St. Quentin Residential Home Limited

St Quentin Senior Living, Residential & Nursing Homes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 5 April 2017 and was unannounced. At our last inspection in January 2016 the service was rated as Good.

St Quentin Senior Living, Residential & Nursing Homes provides support and care for up to 51 people, some of whom may be living with dementia. At the time of this inspection 46 people used the service.

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's medicines were not consistently managed safely. People were at risk of not receiving their prescribed topical creams in a safe or effective way.

There was not always sufficient staff available to meet people's individual support or nursing needs.

People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans. People were safeguarded from the risk of abuse as staff and the management knew what to do if they suspected or identified abusive situations.

The principles of The Mental Capacity Act (MCA) 2005 were being followed as the provider was ensuring that people were consenting to or when they lacked mental capacity, were being supported to consent to their care.

People were supported with their nutritional needs and monitoring was in place to ensure people ate and drank sufficient amounts.

Advice was sought from health and social care professionals when people were unwell. This advice was documented and followed by staff to maintain and support people's physical and emotional wellbeing.

Staff had been recruited using safe recruitment procedures to ensure they were of good character and fit to work with people who used the service.

People were treated with dignity and respect and their right to privacy was upheld. People chose whether or not to participate in the daily activities arranged.

The provider had a complaints procedure and people knew how and who to complain to.

The provider had systems in place to assess, monitor and improve the quality of care.

People and staff told us that the registered manager and the senior management team were approachable and staff felt supported to carry out their role.

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

The service was not consistently safe.
People's medicines were not consistently administered in a safe way. There were not always enough staff available to meet people's needs in a timely way. To increase the levels of staff, new staff had been recruited through the use of safe and robust recruitment procedures.

Risks to people were assessed and prompt action was taken to minimise the risk and further harm to people. People were safeguarded from the risk of abuse as staff and the management followed the local safeguarding procedures when they suspected someone had suffered abuse.

Is the service effective?

Good

The service was effective. People were supported to make decisions about their care and staff understood their responsibilities to ensure people who lacked capacity were supported with decisions in their best interests. Staff had been provided with training to meet people's needs and promote people's health and wellbeing. People were supported effectively with their nutritional needs and were supported to access health services to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect and their privacy was respected. People and their representatives (where appropriate) were involved in the planning of their care.

Is the service responsive?

Good

The service was responsive. People received care that met their individual needs and staff knew people likes and dislikes. People told us they generally enjoyed the activities that were available. People knew how to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led. The provider did not consistently ensure there were sufficient staff to meet people's

needs in a timely way.

Quality assurance systems were in place to monitor the service. People's feedback was gained to ensure that people were happy with the quality of care they received.

St Quentin Senior Living, Residential & Nursing Homes

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.

The inspection took place on 5 April 2017 and was unannounced.

The inspection team consisted of two 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.

Prior to the inspection we looked at the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the 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 reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We used a range of different methods to help us understand people's experiences. We spoke with 11 people who used the service about their care and support and with 11 relatives and visitors to gain their views. Some people were less able to express their views and so we observed the care and support they received throughout the day.

We spoke with the registered manager, the assistant manager, a clinical lead nurse, one registered nurse, five care staff and a member of the ancillary team. We looked at care records for 11 people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Requires Improvement

Is the service safe?

Our findings

People offered varied comments about the staffing levels in the two units. One person accommodated on the residential unit commented: "Yes but I am independent so I don't need the staff to help me". Another person said: "I press the buzzer and they [the staff] come almost straight away". A member of staff told us: "More staff would be lovely we wouldn't have to rush so much then and we could give people the time they need". A relative told us: "No, there is not always enough staff. Especially when there are multi loo requests". We saw staff were very busy attending to the care and support needs of people in their bedrooms. Some people spent their day in the communal areas, there were short periods of time during the day when staff were not in the vicinity to supervise and oversee them. One person was at risk of slipping out of a chair, no staff were around to support the person with their comfort and safety. We went and found a senior member of staff who arranged for care staff to support the person.

