to 25 people, across two floors in one adapted building.

There was 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'. 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.

Peoples experience of using this service and what we found

Quenby Rest Home had a homely, caring environment and promoted a positive and inclusive culture. Everyone we spoke with described the home as 'family' or 'home from home'. Staff treated people with kindness and compassion and had developed positive relationships with them.

Systems and processes were in place to keep people safe. Staff had a good knowledge of how to protect people from potential abuse and promote their rights. Staff supported people to have maximum choice and control of their lives and they supported them in the least restrictive way possible, and in their best interests; the policies and systems in the service supported this practice.

The registered manager had a thorough recruitment and selection process in place to check potential new staff were suitable for the role. Staff had the right skills and competency, and knew people well. There were enough staff to meet people's needs effectively. Staffing levels were flexible to support people to go out into the community or attend appointments and follow ups with healthcare professionals.

Staff looked after people's healthcare needs in a pro-active way. People were provided with choices of food and drink that met their individual needs. Medicines were managed safely.

There were systems in place to check the quality and safety of the service. However, quality assurance systems needed further development to give a full overview of the service and inform an ongoing improvement plan. This would complete the quality monitoring cycle and show the service was continually

driving improvement.

The registered manager was knowledgeable and inspired confidence in the staff team and led by example. Arrangements were in place to routinely listen to people, their representatives and staff and learn from their experiences and concerns. There was a strong emphasis on promoting good practice in the service and there was a well-developed understanding of equality, diversity and human rights and management and staff put these into practice.

Rating at last inspection

The last rating for this service was requires improvement (published 15 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Quenby Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Quenby Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with three people who used the service and five relatives about their experience of the care

provided. We spoke with eleven members of staff including the registered manager, deputy manager, cook, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people and medicines were not managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- People received their medicines as prescribed in a safe and supportive way.
- Staff had received training to administer medicines and were assessed as competent to do so
- There were robust systems in place to help ensure medicines were managed safely, to detect errors and take prompt action if any errors were found.

Assessing risk, safety monitoring and management

- There were systems in place that showed safety was effectively managed.
- Following our last inspection, the provider had secured wardrobes to the wall and applied opening restrictors to the upstairs windows to keep people safe. Also, they had bought individual hoist slings for people who used them. This ensured they had their own sling suitably sized to safely meet their needs. Another hoist was bought to ensure there was always a working hoist available if one failed.
- Moving and handling practices were managed safely.
- The registered manager had improved fire safety in the home and passed a recent assessment carried out by the local fire and rescue service. The registered manager had reviewed and revised people's personal emergency evacuation plans. They now included relevant information such as the individual's dementia related needs and how they affected them and any prescribed medicines and night sedation they were taking, all of which could affect the type and level of support they may need in an emergency such as a fire.
- Equipment was regularly serviced and maintained.

- People were protected from risks associated with their care needs. Assessments identified risks related to mobility, falls, moving and handling, nutrition and skin condition. Management plans provided guidance for staff on how to minimise risk and support individuals in a safe way.
- People at risk of skin breakdown had pressure relieving equipment in place.

Systems and processes to safeguard people from the risk of abuse

- Staff had a full awareness and understanding of abuse and their responsibilities to protect people. They had received training in safeguarding and relevant policies and procedures were in place to guide them. A staff member told us, " If I had any concerns about the safety of people living here I would be the first to whistle blow."
- Staff provided support with sensitivity and were respectful in their approach.
- Interactions between people and staff were relaxed and comfortable; people looked safe within their environment.

Learning lessons when things went wrong

- Incidents and accidents were recorded, and action taken to minimise any re-occurrence.
- The registered manager had a system for reporting and recording incidents, accidents and falls. They reviewed each one and took suitable action when needed. An overview of the information was monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence, and to learn lessons.
- When something had gone wrong the registered manager responded appropriately and used incidents as a learning opportunity.
- In response to incidents that had occurred the registered manager took action to improve record keeping, ensure people's dependency needs were reviewed to ensure adequate staffing levels, installed a new stair lift as a contingency if the passenger lift broke down again to ensure people can get downstairs

Staffing and recruitment

- Staffing numbers were determined by people's dependency levels and were reviewed regularly.
- At the time of our visits staff were suitably deployed and there were enough staff available to meet people's needs and spend time with them.
- The registered manager told us they kept staffing numbers under review and would increase if necessary.
- The provider had robust recruitment systems in place. Pre-employment checks were undertaken before new staff began work to ensure they were suitable and safe to carry out the role.

Preventing and controlling infection

- The home was clean and hygienic.
- The service had achieved a five-star rating (the highest rating) in food hygiene and safety standards by the Food Standards Agency, for the second time in a row.
- Personal protective equipment (PPE) such as gloves, aprons, paper towels and liquid soap were available throughout the home to prevent and control infection and used by staff.
- The provider had bought more hoist slings for toilet purposes, so people had their own and this helped to prevent cross infection.

