

Freres Limited

Quinton House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected the service on 19 November 2018. The inspection was announced. We gave the registered manager 24 hours' notice of our visit because the service is a small service for four people where people and staff are often out and we wanted to be sure someone would be in.

Quinton House is 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is registered to accommodate two people. Both people were using the service on the day of our inspection visit.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

At our last inspection on 10 February 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. People told us they felt safe. Risks associated with people's needs had been assessed and planned for. Risk assessments were reviewed monthly to ensure they reflected people's most up to date circumstances.

People were supported by a core team of staff who were suitably skilled and experienced staff to meet their needs. The people using the service were supported to be independent and they required mainly prompting rather than 'hands-on' support. People were prompted to take their medicines when they needed them.

Safe staff recruitment procedures were in place and used to ensure that only staff who met the services high

standards worked there. Incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence and protect people from harm.

People continued to receive an effective service. Staff received the training and support that was specific and relevant to people's individual needs. People were advised about the importance of a healthy and balanced diet. Staff supported people with their health needs and accompanied them to health care appointments if required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's independence was promoted and they were supported to make informed choices about their care and support.

People continued to receive care from staff who treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. The people and staff had known each other for several years which fostered a family like atmosphere at Quinton House.

People continued to receive care and support that met their needs. People's needs were assessed and planned for with the involvement of the person and or their relative when required. Care plans were detailed and read by staff when they were updated.

People were supported to pursue their interests and hobbies when they wanted to. Staff respected people's choices about how they spent their time

There was a complaint procedure in an easy to read format that people could access if they wanted to make a complaint.

The service had a registered manager. They carried out checks to monitor the quality and safety of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Quinton House

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 19 November 2018 and was announced. We gave the registered manager 24 hours' notice of our inspection visit because Quinton House is a small service where staff and people are often out and we wanted to be sure someone would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of one inspector. Prior to this inspection visit, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report.

During the inspection, we spoke with the registered manager, the deputy manager and a support worker. We spoke with two people who used the service. We looked at the care plans and records of the four people who used the service. We observed how staff interacted with people.

We looked at staff training records, a range of records relating to the running of the service. These included management audits and incident reports.



Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People told us they felt safe because they and the staff created a family like atmosphere at Quinton House. A person told us, "We all get on with each other. We are one big happy family." The registered manager told us "We are as close to being like a family as we can be."

Staff understood people's behaviours, recognised them as individuals and supported people to respect each other.

Detailed risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, staff knew people well and could recognise signs when people were anxious. They made interventions that distracted people from behaviour that could upset others. This maintained people's safety.

People were supported by a core team of highly experienced staff who they had known for several years. The three staff who were on duty on the day of our inspection had 25 years' experience of the service between them. They had the right skills, knowledge and experience to provide the support people needed. The provider had safe staff recruitment procedures in place that ensured as far as possible that only staff suited to work at the service were employed.

Enough staff were employed. The registered manager had secured the providers agreement that at least three staff should be on duty. This was to ensure that people could be supported to lead active lives and participate in their chosen activities. For example, a person decided they wanted to go out for a walk and a support worker took them out.

People were prompted to take their medicines at the right times. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about why people were prescribed their medicines. A person told us, "I know what my medicines are for and when I should take them." Staff supported people to take their medicines as prescribed by their GP. The registered manager or deputy manager carried out weekly medications audits to check that medicines were safely stored, that there were enough medicines and that people had taken their medicines.

There were plans in place for emergency situations. For example, if there was a fire, people knew what to do in the event of an emergency because they had a personal emergency evacuation plan in easy to read

formats they could understand.

The environment was clean and tidy and staff followed best practice to prevent the spread of infection.

Fire safety and other checks were carried out to ensure the safety of the premises.



Our findings

Staff had received training that was specific to the needs of the people who used the service. This, and their long experience of supporting the people, meant that staff had an in-depth knowledge of people's needs and preference. The staff worked well as a team and supported each other. They had regular meetings with the registered manager when they had the opportunity to discuss their learning and development needs and their performance.

People were encouraged to have a healthy and balanced diet. They were supported to select healthy options when they shopped on-line for food. Staff involved people in unpacking food deliveries because this contributed to the sense that Quinton House was a family home where people were involved. A person told us, "We choose what food gets delivered. We try new things. I never used to like coleslaw, I love it now. We put the food away after its delivered. We have lovely meals."

People had been shown how to use kitchen equipment to participate in preparing meals. They and staff ensured that food items that were beyond their use by date were removed.

Staff kept a diary of healthcare appointments to ensure that people attended them. Staff were knowledgeable about people's healthcare needs, they prompted people to make and attend healthcare appointments. This meant that people had access to the full range of healthcare services they required. The premises and environment met the needs of people who used the service. A person told us, "I like my room, its big, I love it." People's rooms and communal areas were furnished to their taste.

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 with appropriate legal authority. 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.

We found that staff sought people's consent before care and support was provided and staff respected people's choices if they declined support. Staff understood the principles of the MCA, for example people were presumed to have capacity to make decisions about their care and support unless there was evidence

to the contrary. Mental capacity assessments were 'decision specific' and staff made best interests decisions only where people were unable to make decisions themselves, for example in relation to their medicines and aspects of their personal care.



