

L.Murphy & Company Limited

Quintaville

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

Quintaville provides accommodation and personal care for up to 20 people who may be living with a dementia, learning disability or have needs relating to their mental health. At the time of our inspection there were six people living at the home. Nursing care is not provided by the home. Where needed, this is provided by the community nursing team.

This unannounced inspection took place on the 15 February 2017, and was carried out by one adult social care inspector.

Quintaville was previously inspected in October 2016, where we had identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although staff had a good understanding of Mental Capacity Act 2005 (MCA), people records did not reflect this. We also found some areas of the home were not hygienic and were in need of refurbishment. Following the inspection of October 2016, the provider wrote to tell us what they would do to meet legal requirements in relation to the breaches we had identified.

We undertook this focused inspection on 15 February 2017, to check that the registered manager had followed their action plan and to confirm they now met legal requirements. On this inspection, we found improvements had been made and the provider was now meeting legal requirements. We have revised our rating to good for the key question of effective. 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 Quintaville on our website at www.cqc.org.uk.

The home 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.

At our previous inspection in October 2016, we found some areas of the home were not clean and were in need of refurbishment. At this inspection, we found improvements had been made. The registered manager had introduced hygiene checks, which staff carried out four times a day; this helped to ensure that people bedrooms, bathrooms and communal area of the home remained clean and tidy. Where we had previously identified areas of concern we saw action had been taken. For instance the person's ensuite bathroom, which had previously been identified as unhygienic, had been completely refurbished.

During our previous inspection, we found that although the registered manager and staff showed a good understanding of the Mental Capacity Act 2005 (MCA). People's records did not reflect this for instance, where decisions had been made in people's best interests these were not always being recorded. At this inspection, the registered manager confirmed that staff had received additional training and people's records now contained mental capacity assessments and best interests decisions.

People said they felt safe and happy living at Quintaville. People looked well cared for, and we saw people were happy to be in the company of staff. Staff who had worked at the home for a number of years were knowledgeable about people's needs and wishes and had the skills to support them. Records showed staff had undertaken an induction and received training in a variety of topics. These included safeguarding, mental capacity, first aid, pressure area care, moving handling, and food hygiene.

People told us they enjoyed the meals provided by the home. People were able to have their meals in the dining room, the lounge or in their own rooms if they wished. Where people required a soft or pureed diet, this was provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals. We heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available.

People had access to a range of health care services and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. Care records showed staff responded quickly to people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions about their care by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were cared for in an environment that was clean and regularly maintained.

People were cared for by skilled and experienced staff who received regular training and supervision, and who were knowledgeable about people's needs.

People's health care needs were monitored and referrals made when necessary.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

Quintaville

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.

We carried out an unannounced focussed inspection on the 15 February 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider following our comprehensive inspection on the 13 & 14 October 2016 had been made.

One adult social care inspector undertook the inspection. Prior to the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law. We looked at the action plan the provider had sent, which told us what action they had taken following our comprehensive inspection in October 2016.

During the inspection, we focussed on one of the five key questions we ask about services: is the service effective? At our previous inspection, we rated this key question as requires improvement. This was because the service was not previously meeting legal requirements in relation to this area.

During the inspection, we spoke and met with three people who lived at the home. We looked at the care of four people to check they were receiving their care as planned. It was not possible to speak with some people in detail about their experiences of the service due to their complex care needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not comment directly on the care they experienced.

We reviewed the staff training and supervision files for three care staff. We reviewed the quality of the care and support the home provided, as well as records relating to the management of the home. We spoke with two members of staff and the registered manager. We looked around the home and grounds which included some bedrooms (with people's permission). Following the inspection, we sought and received feedback from two health and social care professionals who had regular contact with the home.

Is the service effective?

Our findings

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. Some of the people who lived at Quintaville were living with a dementia, a learning disability or had needs relating to their mental health, which affected their ability to make some decisions.

