

Quinton House Limited

Quinton House

Inspection report

Lower Quinton
Stratford Upon Avon
Warwickshire
CV37 8RY

Tel: 01789720247

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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

About the service

Quinton House is a residential care home providing personal and nursing care for 14 people aged 65 and over at the time of the inspection. The care home accommodates 27 people in one adapted building, including people living with dementia.

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

We found some risks to people's health and safety in relation to the environment and clinical care had not always been identified or actions taken to manage them. Wardrobes were not fitted to the walls and some were unstable. Actions to mitigate the risk of one person experiencing allergic reactions had not been taken.

A new team of managers had recently been employed, each of whom had an area of quality and safety in care to focus on. Improvements to assessment, care planning, clinical care management and governance had been identified by the team with new quality assurance systems underway. However, time was needed to allow these new systems to embed and provide robust oversight, monitoring and review of quality and safety in Quinton House.

People received their medications as prescribed and the electronic medication recording system supported the safe monitoring of people's medication, to minimise the risk of errors. Training provided staff with the knowledge they needed to identify and report safeguarding concerns. Where accidents and incidents occurred, these were reported, recorded and analysed to learn and reduce the risk of them happening again.

Staff were provided with a range of online and face to face, specialised training and there was a focus on staff development by the new clinical management team. Staff received supervision to identify gaps in learning and ensure they remained up to date with best practice. Effective communication took place within the service to ensure people were supported safely with their meals and drinks. When changes in people's health were noticed, the provider worked closely with other health professionals to ensure their care remained suitable. 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.

People were supported by staff who were compassionate, empathetic and knowledgeable about the people they cared for. Staff enjoyed working at the home and described it as "a family". We observed kind, friendly and caring relationships between staff and people who lived at Quinton House and feedback we received about care staff was positive. Staff understood how to promote people's privacy and dignity. There were framed photographs on the walls of people who lived at the home. People's bedrooms were personal to them, spacious and had plenty of natural light.

People were supported to make decisions regarding their care and relatives were involved where appropriate to ensure assessments and care planning was personalised. During our inspection entertainment was provided and the provider was in the process of making improvements to activities to make them more varied. There was a large garden for people to enjoy, which was well maintained. Recent improvements included a new kitchen area where people could bake, a new cinema screen, and a bar.

The provider worked closely with local community groups. Three new members of management had recently joined the team at Quinton House and were working to make improvements to quality assurance systems, quality and safety at the home. People were encouraged to give feedback about care through online review forums and the introduction of 'smiley face' questions in feedback forms was implemented to provide a visual aid and make it easier for people to give feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (published 4 November 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

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 two inspectors, a Specialist 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 or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection-

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, clinical leads, nurse in charge and care staff and carried out observations.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management and governance of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to clinical and environmental risks. We looked at the provider's policies, external reports on the safety of the premises and minutes from staff meetings.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's care records contained risk assessments which were reviewed monthly and guidance was contained in care plans for staff to manage those risks. However, not all risks were managed.
- We found one person had an allergy to latex. They had no care plan to alert staff to the potential signs and symptoms of a latex reaction or actions to take in response. This person was tested using standard issued PCR tests which was against government guidance prior to 1 September 2021, because of the risk of exposure to latex from the tests. This person did not experience a reaction but we raised this during our inspection and an allergy care plan was implemented shortly afterwards.
- One person had a catheter which had been changed nine times between 12 January 2021 and 6 August 2021. The person's care plan stated that the catheter should be changed every 12 weeks unless there was a clinical need. Records did not support effective monitoring of the catheter because the catheter passport was not routinely updated. The catheter passport is a document that accompanies people who have a catheter. It provides oversight of complications and recurring issues, such as blockage, which may prompt a review of the catheter to ensure it remains suitable. Whilst changes and reasons were noted in care records these were time consuming to identify.
- Wardrobes in people's bedrooms were not fixed to the walls to prevent them falling and causing accidental harm or injury, some were found to be unstable. We informed the registered manager of these concerns and they made arrangements to rectify this shortly after our inspection.
- A key coded room was used to store hazardous chemicals safely. However, on three occasions chemicals had been left unattended and accessible to people. We raised this with the registered manager who assured us that this would be raised with the staff team to minimise the risk of it happening again.
- We received feedback from nursing staff that care workers knew people well, so they noticed subtle changes in them which indicated they might be unwell. One nurse said, "They know the residents really well. They often know when something is wrong before there are any obvious clinical indicators (symptoms)."

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding to help them recognise, identify, and know when to report potential safeguarding concerns when they arose.
- At the time of our inspection there had been no safeguarding incidents reported. Staff knew where the safeguarding policy was located in the event that they needed to share information outside of Quinton House. This included contact details for the local authority and CQC.

