

Quinton House Limited

# Quinton House

## Inspection report

Lower Quinton  
Stratford Upon Avon  
Warwickshire  
CV37 8RY

Tel: 01789720247

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03 November 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Quinton House is a residential care home providing personal and nursing care to up to 27 people. The service provides support to older and younger adults including people living with dementia. At the time of our inspection there were 16 people using the service.

### People's experience of using this service and what we found

The registered manager was very visible within the home and took time to listen and engage with people. There was a culture of equality and diversity which staff echoed in their comments. In recognition of the importance of protecting and promoting staff wellbeing and positive mental health, the provider trained two staff as mental health well-being champions.

Improvements had been made to governance and clinical oversight. New systems and processes of governance, quality and safety improved clinical oversight and monitoring of the service. There was a real drive, passion and commitment from leadership to continuous improvement within the service and people's outcomes. The clinical manager was being trained as a student nurse assessor with Coventry University, so the service could provide placements for student nurses.

Actions were taken, and lessons learnt in response to any accidents and incidents that occurred. One staff member told us they were confident to report any errors because of the no blame culture within the home.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. At the last inspection, risks to people were not always identified or managed. This included risks associated with allergies and catheter care and environmental hazards. At this inspection improvements had been made.

Risks to people's health, safety and wellbeing were assessed, well managed and reviewed at regular intervals, or following a change in need. Medicines were ordered, stored and administered safely. There were enough staff to provide safe and effective care and we were assured by the provider's infection control practices. The home followed government guidance in relation to visiting and there were no restrictions on people having visitors to the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 9 November 2021). At this inspection we found improvements had been made and the provider was no longer requires improvement.

#### Why we inspected

We undertook this focused inspection based on the current rating to identify if the service had made improvements. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Quinton House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well led.

Details are in our well led findings below.

# Quinton House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 2 inspectors, a Specialist Nurse Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Quinton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Quinton House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 members of staff including the registered manager, clinical manager, team leader, care staff, activities coordinator, receptionist and the cleaner. We also spoke with 1 person, 4 relatives and 2 health professionals. We looked at 5 people's care plans and medicine records associated with their care. We also looked at a range of records relating to the management of the service including 2 staff recruitment files, maintenance of the building and premises, staff meetings, audits and quality assurance checks.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has changed to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At the last inspection, risks to people were not always identified or managed. This included risks associated with allergies, catheter care and environmental hazards. At this inspection improvements had been made.
- Risks to people's health, safety and wellbeing were assessed, well managed and reviewed at regular intervals, or following a change in need. Staff understood how to protect people's fragile skin, were good at spotting changes and potential risks relating to people's health and reporting them to the team leader or clinical manager. The clinical manager said, "The care staff are very good at asking [me] to assess a resident where any red areas [on their skin] were identified. I will then examine the area."
- Records relating to people's catheters supported effective monitoring and oversight of risks. When catheters were changed more frequently than NICE recommendations, there were clear records to evidence clinical need and decision making.
- Arrangements were in place to check the premises and equipment were maintained and safe to minimise risks to people's physical well-being. This included checks on fire safety equipment, electrical and other equipment. These checks were up to date.
- Information was available and easily accessible to inform what assistance people would need to evacuate the premises in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood the importance of safeguarding people and their responsibilities to report any concerns. One member of staff said, "We make sure all of the residents in the care home are safeguarded - their safety and human rights."
- Both the registered manager and clinical manager understood what was required of them in relation to reporting safeguarding concerns to the local authority and CQC. The home experienced very few safeguarding incidents and there were no current safeguarding concerns at the time of our inspection.
- Information about safeguarding and whistleblowing procedures was displayed throughout the home and accessible to staff, relatives and visitors.

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

- We found the service was working within the principles of the MCA and, if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Using medicines safely

- Medicines were ordered, stored and administered safely. Improvements had been made to the management and record keeping for transdermal patches, which was identified at our last inspection as an area requiring improvement.
- Front sheets contained within people's medicine records included a photograph, information about allergies and a person centred care plan on how people liked to be supported with their medicines.
- Best practice NICE guidance on the disposal of sharps and medicines was followed.

#### Staffing and recruitment

- There were enough staff to provide safe and effective care. Staff we spoke with told us there were enough of them to support people whenever they needed them. One staff member said, "I feel I have a good bond with the residents because I have the time. I have time to sit there for half an hour and we will have a one to one discussion on its own or while we are doing other activities."
- Recruitment processes were followed to ensure staff employed were suitable for the role. This included obtaining references, checking work history and obtaining a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the home to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the home.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions on visiting. People were supported to have visits from their friends and family safely and in line with government guidance.

#### Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong.
- Staff understood their role in reporting and recording any accidents or incidents. Accidents and incidents were investigated to identify the cause and any actions that were needed to mitigate future risks.
- Staff told us sharing was learned through regular meetings and handovers to promote safe care.
- Records of accident and incident audits showed the number of accidents that had occurred was low which indicated learning was effective.