Our findings

The service's stated aim was to 'Treat all service users as individuals and provide respect and dignity that we would ourselves expect.' This was shared with people by a mural on a wall in a communal area that said, 'Help each other, respect one another, be happy, laugh a lot, know you are loved.' People told us they felt part of a family at Quinton House. A person wrote in a response to a satisfaction survey the registered manager carried out in August 2018, 'I would like to say that I love all the staff and they help me a lot and they make me happy.'

Treating people with kindness was key to everything staff did at Quinton House. People and staff developed caring and understanding relationships because people were supported by a core team of five staff each of who had several years' experience of supporting them. Staff supported people to respect each other and it was evident that they did. They spoke about each other in respectful terms and knew about each other's interests and hobbies. A person bought a train model for a person they knew liked trains.

The registered manager and staff knew about the people and things that were important to them, for example maintaining contact with family and relatives. Staff supported the people to visit relatives or to receive visits from them. They also supported the four people to get on well and it was evident from how people spoke about each other that this contributed to the family like atmosphere. A person told us, "We keep each other company, we know our birthdays. We all get on well together." Staff showed their kindness to people. For example, the deputy manager ate sandwiches, engaged in conversation and watched a television programme together. Another person who wanted to go out for a walk whilst it was raining was supported to do this. The support worker ensured the person was dressed to keep warm and dry. This showed that staff had time to engage with people in meaningful ways that respected people's choice.

Staff had 'gone the extra mile' with their kindness. When staff had their holidays, and saw items they knew people collected they bought them for people.

People were encouraged to be involved in making decisions about care and support. People had written parts of their care plan which included details of what they liked and what was important to them. People were encouraged to express their views at monthly reviews of their care plans and at meetings involving all four people.

Each person had a key worker. A keyworker is a member of staff who is given specific responsibility for the care and support of a person. Key workers contacted people's relatives to keep them informed about things

that affected people. A relative had written on their response to a survey, 'We have peace of mind [person] is being so well looked after. We couldn't have managed without you.'

Staff respected people's privacy. When people spent time alone, for example reading, they were not interrupted. A person who came into a room where we were to read told us, "I like it here. I can do what I like." When people required support with personal care this took place only in the privacy of their room. People's records were securely stored and were accessible only to authorised persons.



Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process as much as they wanted to be. Their preferences about the way they wanted to receive care and support were carefully recorded. People's care plans were detailed and provided staff with an in-depth insight into them. Staff were knowledgeable about people's needs which was evident when we spoke with them.

People were supported to follow their interests and hobbies. Every person had interests that were unique to them and they were supported to follow them. For example, a person who liked steam trains was supported to have a collection of railway models and staff bought them railway magazines. People who liked models were supported to attend toy fairs. A person was supported to add films to their collection. People evidently enjoyed talking about their hobbies with us. One told us, "I like trains" and showed us the magazine they were reading. Another person told us about their film collection and aeroplane models they had made. A person who was interested in recycling household items to make models was supported to do this.

People were involved in meaningful tasks domestic tasks which promoted their independence. Each person had responsibility for cleaning their room. If they wanted to they supported staff with tasks such as washing-up after meals, tidying communal areas. A person had been supported to achieve independence to the extent that they had paid employment they evidently enjoyed. People attended a local day centre and college where they were taught skills like cooking, gardening and recreational pastimes such as writing and drawing. We saw a picture a person had drawn of Quinton House on display. People told us they planted flowers in garden at Quinton House.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. People had access to their care plans, parts of which were in an easy to read format.

The provider's complaints procedure was accessible to people because it was an easy to read format. People told us that if they had any concerns they would talk with the registered manager. No complaints had been made since our last inspection. The complaints procedure included a CQC address that was out of date and did not include reference to the Local Government Ombudsman (LGO). The LGO is the where a

person may refer a complaint if they are not satisfied with a response they receive to a complaint. The registered manager updated the procedure on the day of our inspection visit.

The provider had procedures for recording people's preferences and choices for their end of life care if they consented to that.



Our findings

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.

The registered manager understood the responsibilities of a registered manager. They knew about what types of incidents occurring at the service they had to let CQC know about. We pointed out the provider's statement of purpose (SoP) included out of date information about which agencies were involved in complaints. A SoP is a statement of aims and objectives that all providers are required to have. The registered manager arranged to submit a notification of change to the SoP.

There was a clear vision and culture that was shared by the registered manager, staff and people using the service. It was evident that staff and people were involved in developing a service that was friendly and family like. A person told us, "This is our home." The registered manager and staff had an in-depth knowledge of the people and used this to provide consistently good care and support. People's relatives acknowledged this in their feedback to a survey. Their comments included, 'First class team, very approachable easy to talk to always made to feel welcome' and 'Excellent, caring and professional team.' Relatives acknowledged that the service had made a difference to people's lives. One wrote, '[Person] has come on leaps and bounds with your first-class support.'

There were effective arrangements for monitoring the quality of the service. The registered manager had a programme of weekly and monthly audits to completed. These included checking that people's care plans and records were up to date and included evidence that that people's needs were being met. Checks were made that the premises were safe and comfortable. The registered manager reported their findings to the registered provider who regularly visited the service to assure themselves that it was well run.

The latest CQC inspection report rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.