

Quinton House Limited

# Quinton Gardens

## Inspection report

Quinton House  
Lower Quinton  
Stratford upon Avon  
Warwickshire  
CV37 8RY

Tel: 01789720247

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Quinton Gardens is a care home providing accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury care for up to 35 people. The service provides support to younger and older people, who may live with dementia, physical disabilities, sensory impairment or mental health needs. At the time of our inspection there were 33 people using the service.

### People's experience of the service and what we found:

We found no evidence of harm to people, but risks to some people could be further reduced. These included risks in relation to the premises and how people's safety needs were managed. We identified some items of equipment required replacing to reduce risks to people further. Action was taken to address this. The provider took immediate action to start to address these. Staff know how to protect people from abuse and staff were recruited safely there were enough staff to care for people.

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 to have the medicines they needed to remain well. Systems were in place to take learning, should anything go wrong with people's care. Staff were supported to maintain good infection control through training and supplies of PPE.

There had been significant changes to the leadership at the home and the checks the provider is making so they can be assured people are receiving good care, and that areas of improvement are promptly identified and actions addressed. There was an open culture at the home which encouraged people, relatives, and staff to make suggestions to improve people's care further. Staff had developed good working relationships with other health and social care professionals, which promoted people's well-being. People were achieving good outcomes, such as desired increase in weight, and people were now less anxious.

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

### Rating at last inspection

The last rating for this service was Good, published 14 November 2017.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remain good based on the findings of this inspection.

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

#### Follow Up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe 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 Gardens

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors on the first day of the inspection, and one inspector on the second day of the inspection.

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

#### Registered Manager

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

#### Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We asked the Integrated Care Board and Healthwatch for any information they had which

would aid our inspection. Integrated Care Board together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 2 relatives about their experience of the care provided. Additionally, we spoke with 9 staff members including the deputy manager, senior carers and a member of the housekeeping staff. In addition, we spoke with the nominated individual and a provider representative. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a health and social care professional who regularly visited the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care plans and multiple records of medicines administration. We looked at a variety of documents relating to the safety of the home and the management of the service, including quality monitoring checks. We confirmed the safe recruitment of 4 staff members.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- We found no evidence of harm to people, but risks to some people could be further reduced. For example, in relation to the management of the premises and equipment and systems used to ensure people's catheters were changed at required intervals. In addition, we found risks associated with the use of hoist slings, which may increase the risk of skin damage, had not always been thoroughly assessed.
- The provider gave us assurances these areas would be addressed without delay. On the second day of the inspection, we found action had been taken to either address, or start to address, the areas we had highlighted.
- Other areas of people's safety was managed well and we found staff had a good understanding of people's individual risks. These included when assisting people to eat, and how to support people when they were anxious, so people would remain safe.
- A relative told us because of the way staff cared for their family member, "I have no worries about [person's name] safety." The relative said their family member was sometimes anxious. The relative went on to say, "They're very good, attentive staff and they really understand dementia. The staff are calm and talk to [person's name], every one of them. They are so patient."
- Another relative said, "I am not worrying about [person's name] safety at all. They have a sensor mat and if they get up in their room they [staff] run. Here they are so attentive. It's such a weight off my mind."

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

- People were safeguarded from abuse and avoidable harm.
- One person told us, "If I had any worries I would go to a member staff, but I have never had to. I feel safe here."
- Staff knew how to identify and protect people from abuse and were confident if they raised any concerns these would be addressed. One staff member said, "[This is] definitely not something we would ignore here. I have never had any concerns [about] staff conduct."
- The provider had systems in place to communicate any concerns to the appropriate agency. This included the local authority, in order to keep people safe.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- One person told us, "There are enough staff for me. You can see there are always staff around." Another person said they used their call bell if they wanted support from staff. The person told us, "You're never waiting long."
- Staff were positive about staffing levels. One staff member said, "There are enough staff, staffing is stable."

We never feel rushed." Another staff member told us, "Turnover of staff is very good [low]. Continuity [of staff] is very important, we need staff to build that therapeutic relationship with people. These are the best staffing levels at a home I have ever seen."

- The provider operated safe recruitment processes.
- The registered manager undertook checks on potential staff before they were allowed to work with people. These included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported to receive their medicines safely.
- People were administered their medicines by staff who had received training and had their medicine competency assessed, to ensure they followed correct procedures.
- Staff ensured people's medicines were securely stored and disposed of.
- People's Medication Administration Records (MAR) showed people's medicines were administered as prescribed.
- People were supported by staff to have additional medicines if they needed them.

#### Preventing and controlling infection

- People were protected from the risk of some infections as staff were following safe infection prevention and control practices. However, we identified some infection control risks. The fabric on some people's chairs was ripped which exposed the inner foam and the wheels were dirty. This had been addressed by the second day of our inspection.
- Housekeeping staff undertook regular cleaning at the home and the home presented as clean.
- Staff were supported to provide good infection prevention control through training and supplies of appropriate personal protective clothing and equipment. One staff member explained how they put their training into practice. The staff member said, "We had an outbreak of covid last week. Four people had it, but we contained it to those 4, which was hard trying to isolate dementia residents, but we managed it."

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- People gave us examples showing how they had frequent visitors of their choice, and relatives said staff made them welcome when they visited their family members. One relative told us, "I can [visit] when I want."

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Findings from incidents and accidents, and changes in people's care needs, were communicated to staff in an open way. This included at meetings, to inform the further development of the care provided to people and staff practice.

#### Is consent to care and treatment always sought in line with legislation 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.



