Quinton House Limited

Quinton House

Inspection report

Lower Quinton
Stratford Upon Avon
Warwickshire
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Tel: 01789720247

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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

This inspection took place on 27 September 2017 and was unannounced.

Quinton House is a three storey nursing and residential home which provides nursing care to older people including people who are living with dementia. Quinton House is registered to provide care for 27 people and at the time of our inspection, there were 18 people living at Quinton House.

At the last inspection on 1 September 2015 the service was rated Good. At this inspection, the service continues to be rated Good. Since the last inspection the provider had made a lot of improvements to the service and was working towards a possible 'outstanding' rating in the future.

There was no registered manager in post. The registered manager left the service on 15 September 2017. 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 provider told us they were in the process registering with us to become the registered manager themselves.

We received some extremely positive feedback from people who lived at Quinton House, and their relatives, about the staff who cared for them and the support from the provider. People told us they were very happy with the care they received. They said staff were, excellent, extremely caring and had made a positive difference to how they lived their lives.

Care and nursing staff were highly motivated to provide a good service to the people they supported. Staff sought people's consent, regardless of their capacity and provided additional support to some people who had health conditions that had deteriorated over time. People's right to make their own decisions about their care, were supported by staff who understood the principles of the Mental Capacity Act 2005.

People received care which protected them from avoidable harm and abuse. Staff had completed training in safeguarding people and knew how to recognise and respond to abuse. Risks to people's safety were identified and assessments were in place to manage identified risks. Staff received training to support people to take their medicines as prescribed.

The provider took appropriate steps to recruit staff of good character and recruited staff who shared their same passions and philosophy of providing good standards of care.

People were involved in the planning of their care, and care plans focused on the individual's preferences and how they would like their care delivered. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed. People's care and support needs were kept under review and staff responded when there were changes in these needs.

The service remained responsive to people's needs and wishes. People were provided with care and support that was individual to them. Staff respected people's privacy, dignity and continued to promote their independence, which people valued.

People received meals and drinks that met their individual dietary requirements. Anyone identified at risk of malnutrition or dehydration, were monitored over a period of time so if concerns were identified, advice and treatment could be requested.

People were encouraged to raise concerns and make complaints and they were confident these would be listened to and responded to promptly. The management team used feedback from people to assist them in making improvements to the service.

Staff told us they were very happy in their work and they received excellent support from an experienced management team, who were always available to give advice. Staff were clear about their roles and responsibilities and had regular supervision and observations of their practice to make sure they carried these out safely.

Feedback from people and their representatives were continually sought and used as an opportunity for improving the service people received. There continued to be effective and responsive processes for assessing and monitoring the quality of the service provided.

There was a clearly defined management structure which the provider had increased since our previous inspection. The management team worked well together and were committed to providing a high quality service to people. The provider had a clear vision for the development of the service and demonstrated a commitment to implement best practice and improved technology to drive improvements. The provider and staff were passionate about delivering a good service and were working towards providing an outstanding service.

Before they left the service, the registered manager had submitted a Provider Information return (PIR) to us and they and the provider understood their legal responsibility to notify of us of important and serious incidents.

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? The service remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well led.	**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 inspection visit took place on 27 September 2017 and was unannounced and consisted of two inspectors and an expert by experience, (an expert by experience is someone who has experience of caring for people who use this type of service). We also had a specialist nurse support us at this inspection so they could inspect the nursing and clinical care provided.

We reviewed the information we held about the service. Prior to this inspection, we received information that suggested staff's moving and handling techniques may not be correct. We looked at this, as part of this inspection. We also looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

To help us understand people's experiences of the service, we spent time during the inspection visit observing and talking with people in the communal areas of the home. This was to see how people spent their time, how staff involved them in how they spent their time, how staff provided their care and what they personally thought about the service they received. We spoke with nine people who lived at Quinton House and eight visiting relatives. We spoke with the provider (owner of the home) a deputy manager, two nurses, four care staff, an activity co-ordinator and a kitchen porter.

We looked at four people's care records and other records, including quality assurance checks, survey

results, compliments, complaint records, training records, medicines, nutritional charts and incident and accident records.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People felt safe living at Quinton House. One person explained why they felt safe, "They walk with me at the moment because I don't feel confident alone." They told us this gave them confidence.

There were enough staff to support people safely, provide person centred care and respond promptly to people's requests for support. One person told us, "I've got a bell by my bed, we all have. They always come straight away when I call." People's needs were assessed and the provider and staff were confident, there were enough staff. In future, the provider said additional staff would be on duty if a need was identified and if anyone required one to one support, this was put in place without delay.