People told us there were not enough nurses to provide the support to people who had been assessed as requiring nursing care and who were accommodated on the residential unit. One nurse was on duty during the night to provide nursing care and support to people in both the residential and nursing units. The registered manager explained the future plans to increase the number of people who required nursing care and provide accommodation for them in the residential unit. The registered manager explained there had been a recruitment drive for registered nurses and additional nurses had been employed with start dates arranged. This would then mean that nurses would be available and working on both units.

Medicines were not consistently managed in a safe way. Some people were prescribed creams and ointments to support them with maintaining good skin. Instructions for the use of these creams were kept in the person's room so that staff had information regarding what was prescribed and how it should be used. Care staff told us they supported people with the application of these medicines but confirmed they had not been trained to do so. One member of staff told us: "The nurses show us what to do and if we are unsure then we just ask". As a response to our feedback the registered manager told us staff would receive the necessary medication training to ensure medicines were managed and administered safely.

Staff explained how they would recognise and report abuse. One staff member: "I have never had any concerns with the safety of people here at the home, but I would have no hesitation to report any concerns to either the registered manager or the nurses". We saw procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and the local safeguarding team. The registered manager gave us examples of safeguarding issues they had raised when they had suspected abuse. We had received notifications from the provider in the past informing us of safeguarding issues they had raised. This meant people were being safeguarded from abuse or the risk of abuse.

Most people told us they felt safe, secure and comfortable at the service. One person told us: "Yes I do feel safe, the staff are good and they look after me well". However one person told us they did not feel safe when they were provided with support from agency workers. The registered manager told us they were aware of how this person felt and had taken action to ensure they were provided with care from the regular staff whenever possible. There had been a recent recruitment drive to appoint registered nurses and care staff so

the reliance on the agency workers to cover the shortfalls in the staffing numbers would be greatly reduced.

People were supported to move in a safe way. Some people were unable to weight bear and so required staff to support them with the use of a mechanical hoist. We saw people being hoisted safely, in a calm and measured way, consideration was given to people's comfort and their dignity. Staff consulted with the person and then informed them that the hoist was to be used. People were put at ease and staff reassured them during this manoeuvre. People had been assessed for the appropriate size and type of sling that was to be used with the hoist. The person's moving and handling details were recorded in the care plans and risk assessments for that person. This meant people's safety was assured as the techniques and equipment were used in a safe way.

One person had been assessed for the use of bedrails as there was a risk they may fall out of bed. The risk assessment had been updated and reviewed when the person tried to climb over the rails, the rails were removed so minimising the risk. Alternative equipment had been provided, and a sensor mat was in place and used to alert staff when the person was on the move. This showed that the provider took action to ensure the safety of the person, therefore minimising the risk of harm.

Regular checks of equipment throughout the building were undertaken by the maintenance person to ensure that the environment and equipment was safe. Any problems identified through these checks were dealt with quickly. This showed the provider ensured the environment and equipment was safe for people who used the service and all possible risks reduced.

Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people when they first started. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

Good

Is the service effective?

Our findings

People told us the staff were good at what they did. A relative said: "My [name of relative] is getting very good care here, the staff are kind and caring". Staff told us they had regular supervision meetings with their line manger where they were able to discuss work related issues and their learning and development needs. Staff also told us training was available and they could suggest additional topic areas where they felt this would be beneficial for them. Staff told us they had training in moving and handling which included a practical session on the use of the mechanical hoist. We saw staff were knowledgeable and skilful when they supported people with transferring and using the hoist. The registered manager told us that a two day training course in the management of actual or potential aggression had been arranged and staff had been allocated to attend. The registered manager told us training opportunities were available and would ensure that all staff had the necessary training so that people were provided with care safely and reliably.

The registered manager followed the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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 made their own decisions and were helped to do so when needed. When people 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 saw that some assessments had been completed when people did not have capacity to make some decisions for themselves. Where people were unable to agree to their care and treatment, support from their representatives was gained to make an agreement in the person's best interest. For example, a relative told us they had been involved with discussing and agreeing end of life care on behalf of their relation. Where people had capacity to make informed decisions, they had been fully included in discussing and agreeing their care and support plan. This showed that people were being supported to consent to their care and support in their best interests.