Staffing and recruitment

- A staffing dependency tool was used to calculate staffing numbers based on people's needs. On the day of

our inspection there were enough staff to meet people's needs.

- People told us they did not have to wait long for help when they used their call bell and our observations on the day supported this.
- We had received no concerns about the suitability of staff employed and therefore recruitment records were not looked at as part of this inspection. The local authority had carried out recent checks at the service including recruitment and found records to support safe recruitment were in place.

Using medicines safely

- Medicines were ordered, stored and administered safely according to best practice.
- Where people were prescribed medication on an 'as required' basis such as pain relief, there were detailed protocols to support the safe administration and monitoring of those medications. The system for recording medication administration would not allow tasks to be marked as complete until the reason and effectiveness of the medication had been entered.
- Improvements were needed to records for skin patch medications to demonstrate they had been rotated according to manufacturer guidelines and checked to ensure they remained in place on the skin. Lack of rotation can cause skin thinning and risk of overdose in a short period of time.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and analysed by the management team to identify emerging risks, trends or patterns to help reduce the risk of them happening again.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received the support identified in their care records to eat and drink, and maintain a healthy diet. Information about people's dietary needs and support was clearly displayed in food preparation areas. We saw staff took the time to ensure people got the support they needed to ensure safe eating and drinking at mealtimes.
- Where people needed modifications to their food due to swallowing difficulties, involvement of the Speech and Language Team (SALT) had been sought and guidance followed. For some people this meant fluids needed to be thickened or food pureed. Staff we spoke with were knowledgeable about people's individual dietary needs.
- People's weights were monitored weekly. Where weight loss was identified, advice from dietitians or speech and language therapists was sought. The clinical manager was able to tell us about people's dietary needs and what actions were being taken to ensure these were met. What they told us matched what was in people's individual care records.

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

- Care plans contained information about people's support needs. Staff told us that care plans accurately reflected the needs of people.
- Assessments of people's needs were recorded, and people's support needs were reviewed regularly.

Staff support: induction, training, skills and experience

- Staff told us the training provided was appropriate to their roles. One member of staff said, "Training is good, for example, I did face to face diabetes training." Staff felt that there was enough training offered to enable them to provide safe care.
- Staff told us they felt supported in their roles and received regular supervision. Our observations of staff demonstrated staff were knowledgeable and experienced about people's needs.
- Staff received a combination of online and more specialised face to face training in specific health conditions, to equip them with the knowledge and skills needed to carry out their roles effectively. Competencies were being re-assessed to ensure understood how to use apply their training safely and effectively when providing care.

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

- People were referred to other health professionals when needed. Care records showed when people had been referred to health professionals when they had difficulties swallowing that could present a choking

risk. People confirmed the GP was contacted when they were unwell.

- Some people had a range of different health professionals involved in their care including occupational therapists, speech and language therapists and psychiatrists.

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

- People were not always able to be involved in decisions about their personal environment. One person told us how they had raised concerns over water from the shower entering their bedroom. When we raised this with the registered manager, they told us they were aware, and although they believed steps had been taken to address this, staff were unaware of these steps. The registered manager assured us that action would be taken to address the person's concerns.
- Work was being carried out around the home to improve the decoration and appearance of communal areas. Carpets were being replaced and further plans for re-decoration were underway.
- People and their families were encouraged to be involved in the design and decoration of the home. Some people were supported to choose the colours they wanted for their bedrooms and families helped choose pictures and communal furnishings.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations were being met.

- People's records contained examples of how people were supported within MCA requirements and how they were involved in day to day decisions about their support.
- The provider followed the requirements in people's DoLS authorisations. Whilst we were not able to see all of the DoLS that had been authorised, we looked at two DoLS authorisations and found that these were up to date and accurate.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Care staff were observed to demonstrate compassion in their roles. Staff alternated between people during mealtimes, offering reassurance, comfort and conversation.
- People were treated with care, kindness and warmth. Feedback from people and our observations confirmed this. One person was provided with a blanket and another person's hand was being stroked by a staff member during lunch. One person said, [staff are] "all very good". Another person said, "I couldn't fault one."
- The atmosphere was welcoming, friendly and calm. There was classical music playing at various times throughout the day which helped create a relaxing environment.
- The home was decorated with pictures on the walls of people who lived at the home and thank you cards in reception. There was a framed picture on the wall which said 'Our residents do not live in our workplace – we live in their home' which helped create an environment that recognised Quinton House as people's homes.
- People's diverse needs such as their cultural or religious needs were reflected in their care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to respect people's privacy. They would knock on bedroom doors and introduce themselves before entering and use dignified language in their day to day interactions with people and staff.

