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Quinta Nursing Home

Inspection report

Bentley
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 6 and 7 October 2016 and was unannounced. Quinta Nursing Home is registered to provide accommodation and support to 41 people. At the time of the inspection there were 25 people living there.

We carried out an unannounced comprehensive inspection of this service on 16 and 17 May 2016. Breaches of legal requirements were found in relation to safeguarding, clinical governance, safe care and treatment, consent, and requirements relating to workers. The provider was served with two warning notices requiring them to meet the safeguarding regulation by 4 July 2016 and the clinical governance regulation by 12 September 2016. Following the comprehensive inspection, the provider wrote to us to say when they would meet the legal requirements in relation to safe care and treatment, consent and requirements relating to workers.

We undertook this focused inspection to check that they had met the requirements of the two warning notices and followed their action plan in relation to the breaches of the other three regulations. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Quinta Nursing Home on our website at www.cqc.org.uk.

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'. 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.

People told us they felt safe. Staff were provided with relevant information to enable them to safeguard people and understood their role. Where incidents had occurred staff had completed an incident form and a body map where required. The registered manager took appropriate actions and reported potential safeguarding incidents to Social Services as the lead agency as required.

People told us the service was clean. Staff were provided with appropriate infection control guidance which they followed they also used the personal protective equipment provided. Previously damaged and worn furniture and equipment such as bed sides and commodes had now been replaced to ensure they could be cleaned thoroughly. Cleaning of the service was completed in accordance with the cleaning schedule and checks were made upon the quality of the cleaning of the service for people.

Processes were in place to ensure potential staff had a sufficient grasp of English for their role. Staff's suitability for their role had been assessed by the provider however, not all staff had provided a full employment history dating from when they left full-time education. The registered manager took prompt action during the inspection to ensure the required evidence in relation to employment history was obtained for all staff.

People's written consent to the content of their care plan had been sought and where people lacked the capacity to consent to their care legal requirements had been met.

A range of audits had been completed and were being used to drive improvements for people. Audits were being used to enable the registered manager to identify any trends in incidents and falls both across the course of particular months and across time. People's views were being sought by the registered manager to enable them to identify areas for improvement.

There was written guidance about people's diabetes care on their records for staff's reference. People's re-positioning and mattress records were complete. People's fluid charts had been completed by care staff and totalled. The clinical lead took action during the inspection to ensure people had a target fluid intake. The registered manager took action during the inspection to ensure a staff member was delegated to print off photographs of people's wounds and place them in their records. Improvements had been made to record keeping within the service and further improvements were being made for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

We found that action had been taken to improve safety.

People were kept safe from the risk of abuse.

The service was properly cleaned and staff followed infection control guidance in order to protect people from the risk of acquiring an infection.

Relevant employment checks had been completed for staff. The registered manager took prompt action during the inspection to ensure the required evidence in relation to employment history was available for all staff. Further time was required for this to become embedded into practice.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Is the service effective?

Requires Improvement

We found that action had been taken to improve effectiveness.

Legal requirements in relation to people's consent for their care and treatment had been met.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Is the service well-led?

Requires Improvement

We found that action had been taken to improve well-led.

Processes were in place to enable the service to improve the quality of the care provided to people.

Improvements had been made to the standard of record keeping but further time was required for some of these changes to become embedded into practice.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

Quinta Nursing Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Quinta Nursing Home on 6 and 7 October 2016. This inspection was done to check that improvements to meet legal requirements required by the Care Quality Commission and those planned by the provider after our inspection of 16 and 17 May 2016 inspection had been made. An inspector inspected the service against aspects of three of the five questions we ask about services: is the service safe, effective and well-led. This is because the service was not meeting some legal requirements in these areas.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with a commissioner of the service. During the inspection we spoke with six people and one relative. We spoke with three care staff, a nurse, a domestic, the registered manager and the clinical lead. We also spoke with the community matron about the service.