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 recognised that some people were being restricted of their liberty and freedom. We saw that some people had restrictions to their liberty such as rails on their bed or systems in place to prevent them from leaving the building unsupervised. The registered manager had made referrals to the local authority for authorisation to restrict peoples' freedom of movement when they did not have the capacity to consent to this. Some authorisations had conditions attached to the order; others did not as it was deemed the service was acting in the least restrictive way. This showed that peoples' rights were protected as the provider was applying the principles of the MCA.

People told us they enjoyed the food that was provided. One person who used the service said: "I like having three courses at lunchtime. It is really good and I enjoy the meals here". Another person commented: "We can ask for a hot drink and biscuits between meals if we feel a bit hungry or thirsty". A relative said: "Yes, I have seen the meals and I am happy with the amount and quality that is served". Some people needed

support with their meals; they were offered support in an understanding way and were able to eat at their own pace. Food was provided for people according to their individual needs and preferences, for example pureed and soft diets. Some people at risk of weight loss or with reduced appetites received additional prescribed food supplements to support them with ensuring they received adequate daily nourishment.

Staff supported people to access healthcare services should they become unwell or require specialist interventions. People had access to regular consultations with their doctor if this was requested and required. We saw referrals for advice and support were made when this was needed, for example, dieticians, palliative care services, district nurses and doctors. People's care and support plans were updated when guidance and information was received from the specialists. This showed us that additional support was requested in a timely way which ensured people's healthcare needs were met.

Good

Is the service caring?

Our findings

People told us they were satisfied with the care provided. A relative spoke with us and said: "My [name of relative] has only been here for a short time. They [the staff] come to check and see if all is okay. I have no concerns". A person who used the service said: "I have no problems. If I need something I ring and a few minutes later they come and sort it out for me". One person told us they did not feel 'too well' so was having a day in bed. People being cared for in bed were visited at regular intervals by the staff to check on their comfort and welfare. Staff were calm, relaxed and patient when attending to people's needs and requirements.

People were offered day to day choices about their care and support whilst being encouraged to be as independent as they were able. One person told us: "The staff help me when I need help but I do like to do as much as I can for myself". A relative said: "Our relation cannot talk and indicates yes or no by hand gesture and facial expression. Staff encourage her to do as much as she can and she uses her good hand to eat and drink".

People's right to privacy was respected. We saw that staff knocked on people's doors before entering and that people where they were able to freely access areas within the home. When people needed support with personal care we saw staff ensured the door was shut so the person's privacy was maintained. A relative told us: "The staff are respectful and considerate, look after my relation very well, and have his best interests at heart". Staff took their time and explained to people what they were going to do before doing it. For example, we saw that staff explained how a person was to be transferred to another area with the use of a hoist. They were kind and supported the person throughout the procedure, putting the person at ease. People were relaxed and smiled when in contact with staff and each other.

Good

Is the service responsive?

Our findings

Most people told us there were activities arranged for them to enjoy. One person told us: "Most of my leisure time in the past and will be in the future was taken up by making models (aircraft). The activity lady comes three or four times a week, she decides what happens each day. Sometimes I join in; sometimes I don't feel like it". Another person commented: "I decide which activities I join in with. My main enjoyment is being involved with agriculture. There is a greenhouse here so I am looking forward to growing some flowers". Another person commented: "There is no time here to get bored". One person told us in their opinion there was not enough entertainment arranged and said they occasionally joined in with bingo or the 'sing-a-longs' We saw a small group of people participated in singing along to the music and played musical instruments. People were singing along, smiling and having a pleasant time. People who were cared for in bed or preferred to stay in their rooms had television and radios; one person told us they particularly liked to watch day time television. Another person told us they had attended and resident's meeting and said: "I have only been here for a short while and went to the meeting, it took place in the dining room. We spoke about the food and what we liked to do".