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out pre-admission assessments for people prior to moving into the service to ensure compatibility with others and all their needs could be met.
- People's care and support was regularly reviewed to ensure it still met people's needs effectively.
- People living at the service were at various stages of their dementia condition ranging from early onset to mid stages. There was no plan about how the service kept up to date with developments in this area to ensure care provided was still right and in keeping with best practice, particularly for people when entering the more advanced stages of dementia.

Staff support: induction, training, skills and experience

- Staff training was managed and monitored effectively. Staff received training in core subjects relevant to their role by e learning. The registered manager confirmed staff training completion was 100% and in date.
- Staff had received training and had a basic understanding in dementia care. However, some expressed they would like to develop their skills and understanding in this area. We suggested the registered manager consider a more substantive training to further develop their skills and equip them to support people as their dementia advanced.
- Staff said they felt well supported. They had personal development plans which identified strengths, areas for improvement and opportunities. They received supervision and appraisals to discuss practice, performance, training and development. A staff member told us, "We get helpful feedback about our work, what we do well and what can be improved. We can express our views and any concerns we may have, and we are listened to."

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to food and drink throughout the day.
- The service created a positive dining experience for people. A well-presented table provided a central part of the experience. Good table linen, a small vase of flowers, a menu, fresh water and china tea cups all

contributed to a dignified experience.

- People's relatives and friends had an open invitation to join them for lunch. One relative joined their family member each day for lunch, other relatives told us they lunched one day a week. One relative told us, "It is so lovely to come and have lunch, so dignified and normal, it gives us a wonderful opportunity to have a relaxed chat, even if it is just about the lovely food."
- People were screened and checked to ensure they maintained a healthy weight and to identify any risk of malnutrition and dehydration.
- Where people were at risk of poor nutrition, staff consulted the right healthcare professionals for support and advice.
- Staff were patient and supportive, encouraging and prompting people to eat. They were aware of people's dietary needs and any support they needed to maintain a healthy weight.
- The kitchen staff knew about people's specific dietary needs and preferences. Any changes were discussed during the 11am daily meeting.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Management and staff supported people to maintain good health. Staff knew people well and were able to identify when their needs changed, and they sought professional advice accordingly. We saw evidence of dietician, district nurse, diabetic nurse, dementia nurse and GP involvement.
- Records showed staff worked in partnership with health and social care organisations. They shared information about people to ensure care and support delivered was correct and effective, and ensured best outcomes.
- The service is part of the NHS England Red Bag scheme which enhances the hospital transfer pathway for people by improving communication between care homes and hospitals. When a person goes to hospital staff pack the red bag with all their relevant documentation, essential information about them, their medicines as well as personal items. The scheme helps a smoother handover when a person goes into or leaves hospital.

Ensuring consent to care and treatment in line with law and guidance

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Adapting service, design, decoration to meet people's needs

- There was a range of dementia friendly pictures and displays throughout the service to promote well-being and aid reminiscence. For example, a seating area simulating a bus stop and shelter was created and one person routinely went to sit there the same time each day.
- Community areas were pleasantly decorated, and people's bedrooms were individual and personalised with items that meant something to them and photographs of loved ones.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- The warm, relaxed and inclusive atmosphere was clear from the moment we entered the service. Management and staff were welcoming and cheerful. Relatives spoke positively about management and staff saying they were very helpful and supportive.
- Staff had developed positive and caring relationships with the people they supported. We saw people were at ease with staff and they smiled and laughed with them. Staff had a good rapport and interacted well with people; they showed warmth, understanding and kindness.
- Peoples care records included information about their key worker such as likes, dislikes, family and interests. This helped people and their families to have some familiarity with them. The information also included the purpose of a key worker, 'to ensure continuity of care, choice and dignity and fulfilment', and what they could do for them. Staff told us how much they enjoyed this role.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people well and understood their preferred routines, likes, dislikes and what mattered to them. They supported them to express their views and choices.
- Relatives told us they were always welcomed into the service and where appropriate, involved in the planning and review of their family members care.

Respecting and promoting people's privacy, dignity and independence

- Our observations of interactions between staff and people showed they consistently respected and promoted people's dignity, privacy, independence and diversity at all times.
- Staff spoke about people respectfully and courteously.