We reviewed records which included eight people's care plans, four staff recruitment and supervision records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our inspection of 16 and 17 May 2016 we found a breach in relation to safeguarding people from the risk of abuse. The provider had failed to adequately protect people from the risk of abuse or to use incident reports to identify potential abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider was served with a warning notice which required them to meet this regulation by 04 July 2016. The registered manager wrote to us on 21 July 2016 to inform us they had met the requirements of the warning notice. At our inspection of 10 October 2016 we found they had met the requirements of this regulation.

People told us they felt safe. Two people commented "Yes I feel safe." Another said "Absolutely I feel safe in the care of the staff."

Staff told us they had completed their safeguarding training which records confirmed. Staff were able to describe the purpose of safeguarding, their role and the signs which might indicate a person had been abused. In addition to the provider's safeguarding training, staff also received 'bite size' training on safeguarding from the registered manager and the clinical lead. These were brief training sessions on aspects of the safeguarding process to provide staff with the opportunity to further embed their knowledge gained via the provider's mandatory safeguarding training. Staff's safeguarding knowledge was also reviewed with them within their supervisions. Staff received appropriate training and supervision in relation to safeguarding people in order to protect people from the risk of abuse.

Staff had access to a safeguarding flowchart to provide them with written guidance about the actions to be followed, who to contact and relevant telephone numbers in the event they suspected a person had been or was at risk of abuse. Guidance on safeguarding and dealing with incidents was clearly displayed throughout the service to act as a visual remainder to staff of the actions they were required to take if they suspected a person had been abused. Staff had been provided with pocket size safeguarding booklets to carry on their person during shifts containing relevant safeguarding information to ensure they had ready access to this information. The registered manager had updated the safeguarding and whistleblowing polices to ensure staff had access to current guidance. Staff were provided with relevant information to enable them to safeguard people.

People's care plans provided staff with clear guidance about the requirement to report any changes in people's skin to the nurse in charge. A person's records noted 'Ensure to report to the nurses if there is any bruising, skin tear.' Staff told us they completed body maps and incident forms for any bruises they noted upon people's skin and that these were then reported to senior staff. Body maps are used to demonstrate the site of the injury to the person. When people experienced an accident staff completed a full incident report which the registered manager reviewed to identify if any further actions were required to keep the person safe.

Following a safeguarding incident staff had completed an incident form and body map for the person. The registered manager had then reported the incident to Social Services as the lead agency for safeguarding for

them to assess whether any further action was required. The registered manager had taken the correct actions to safeguard the person from the potential risk of abuse.

At our inspection of 16 and 17 May 2016 we found a continuing breach in relation to infection control. Staff had not always followed the infection control guidance and not all aspects of the service were clean. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Following the inspection the provider submitted an action plan and told us they would meet the requirements of this regulation by 25 July 2016. At our inspection of 10 October 2016 we found they had met the requirements of this regulation.

People told us the service was clean. Their comments included "Oh yes, they clean it regularly," "They clean my room every day. Yes, it's nice and clean" and "Weekly they do a good old clean."

Staff told us they were up to date with their infection control training which records confirmed. The registered manager had included infection control within their clinical meetings with staff and 'bite size' mini training sessions which they ran for staff development. Infection control was also covered as part of staff's supervision. Infection control guidance was available for staff and posters were displayed to promote the correct hand washing technique. Staff were able to explain their role regards infection control in relation to wearing and using the personal protective equipment provided. Staff were provided with appropriate infection control guidance.

Hand gel dispensers were positioned throughout the service, staff prompted visitors to use them upon arrival. There was a plentiful supply of personal protective equipment for staff which they were seen to wear and use appropriately. Staff's hand hygiene and use of personal protective equipment was observed as part of the registered manager's infection control audit. Staff followed the infection control guidance and used the protective equipment provided.