People generally received care that reflected their individual needs and preferences. One person told us they went to bed when they chose to, but many times liked to stay up 'a bit later'. They told us they had problems with their eyesight but was able to see the programmes on the big screen television. Some people's care records showed that they had been asked about their care preferences. Where people were unable to be fully involved with discussing their care needs the person's representative had been contacted. One relative confirmed: "Yes I am involved in reviewing the care plan etc. my [name of relation] can't do this now so I speak on their behalf". Another relative said they were involved; 'now and again, about every six months'. All people had a daily life care and support plan that offered information about the person's likes and preferences, so that staff could provide support in the way people preferred.

Staff told us, and we saw, they regularly reviewed the care and support needs of people and updated the relevant documents. A visitor told us they had spoken with staff when they identified a change in their relative's health and swift with action taken to support the person with their changing needs. We saw that at the beginning of each shift change staff had a formal handover to ensure they were aware of any significant changes to the care and support needs of people.

The provider had a complaints procedure. People and their relatives told us they would speak with the registered manager, the assistant manager or any of the staff if they had any concerns. One person who used the service said: "Yes I would be happy to speak with the manager". A relative told us: "I enquired about some water tablets that were not been given. They [the staff] asked a medic to investigate and our relative is now continuing to take them. They were very responsive and quickly sorted it out". This meant that most people knew how to complain and the service responded to complaints when they were received.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who was supported by a team of senior staff, nurses, care and ancillary staff. Some people knew the registered manager by name others were not quite sure. One person said: "Yes I know the manager and she is very good". A relative told us: "Sometimes I would like to speak with the registered manager but unfortunately she is not always available, so I speak with the nurse or the assistant manager. I have always found them helpful". The registered manager told us when she is unavailable there was always a member of the senior management team around. Staff told us they felt well supported by the registered manager and the senior management team and they worked well as a team.

Staff told us of their concerns of the low levels of nursing staff to provide nursing care for people particularly at night. Staff told us that one nurse was on duty at night to provide cover to both the nursing and residential units. This meant that some people may have to wait for the nurse to be available to support them when it was required. The registered manager told us that agency nurses were utilised to cover some nights shifts but there were times when the regular agency staff were unavailable at short notice. The registered manager and senior management team had identified that additional nursing staff were required to adequately provide nursing cover in both the nursing and residential units. A recent recruitment drive for registered nurses had been successful and starts dates for the nurses were in place. This would then ensure nurses' support was available for all people who had been assessed as needing nursing care. However, currently the situation remained with one nurse regularly providing cover to both units.

Quality monitoring systems were in place, with audits completed each month. The assistant manager told us that any concerns identified during the analysis stage were discussed and action taken. For example, the monitoring of people's fluid intake and the completion of fluid balance charts. Where the expected daily amounts were not achieved, action would be taken to ensure that staff were aware of the need to offer more regular fluids each day and to record the amounts consumed.

Regular staff meetings were arranged for the various staffing disciplines. This gave staff the opportunity to discuss the care and welfare of people, any changes or improvements that were needed or had been implemented and any issues or concerns that had been identified. A recent meeting discussed the integration of the newly employed nurses, the monitoring of staff and their work patterns and the actions needed to make the required improvements.

People told us resident and relative's meetings were arranged at intervals, where they were offered the opportunity to meet and discuss any issues or make suggestions for improving the service. We saw one person had attended a meeting and had suggested that an answerphone facility was available due to the phone not being answered particularly at peak busy times. Another person also attended the meeting and suggested an additional call bell would be beneficial in one of the lounge areas, so that people could attract the attention of the staff when this was needed. They told us a second call bell had been made available. This meant that people's feedback was taken account of to make improvements to the service.

The registered manager 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. The rating of the service was displayed on a notice board within the units so that people could clearly see information on the quality and safety of care provided.

The registered manager informed us of the plans for the future of the service, and to provide additional accommodation for people who required nursing care. They had identified the additional resources that would be needed to ensure people's care and support needs were met efficiently and effectively.