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

- People were supported to contribute towards care planning and decisions about their current and future care.
- When people struggled to make decisions alone, their next of kin or legally appointed representatives were encouraged to participate to inform assessments and care plans.

Is the service responsive?

Our findings

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

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

Improving care quality in response to complaints or concerns

- There was a procedure for investigating and responding to complaints and people and their relatives told us they knew who to speak with if they had any concerns.
- We received feedback that a complaint had been made regarding a person's bathroom but no action taken to rectify it. We reported this to the registered manager immediately who was unaware of this issue but assured us prompt action would be taken to carry out repairs.

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

- People's needs were met in a personalised way. People's assessments included information about their likes, dislikes and preferences to support staff when providing care.
- Staff cared about the appearance of people they supported. People looked well cared for and staff were attentive to their needs. Staff were kind and caring in their interactions with people.
- Care records contained relevant information about how people had been supported and showed people received care in line with their identified needs.

Meeting people's communication needs

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

- The staff met people's communication needs. Care plans included information about communication or language needs. We saw staff understood how to communicate with people that lived there.
- Written information could be made available in large print or braille for those who needed it.

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

- The registered manager explained the impact of COVID-19 had on relative visits and external visitors to the home. There was a range of different activities and social events for people living at the home.
- Whilst the COVID-19 pandemic had restricted some activities, such as trips out, staff strived to make sure there was still a variety of activities and events for people to take part in. We saw people playing bingo and a musician played the guitar and sang songs.
- The provider made recent improvements to the variety of activities that were available for people. There was a new bar, cinema screen and kitchen area which provided a space for baking."
- People's individual interests and culture were respected, and people's care plans and care records

contained this information for staff to follow.

End of life care and support

- Where people were cared for at the end of their lives, staff worked closely with other professionals to make sure people were comfortable. They recorded people's wishes and preferences in care plans, so they knew how to support them at this time.
- The home was accredited with the Gold Standard Framework (GSF) for end of life care and staff received additional, bespoke training provided by a local hospice. The GSF is a nationally recognised set of practice standards to improve quality, choice and coordination between services for people during the end stages of their lives.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A selection of quality assurance checks and audits were being carried out to review quality and safety in care. This included spot checks of staff practice, night checks, whether call bells were answered promptly, environmental checks and that people were cared for according to their preferences. However, not all of these checks were effective.
- Environmental safety audits had not identified some of the risks found during inspection. Improvements were needed to ensure daily checks of the premises were effective so timely action could be taken to address and mitigate potential risks to people's safety. Hazardous chemicals were not always stored safely and wardrobes not fitted to the walls posed a risk of accidental harm or injury.
- The provider had recently employed three new members of management staff to focus on quality assurance and clinical governance. Whilst areas of improvements had been identified by the management team, time was needed to allow new governance systems to embed and become a robust system to support the continuous review of quality and safety in care at Quinton House.
- Quality assurance checks and oversight of risk in assessment and care planning had not identified a person with a latex allergy spent a period of time being tested with standard issued PCR tests, against government guidance. These checks had also not identified that catheter passports, which monitor catheter changes, reasons and emerging risks, were not routinely kept up to date.
- A fire authority audit had recently been carried out at the provider's request. The audit identified actions were needed to ensure suitable measures were in place to reduce the risk of fire within the home. The provider was prioritising these recommendations and making necessary changes to ensure compliance with fire safety.
- There was a focus on driving improvements in staff development and training to ensure staff remained up to date with best practice. For example, a member of the clinical care management team had planned further training for staff in catheter care and managing end of life medicines.

Working in partnership with others

- The provider developed strong links and partnerships with the local village community.
- They acted as host for some community groups including 'Nosh and Natter' and planned to work with them to provide hot meals to older people who lived locally. The home sponsored the local football team and worked with Macmillan on fundraising with tea and coffee mornings.
- The provider worked in partnership with the local hospice so staff could receive specific training in end of

life care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to give their feedback on care through online care home review forums. Improvements were recently implemented to help people provide feedback by introducing 'smiley faces' on feedback forms. In response to some feedback about food, changes were made to food choices and portions.
- People and their families were encouraged to share their views and participate in the design and re-decoration of both private and communal areas of the home.
- Annual staff surveys were carried out to promote engagement and gather views to support continuous improvements. Staff were encouraged to share their views during staff meetings, which provided a more regular opportunity to encourage their participation.

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

- We were notified of incidents and events that occurred at the service in line with regulatory requirements.