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

- The provider was working in line with the Mental Capacity Act and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Senior staff knew if conditions relating to DoLS authorisations were in place, and these were being met. The provider planned to ensure information relating to people's DoLS was consistently recorded within their systems, to make access to the information easy for staff.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. The checks undertaken 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

- At the previous inspection we found some improvements were needed to how the home was run. These included in relation to the management of medicines given covertly, use of CCTV, the CQC rating was not displayed at the location and a registered manager was not in post, as required. At this inspection, we found improvements had been made in these areas.
- However, there had been significant changes to the leadership at Quinton Gardens and a new provider was now responsible for how the service was run. Governance systems needed to be further embedded as these had not identified the concerns we found at this inspection, or always driven through improvements promptly. For example, in relation to premises and infection control risks we identified. In addition, systems to ensure people's catheter changes were accurately planned were not always effective. Catheters must be changed within 12 weeks to prevent this risk of complications and infection.
- The provider was introducing new checks so they could be assured people received safe, quality care. This included auditing people's care plans. However, the full range of audits had not yet been introduced, and insufficient time had passed to evidence how effective these were. For example, checks had recently been undertaken on people's care plans, but the actions identified had not yet been completed.
- Some care plans did not always contain enough detail to guide staff. For example, care records did not contain information about people's sling sizes or contain a detailed risk assessment, where people spent significant time sitting on their slings, to reduce risks to people. This level of guidance is required to support staff to care for people safely.
- We found no impact on the care people received arising from these concerns. The provider took immediate action during and after the inspection in response to the feedback we provided.
- Other people's risk assessments and care plans did provide staff with the information they needed to provide good care to people. This included guidance for staff to follow to promote people's recovery when people were anxious.
- Staff told us they knew how they were expected to care for people through regular communication with senior staff.

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

- There was a positive and open culture at the service. One person told us about the impact of the positive approach taken by staff, which encouraged them to lead the life they wished. The person said, "I go every day downstairs and it is lovely. It is like my home here. I like the fact I can go where I want. I feel very well

looked after."

- Relatives were complimentary about the way staff consulted them about their family member's care. One relative told us this was irrespective of which staff member spoke with them. The relative said, "I have no problems and am comfortable to talk to them all." Another relative told us, "If you have problems, they [staff] sort it out, they communicate. [There is a] happy family feel here, and staff interaction is always positive."
- Staff were encouraged to work together to benefit people living at the home. One staff member said, "It is great [working] here. I like it, as we are a big family. The teamwork is amazing, with good communication all round. Management help us if we need anything. They keep us updated with everything. Any concerns we can go to them. It is a very open culture." Another staff member told us, "The first thing that struck me is the staff morale. Everyone works together. Everyone is happy coming into work."
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Relatives were complimentary about the impact of the care their family members received. One relative told us their family member had been very anxious when they first moved to Quinton Gardens. The relative told us after a short period of time their family member was more settled. The relative said this was because, "Here they are dementia specialist and the staff are damn good." Another relative highlighted how much their family member's physical health had improved. The relative said, "I was so concerned as [person's name] was losing so much weight. They came here and are gaining weight. It is very, very good here."
- Staff gave us examples showing people's outcomes had improved since moving to the home with support from staff. One staff member said, "We have no pressure sores here. [Person's name] came with very bad pressure sores, but they are now stable, and drinking well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. People told us they were invited to comment on the running of the service through direct discussions with staff and during their care reviews. One person told us they were involved in decisions about their own care. The person told us if they had any suggestions to make, "Staff listen and try and help me. The staff are all lovely. We are pretty lucky living here."
- Relatives said their views were welcomed and they felt partners in their family member's care. One relative told us staff invested time, to gather their views. The relative said, "[Staff member's name] is brilliant. They will spend time with me and sit with me. I haven't had a problem at all."
- The provider planned to introduce residents and relative surveys so they could capture additional feedback from people and their family members.
- The views of staff members were gathered through daily and regular department staff meetings. One staff member told us, "We have team meetings, 'ten at ten'. Someone represents each unit. Each department comes so it is really useful as [you] get to know what is going on everywhere else." We saw all staff attending were encouraged to make suggestions for further improving people's care and the running of the home.
- Another staff member highlighted they had opportunities to make suggestions for the running of the home during their supervision sessions. The staff member said, "Supervision is every month, but I can go sooner if I need. We discuss everything."

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; Continuous learning and improving care

- The provider understood their responsibilities under the duty of candour. They knew they had to be open and honest and to apologise if anything went wrong with people's care.
- The provider had started to create a learning culture at the service which improved the care people received.

- Significant events at the home, such as incidents and accidents, medication errors and complaints were investigated, any patterns were identified, so learning would be taken from these. One staff member told us how important it was to ensure all falls were investigated. The staff member said, "It is very important to report and record everything."
- The provider had taken action from our first day of inspection to ensure improvements we had identified had either been made or started to be addressed.

#### Working in partnership with others

- The provider worked in partnership with others.
- Staff had developed very effective links with other health and social care professionals to benefit people living at Quinton Gardens. One health professional who regularly worked at the home told us they could rely on staff following any advice they provided. The health and social care professional said, "I really rate the home, I think the care here is very good and we work well together."
- People were supported to have prompt access to other health services, including their GPs and mental health services, because of the good working relationships developed by staff with these organisations. This helped people to achieve good health outcomes.
- Staff gave us examples of how they advocated for people and supported them in person when they attended health appointments. One staff member told us about the care provided to people attending hospital. The staff member said, "We always send a staff member with [people] as we can with our staffing numbers."