The provider's recruitment procedures included making all the pre-employment checks. One new member of staff told us they were given the opportunity to look around the home before they accepted the position to ensure the home was right for them to work in. The provider said the key to good care, was good staff and they were proud of their staff team and felt they had the right staff in the right positions.

Staff were clear about their responsibility to report any concerns people might be at risk of harm or abuse. They told us they were confident the provider would address any concerns or bad practice they reported. Staff were aware of the whistleblowing procedure and which external organisations they could report concerns to if they felt appropriate action had not been taken. One staff member told us they would act immediately if they had any concerns about another staff member's practice and explained, "I would ask them to stop. I would then go to my nurse or manager. If they didn't sort anything out I would have to call the CQC." Another said, "I would report it first. If it didn't go anywhere I would phone the (whistleblowing) number on the board."

We specifically asked what equipment staff used to move people in bed, because we had received information suggesting staff practice was not correct. Staff said they would use a slide sheet and we asked what they would do if they saw staff not using appropriate equipment. Staff responded, "I would stop them and show them the right way to do it. I would have to report it to the nurse as well." The provider had recently, and continued, to install ceiling track hoists into people's bedrooms to help to help staff move and transfer people safely. We did not see anyone being moved in their rooms, however staff were trained in moving and handling and we did not observe any poor practice in communal areas.

Risk assessments and management plans identified potential risks to people's health and safety and provided guidance for staff to keep people safe. This included risks of falls, not eating or drinking enough and skin damage. One person was at high risk of falls and their care plan stated staff should prompt them to walk with their frame and encourage them to slow down. Our observations confirmed staff were aware of, and knew how to manage this risk. This person could also become anxious which could escalate into behaviours that could become challenging. Their care plan stated that one of the triggers was when they

could not locate their handbag. We saw staff made sure the person had their handbag with them and provided reassurance that it was always near to hand. Risk assessments were reviewed monthly and linked to each other, for example, nutritional risk management plans linked to the plan to keep people's skin from damage due to immobility and unrelieved pressure.

A staff member told us that incidents and accidents were analysed to prevent them occurring again. "We are trying our best to keep them safe. If a person falls we try and think why it happened. We assess them to try and make sure it doesn't happen again." One person had experienced a high level of falls and now had 'one to one' support during the day to minimise the risks. They had a motion sensor at night which alarmed and alerted staff if they attempted to get out of bed unaided.

Maintenance and safety checks had been completed. These included safety checks of utilities and water safety. Records confirmed these checks were up to date. In addition, there was a fire risk assessment and regular testing of fire safety and fire alarms so people and staff knew what to do in the event of a fire. People who used the service had Personal Emergency Evacuation Plans (PEEPs) which would provide emergency personnel with vital information about people's mobility needs in case of emergency.

Medicines were stored and administered safely. People told us they received their medicines as prescribed. Medicines Administration Records (MARs) recorded when people had taken their medicines and daily counts by trained staff made sure medicines were given as prescribed. MARs were completed correctly. Guidelines were in place for people who needed 'as and when required' medicines, such as pain relief. This ensured they were given safely and consistently by staff. Body maps were completed to show staff where topical creams should be applied and it was clear how often they should be applied. Records demonstrated staff followed the guidance which helped protect people's skin from damage. We found for people whose medicines needed to be crushed or given outside of manufacturer's guidelines, there was no information from the pharmacist to support safe administration practice. We were satisfied staff followed GP advice, but staff agreed to consult with the pharmacist to ensure medicines continued to be given safely.

Good

Is the service effective?

Our findings

Staff continued to have the skills, experience and training to effectively meet people's needs. People continued to be supported by staff who respected their decisions and understood how to protect their rights. The rating continues to be Good.

The training, development and investment in staff had improved since the last inspection.
People were supported by staff who were trained and competent to meet their needs and promote their welfare. Staff had received training specific to the needs of people living in the home including dementia care, palliative care and effective communication. Staff had completed 'Respect' training. This teaches staff how to use positive and ethical approaches to the prevention and management of behaviours that challenge, aggression and violence. Staff told us this training helped them respond calmly and positively to any challenging behaviour. During our visit we saw the atmosphere was calm and relaxed and staff responded immediately if anyone showed signs of anxiety to stop it from escalating further.