# Is the service well-led?

## 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 our last inspection we rated this key question Requires Improvement. The rating for this key question changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was very visible within the home and took time to listen and engage with people. Relatives gave positive feedback about the care for their loved ones. Comments included, "I only wanted the best for [person], and I'm confident they're getting the best," another was, "Since [person] moved to the home there has been a massive difference in them. Before, [person] lived alone and had got very depressed. [Person] was underweight, very weak and couldn't go out alone. [Person] didn't laugh. Now the old [person] is back and how they used to be."
- We received positive feedback from health professionals regarding people's outcomes. One health professional said, "I have noted numerous new residents coming in from the community or out of area with significant pressure sores. The home works hard to care for these residents and this is reflected in the healing rate and overall improvement of these resident's health. I feel the level of care they give to palliative residents is very high." Another said, "I always pop in and see service users I have supported in the past, and it reinforces to me that the right decision was made at the time to place them there. I believe Quinton House is effective in improving outcomes for people."
- There was a culture of equality and diversity which staff echoed in their comments. One staff member said, "We're humans, we have equal rights, everyone should be treated and respected equally," another said, "If we have a problem we work as a team, go to the nurse or the manager. That's the most important thing - communication and respect for each other."
- Staff worked in accordance with the provider's values. When staff were involved in a care task, they used it as an opportunity for social interaction with the person they were supporting. One staff member told us, "It is really rewarding. I get to come in every day and provide joy for the residents and the more I learn about each person and their individual needs then the more rewarding it is."
- Staff were confident to voice their opinions and put their suggestions forward about the service people received.
- Staff felt supported in their job roles and told us the management team were approachable and ensured effective communication throughout the home.
- In recognition of the importance of protecting and promoting staff wellbeing and positive mental health, the provider trained two staff as mental health well-being champions. The clinical manager said, "We've introduced more mandatory training, we're more open to talking to each other. If someone here has been injured or they are upset, it's ok for the staff to be. We're all human, we like our residents, we care for them and we do get upset on their behalf." The staff room had resources and support available for mental well-being, and the well-being champions were given protected time for staff if they needed someone to talk to.

- The clinical manager told us about the very positive relationships they maintained with other health professionals. Clinical staff constantly reviewed people's medical needs and liaised with other healthcare professionals, to ensure prescriptions and anticipatory medicines were available to prevent 'out of hours' crisis and unnecessary hospital admissions.
- The service was accredited under the Gold Standards Framework (GSF). The GSF is a national framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives. There was a commitment to maintaining that standard and reflective practice was used to identify any areas where improvements could be made in the end of life care provided.
- The provider worked closely with the staff and management team and was committed to improving the lives of people who lived at Quinton House, which was reflected in staff feedback. The clinical manager said, "The owner is always asking staff to think of one thing a day that they can do that makes a resident's day better", and a staff member said, "Everybody knows that they are here for the residents regardless of their role."
- The provider had a clear vision which was displayed prominently in the home; 'residents do not live in our workplace we work in their home'. This was reflected in staff and the provider's commitment to see and treat people beyond physical care needs. One person loved football and the provider took this person to football matches. Occasionally, staff came to work on their day off to support events and go on outings with people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements had been made to governance and clinical oversight. New systems and processes of governance, quality and safety improved clinical oversight and monitoring of the service. There was a real drive, passion and commitment from leadership to continuous improvement within the service and people's outcomes.
- The newly appointed clinical manager had the skills, knowledge and experience to carry out their role effectively. They had a clear understanding of people's needs and oversight of the service. Care plan audits showed improvements in meeting the expected standards for people's records.
- Group clinical supervisions were held on different topics such as catheter care and epilepsy. Regular staff meetings ensured that expectations and standards in relation to risk assessments, care planning and specialised training were communicated clearly to the staff team. For example, at one manager's meeting staff were advised what detail should be included in a risk assessment and care plan for someone with epilepsy. A clinical supervision was held on both epilepsy and buccal midazolam, which is a medicine prescribed for this condition.
- There was a robust approach to auditing people's care plans to ensure they were complete, up to date and accurately reflected people's needs.

Continuous learning and improving care; Working in partnership with others

- The provider and clinical manager were passionate about challenging and changing perceptions of adult social care. The clinical manager was being trained as a student nurse assessor with Coventry University, so the service could provide placements for student nurses. They also worked with a local college to provide work-based apprenticeship schemes.
- The clinical manager said, "We're tapping into the student nurse market now, to give them the idea that care homes aren't bad places to work - we don't de-skill people. If we start to get at least 1st year students here for a placement, it gives them a better picture about what care homes are like."
- The continuous professional development of staff was valued and encouraged. Senior care staff were given opportunities to become team leaders, with additional training in medicines and certain aspects of clinical care. The provider developed the team leader role to support the nursing staff and to provide a

better career structure for staff they wished to develop, but who did not wish to train as nurses.

- The service was taking part in this year's flu care study via the University of Norwich, to raise awareness and increase uptake of the flu vaccine. The clinical manager said, "We're liaising with the G.P surgery and this flu care study to give staff dedicated vaccine clinics - they will come out at different times to encourage staff to take their flu vaccine."
- The service worked closely with external health professionals and developed positive working relationships with the mental health service and frailty nurse which improved people's outcome. One person needed an operation for cancer. The service worked with the frailty nurse and family to encourage this to take place and keep trips to the hospital minimal. The frailty nurse said, "We worked hard to minimise the number of trips and distance [person] had to travel to have the carcinoma removed. [Person's] quality of life, I feel, is greatly improved."
- Surveys were used to gather feedback from people, their relatives and professionals. Results were analysed and shared at meetings.
- The provider was committed to investing in the home, to ensure the environment was well maintained and to enhance people's lived experiences. There was a new cinema room which we saw being used by many people during the inspection, with staff on hand to ensure people had drinks and snacks or support them when needed.
- The provider was keen to develop strong links with the local community, for example inviting the local community to a Bonfire party they were holding.
- The home took part in various fundraising events to raise money for different charities, including 'wear it pink' for breast cancer research.

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

- Actions were taken, and lessons learnt in response to any accidents and incidents that occurred. One staff member told us they were confident to report any errors because of the no blame culture within the home.
- When important events and incidents occurred in the home, the registered manager understood their responsibilities to tell us, CQC, and inform people's relatives.