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to plan and deliver care in a personalised way according to people's choice and preferences. This was a breach of Regulation 9 (Personalised care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since our last inspection staff had received training in care planning and personalised care
- People received care and support that was planned and centred on their individual needs.
- Care plans were personalised and sufficiently detailed to guide staff on the nature and level of care and support they needed, and in the way, they preferred.
- Staff considered, assessed and delivered oral healthcare as part of a person's plan of care. They had received training in how to deliver oral care to a person living with dementia.
- Care plans were regularly reviewed with people and/or their family/representatives and healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and information needs were supported in line with NHS England's Accessible Information Standards. This included seeking advice from, or referring people to appropriate healthcare professionals and support organisations for example, visual aids, assistive technology and advocacy

services.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People regularly went out into the community and participated in a wide range of meaningful activities from gardening, memory games, knit and natter group, darts club, classic film shows to pamper days.
- Staff told us people went out at least twice a month on outings chosen according to people's likes, preferences and interest. They used the community Dial a Ride.
- Relatives, with consent, belonged to a social media WhatsApp group which enabled them to view photographs of their family members social activities.
- There was a lot of buzz and excitement in the service preparing for the up and coming Christmas festivities which included Christmas coffee morning, Christmas party, Family Christmas meal, Quenby Nativity, put on by management and staff and a person's 100th birthday party.
- Records were kept about people's daily occupation and their level of participation in activities and if they were enjoyed or not. This helped to see any decline in people's ability/needs or change in choices.
- They showed people were offered a range of activities to help interest and stimulate them on a daily basis and those who remained in their rooms had regular visits and chats, including reading of papers.
- The records also identified people who were unwell, sad or depressed and how this was being managed from a social point of view.

Improving care quality in response to complaints or concerns

- Arrangements were in place to record, investigate and respond to any complaints raised with the service. We noted a low incidence of complaints.
- Where people had raised concerns, the registered manager had responded to and investigated them in an open and transparent way.
- Compliments were evident and captured the service's achievements.

End of life care and support

- At the time of our inspection, no one was nearing the end of his or her life.
- Several people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in place, which set out their wishes or a decision made on their behalf by a medical doctor in discussion with relevant family members to not resuscitate if they had a cardiac arrest.
- Staff had addressed preferred priorities of care, where they were able to, with some people to inform their wishes and preferences when they reach the end stages of their life.
- Staff had received basic training in end of life care

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had now improved to good. This meant the service was consistently managed and well-led, creating and promoting a culture that was positive and person-centred.

At our last inspection the provider had failed to operate effective systems to monitor the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and deputy manager developed and operated a range of audits to check and assess the quality and safety of the service. However, governance systems needed further development to inform an on-going plan for improvement and enhance the quality of the service, particularly in dementia care.
- Staff told us the management worked as part of the team and were incredibly supportive.
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Continuous learning and improving care; Working in partnership with others

- Since our last inspection the registered manager completed the My Home Life leadership programme. This is a UK-wide initiative, facilitated by the local authority, for managers to create real sustainable improvement, deliver positive change and promote quality of life in care homes for older people. The registered manager told us the programme was incredibly supportive and it helped her to reflect and change their own management style to be more open and inclusive. They said this had helped them to build a strong collaborative team, change the way the service was working and drive improvement. The changes

were evident during our inspection.

- A long serving staff member said, "It's really, really amazing now, we have an exceptionally good team now. The way staff work together and laugh with people they are supporting is very uplifting, if staff are happy in their work they give positivity. It is very personalised and caring, both ways, just like family."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.

- The registered manager had created an inclusive culture that put people at the heart of the service. They told us, "I want people to be happy, we share love here and treat everyone as we would want to be treated. What if it was my mum or dad here how would I like them to be cared for?" One staff member said, "There is a good work ethic here; it is like family and homely." Another said, "We involve people's family and try to make it an extension of their home."

- The registered manager had a clear vision and set of values: teamwork, family, happy, supportive and diversity. They were discussed routinely at each team meeting and the registered manager regularly observed practice to make sure they were effectively embedded.

- The registered manager held regular meetings with staff. They used a conversation toolkit to initiate and support discussion and feedback; using chosen words or phrases to engage and empower staff. In October the conversation theme was 'Being Involved' and for the scheduled meeting in November the planned conversation theme was 'Connecting with the Community'. This helped to involve staff and contribute to new ideas and achieve good outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager encouraged open communication with people, their family and others through various forums such as meetings, surveys and ad-hoc conversations. A relative told us, "[The registered manager] is always visible and always approaches us to have a chat and see if we have any concerns, [registered manager] always keeps us in the loop, very informative."

- The registered manager respected and valued staff. They told us, "I would not change any one of my staff, I have a wonderful team." They had introduced an 'employee of the month' reward scheme to show appreciation for their work.

- There were cooperative, supportive and appreciative relationships among staff. Heads of departments (Housekeeping, laundry, cook, activity co-ordinator, deputy manager and registered manager) met each morning at 11am to share information and work together to improve outcomes for people. A staff member told us, "We are a good team, we work very well together, everybody respects and supports each other."

- The service showed a strong commitment to equality and inclusion. Quenby is a multicultural service that celebrates diversity with no prejudice or discrimination. A staff identity board displayed their photographs and associated national flags. The service held a multicultural celebration on Remembrance Day, with foods from various countries and staff dressed in their National costume. Photographs showed, and people and relatives told us, how much they enjoyed this event.