The registered manager told us the two domestics cleaned the communal areas and completed a deep clean of one bedroom each daily. Staff confirmed they completed their cleaning according to the daily schedule. When asked if their work was checked they told us "All the time the manager is checking the cleaning." The registered manager told us they or a delegated member of staff completed a daily walk around of the service to check upon levels of cleanliness and any actions required. They told us they had been completing a bi-monthly audit of the cleaning. We observed that people's bedrooms had been cleaned thoroughly. Previously damaged and worn furniture and equipment such as bed sides and commodes had now been replaced to ensure they could be cleaned thoroughly. The communal areas, bathrooms and sluices were seen to be clean. There was a cleaning schedule for the night staff which included the cleaning of hoists, commodes and wheel chairs. We checked these items and found them to be clean. The cleaning of the service was completed in accordance with the cleaning schedule and checks were made upon the quality of the cleaning of the service for people.

At our inspection of 16 and 17 May 2016 we found a breach in relation to requirements relating to workers. The provider had failed to ensure that all of the required information was available in relation to staff and to ensure that all staff were sufficiently competent in English to enable them to communicate effectively with people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Following the inspection the provider submitted an action plan and told us they would meet the requirements of this regulation by 18 July 2016. At our inspection of 10 October 2016 we found they had met the requirements of this regulation.

Staff told us and records confirmed that they had undergone recruitment checks, which included the provision of references, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where applicants could not provide references on headed paper or with a company stamp the registered manager had contacted the referee to check the authenticity of the reference. Although the registered manager had checked that staff employment records did not have any gaps in the employment history provided and where they did, had obtained a satisfactory explanation from the applicant. They had not ensured applicants employment records always commenced from when they completed their full-time education. The provider's application form only asked for the applicant's previous 10 years employment history. We spoke with the registered manager who took prompt action to identify which staff files still did not contain a full employment history and ensured this information was immediately supplied by staff, we then checked a sample. At the end of the inspection only one staff member's full employment history remained outstanding and they were due to supply their particulars on their return from leave. The registered manager told us they would be revising the application form to ensure applicants were instructed to provide a full employment history from the date they left full time education. The registered manager took prompt action to ensure the required evidence in relation to employment history was available for staff. This needs to become embedded into staff recruitment processes.

Since the last inspection the registered manager had introduced a proforma to document the outcome of their interview with applicants. The form included an assessment of the applicant's level of communication skills to enable them to assess if they were adequate to enable the applicant to converse with people in their role. Staff spoken with displayed a sufficient grasp of English to enable them to understand the flow of conversation and our questions. Staff would be able to understand what people were trying to communicate to them. Processes were in place to ensure potential staff had a sufficient grasp of English for their role.

Requires Improvement

Is the service effective?

Our findings

At our inspection of 16 and 17 May 2016 we found a continuing breach in relation to consent. The provider had failed to ensure people's consent was always sought in relation to the use of bed rails and where people could not give their consent that the requirements of the Mental Capacity Act 2005 (MCA) 2005 were met. Copies of people's enduring power of attorney had not been obtained to confirm what decisions the attorney was authorised to make. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. On 8 July 2016 the provider wrote and informed us they had met the requirements of this regulation. At our inspection of 10 October 2016 we found they had met the requirements of this regulation.

The 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. We checked whether the service was working within the principles of the MCA.

At this inspection we found that where people had the capacity to consent to their care and treatment they had signed their consent to indicate their agreement with the care to be provided by the service. Where people lacked the capacity to consent to their care which could include the use of bed rails to protect them from the risk of falling out of bed, a MCA assessment had been completed and a best interest meeting held with relevant parties such as people's relatives and the GP to discuss the proposed care and treatment and to determine if it was in their best interests. Where people had an enduring power of attorney in place a copy was available on their records to ensure staff were aware of what decisions the attorney was authorised to make on their behalf. Legal requirements in relation to people's consent for their care and treatment had been met.

Requires Improvement

Is the service well-led?

Our findings

At our inspection of 16 and 17 May 2016 we found a continuing breach in relation to clinical governance. The provider had failed to fail to operate effective systems to monitor the quality of the service or to consistently maintain accurate and complete records for each person. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider was served with a warning notice which required them to meet this regulation by 12 September 2016. The registered manager wrote to us on 22 September 2016 to inform us they had met the requirements of the warning notice. At our inspection of 10 October 2016 we found they had met the requirements of this regulation.