At our comprehensive inspection of Quintaville on 13 & 14 October 2016, we found that although the registered manager and staff showed a good understanding of the Mental Capacity Act 2005. People's records did not reflect this for instance, where decisions had been made in people's best interests these were not always being recorded. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or were being reviewed. This was a breach of Regulation 11 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the regulation was now being met. Most of the people living at Quintaville were able to make simple day-to-day decisions for themselves. For example in relation to what they wanted to eat or wear, or how they wanted to spend their day. However, some people did not have mental capacity to make more complex decisions about their health and welfare. Where this was the case, people's records now contained mental capacity assessments and best interests decisions. For example, where the home held or managed people's monies the rationale for this decision had been clearly recorded. Records showed the registered manager had carried out a mental capacity assessment and a best interests decision had been made in consultation with appropriate people such as relatives. Best interests decisions were now being reviewed monthly as part of the care plan review process. This meant the home was now working in line with the principles of the act.

The registered manager confirmed that staff had received training and staff we spoke with showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff offering people choices and respecting their decisions. For instance, people were asked what they wanted to do and what they wanted to eat or drink. Staff told us how they recognised that sometimes people struggled to make their own decisions about day-to-day care. They explained how they offered simple choices for people to assist them with their decision-making. People were involved in their care and had access to their records. We saw staff sought people's consent and made every effort to help people make choices and decisions.

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). At our previous inspection, we found that people were potentially being deprived of their liberty, due to the home having locked doors. This meant people were not free to leave on their own and we found no evidence that people's capacity had been assessed to consent to these arrangements. If a person is under continuous supervision, is not free to leave on their own, and does

not have the mental capacity to consent to these arrangements, they are being deprived of their liberty unlawfully.

At this inspection, we found people's legal rights were protected and they were not being deprived of their liberty unlawfully. We observed people moving freely around the building there were no restrictive practices within the home and people were able to leave on their own if they wished to do so.

At our previous inspection in October 2016, we found some areas of the home were not clean and in need of refurbishment. For instance, there was a strong persistent odour in two of the bedrooms we visited and another person's ensuite bathroom was not hygienic and needed refurbishment. This was a breach of Regulation 15 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the regulation was now being met. Following our previous inspection the registered manager had introduced hygiene checks which staff carried out four times a day, this helped to ensure that people bedrooms and bathrooms remained clean and tidy. We spent time looking around the home with the registered manager. Where we had previously identified areas of concern we saw action had been taken. For example, all communal areas and people bedrooms had been thoroughly cleaned and were free from unpleasant odours, and the person's ensuite bathroom, which had previously been identified as unhygienic, had been completely refurbished.

People spoke positively about the care and support they received at Quintaville and had confidence in the staff supporting them. One person said, "I am very happy here." Staff who had worked at the home for a number of years; were knowledgeable about people's needs and wishes and had the skills to support them. Records showed staff had undertaken an induction and received training in a variety of topics. These included safeguarding, mental capacity, fire safety, first aid, pressure area care, moving handling, and food hygiene. Staff received regular supervision and an annual appraisal. Supervision gave staff the opportunity to discuss all aspects of their role and professional development. The registered manager assessed staffs' knowledge by observing staff practice and recording what they found. Records contained information on what had been observed, what the staff member did well, what had not gone so well and any action that needed to be taken to address any concerns. Staff told us they felt supported and valued by the registered manager.

People had access to a range of health care services and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. Care records showed staff responded quickly to people's needs. Where staff had identified concerns we saw people had been referred to an appropriate health care professional. For instance, staff had sought guidance from the community nursing team where they had concerns about the condition of a person's skin integrity. Healthcare professionals told us staff made appropriate referrals and they were confident any recommendations would be acted upon appropriately.

People told us they enjoyed the meals provided by the home. People were able to have their meals in the dining room, the lounge or in their own rooms if they wished. People who did not wish to have the main meal could choose an alternative. Where people required a soft or pureed diet, this was provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals. We spoke with the staff who told us they were provided with detailed guidance on people's preferences, nutritional needs, and allergies. We heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available.