A range of audits had been completed and were being used to drive improvements in the service for people. The areas audited included: infection control, people's records, medicines, pressure ulcers, health and safety, falls and incidents.

The infection control audit covering the months of July and August 2016 demonstrated that a number of areas had required attention and that relevant actions had been taken to address these for people. For example, changes had been made to the cleaning schedule following the audit and numerous items of equipment had been replaced. Each person's bedroom had been audited in addition to the communal areas and any necessary works noted and completed. We noted that a new soap dispenser was required in one of the sluices. We spoke with the registered manager about this who was able to show us they had also identified this in their October 2016 infection control audit and were in the process of ordering a new one. This demonstrated the infection control audit was effective at identifying issues in relation to the infection control and cleaning and addressing them for people.

The clinical lead audited 10% of people's care records each month. Records showed that where issues had been identified appropriate action had been taken. For example, one person's records did not contain an assessment for the risk of them developing pressure ulcers so this was put in place. They had also completed a medicines audit on 9 September 2016. This had identified that people needed to have their medicines reviewed regularly by the GP and two people had already had their medicines reviewed since the completion of the audit. A planner was now in place to ensure all peoples' medicines would be reviewed.

The registered manager told us and records confirmed that they reviewed every incident that occurred within the service to identify if any action was required for the person's safety, welfare or to reduce the risk of repetition. They then completed a monthly audit of the incidents looking at the date and time of the incident, the actual incident, any causes and actions taken, these were then added to the annual incident audit. The clinical lead undertook a similar audit of people's falls. The registered manager told us they had identified from the September 2016 audit that a person had fallen twice; as a result a sensor mat was put in place to alert staff when the person stood up. Following another person's fall, arrangements were being made for them to have a wheelchair. The audits enabled the registered manager to identify any trends in incidents and falls both across the course of each month and across time.

Prior to the last residents and relative's meeting held on 3 September 2016 the registered manager

circulated a customer satisfaction feedback form to seek people's views on the service. At the meeting people were invited to express their views and to raise any issues they wanted addressed. People's views were being sought by the registered manager to enable them to identify areas for improvement.

Where people experienced diabetes they had a diabetes care plan in place. This demonstrated the safe target range for the person's glucose level and how often their blood sugar levels should be tested. There was guidance for staff about what action to take if the person experienced hypoglycaemia which is where the person's blood sugars become too low or hyperglycaemia which is when they become too high. Staff had written guidance about people's diabetes care needs.

Where people required re-positioning to manage the risk of them developing pressure ulcers records were in place to demonstrate this care was being provided for them. People also had records in place to demonstrate air mattress checks were being completed as required. People's re-positioning and mattress records were complete.

People's fluid charts had been completed by care staff and totalled. These charts were then checked by the nurses at the end of each staff shift. To ensure the records were fully complete and reviewed for any actions required. There was not always a reference in the person's care plan that they were on a fluid chart nor was this always noted on the staff handover sheet. However, staff spoken with knew who was on fluid charts and told us they were reminded to complete people's fluid charts during the staff shift handover. The handover book had a generic instruction for staff to 'Document fluid given to patient on the fluid chart.' The clinical lead also told us staff were expected to complete all charts they had placed in peoples' bedrooms including fluid charts. People's fluid charts did not contain a target objective for their fluids. However, nursing staff were able to tell us about when they would refer a person to the GP due to insufficient fluid intake so this had not impacted upon people. Individualised guidance on people's care plans about them being on a fluid chart and their target intake would have provided staff with clearer guidance for each person. We spoke with the clinical lead about this and they took action to ensure that by the end of the inspection these peoples' care plans had been updated to ensure they contained this information. Time will be required for this to become embedded into practice.

Staff had photographed peoples' wounds as required. Their records noted the date that the photograph had been taken. However, staff had not printed the photographs from the camera and placed them in people's records to ensure they were available on the person's records and to enable staff to compare the progress of the wound over time. The registered manager told us that until June 2016 they were checking that people's photos had been printed for peoples' records however, they had since stopped this practice. They informed us they would delegate a nurse to ensure this was done for people. Time will be required for this to become embedded into practice.