New staff received a detailed induction which included working alongside more experienced staff. One new member of staff told us the support continued once they had completed their induction, "There was always someone there to reassure me." Staff had regular supervision and an annual appraisal. Staff felt very supported in their roles and were encouraged to obtain further qualifications in health and social care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where restrictions on people's liberty had been identified, the appropriate applications had been submitted to the authorising authority. When there had been a delay in the authority deciding the application, these had been followed up by the provider.

Care plans recorded where some people had power of attorney (POA) for their family member (A POA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf). This identified whether this was power of attorney for finances and/or health and welfare. Information was available in communal areas in an easy read format about the MCA and DoLS and what it meant. This was so people and visitors could improve their understanding of the provider's responsibilities under this important piece of legislation.

Staff worked within the principles of the MCA. They gave people choices and respected the decisions they made. One member of staff explained that if someone refused personal care, "I would give them 10 to 15 minutes. I would then knock on their door and ask again. It is their choice at the end of the day." They also said they would ask another staff member to offer support and explained, "When you change (staff) faces, their response could be different." During our visit we saw staff offering people choices, for example whether they wanted salt and pepper and mint sauce on their roast lamb lunch.

People enjoyed the food, one person said, "There's a good choice of food. It's not a set menu that rotates so

it doesn't get boring." People were asked what they would like to eat the following day out of three choices, one of which was a vegetarian option. People could change their mind if they decided they would like something different. One person who was reluctant to eat their meal when it was served to them. Two different staff tried to encourage them but they still declined. They were offered a bowl of soup instead which was quickly brought to them which they ate. People were offered regular drinks and staff understood the importance of encouraging people to drink enough to prevent them becoming dehydrated.

Some people were at risk of not eating and drinking enough and were on food and fluid charts to record their intake. We saw the amount of fluid people needed to drink was calculated each month based on their weight. Fluid charts were completed, and recorded how much people had actually had to drink and a running total maintained. This meant staff could quickly identify when people needed to be encouraged to drink more. The records for one person demonstrated they regularly achieved their target for fluid intake which helped to keep them healthy. Food charts were completed accurately, although on occasion's staff only recorded 'pudding' instead of what pudding the person had eaten.

The provider had recently been awarded a 'Heartbeat Award' from the local council for providing healthy food choices and maintaining very high standards of hygiene. The provider told us menu choices were reviewed regularly to incorporate religious celebrations.

People had access to other healthcare professionals to support their wellbeing and maintain their health. Records confirmed staff supported people to access appointments and advice from a range of health professionals including the chiropodist, physiotherapist, dietician, audiologist and members of the mental health team. The local GP visited the home regularly. Health professionals recorded their advice within people's notes which staff followed. The provider had quarterly meetings with the GP and pharmacy to ensure good relationships and communication were maintained.

Good

Is the service caring?

Our findings

At this inspection, we found people continued to have their privacy and dignity upheld and they remained very happy with the staff who supported them. The rating continues to be Good. The provider felt their staff often went above and beyond what was expected of them and the provider was working towards an outstanding rating.

People were complementary of the staff and provider and their comments showed they appreciated how caring staff were. Comments were, "I have a good relationship with the carers" and "The girls are very caring – the boys as well come to that…they ask about my family." When referring to gender specific care staff, one person said, "You can use any carer, they are all good. It doesn't really matter because they all know me well."

People were cared for by staff who enjoyed working at Quinton House and their role in caring for people. One staff member told us, "It is lovely, beautiful. It is a friendly place. It is a lovely feeling to be appreciated by people." Staff understood the value of providing people with an environment that was warm and friendly where people felt relaxed and at home. Staff told us they felt appreciated by people living at the home, as well as their peers and the provider. One staff member said, "It is lovely, more like a family. When you make it like a family you don't feel as though you are going to work." The provider was proud of the care staff provided, saying, "Most of our staff go above and beyond. For example, if our residents needed something, they would be with them and help out in their own time."

Staff told us they had time to sit with people and have meaningful conversations with them. They told us that giving people time was an important part of building caring relationships with them. "We know them better and they know us better. We can talk to them about those important things in their lives. We are making a connection with them." "You can always find time to sit and talk with people. They need that attention. Talking to them makes them feel better and that they are not alone and they are safe with us."

The provider was passionate about providing good quality care to people. Their passion was shared by the nurses, senior and care staff who we spoke with. All were enthusiastic in their desire to provide the best quality of care to people. The provider was keen to recruit staff who demonstrated caring qualities and they acted as a role model for caring engagement with the people who lived in the home. One staff member told us, "What is the point of being a carer if you don't care. That's [provider's name] main concern. He says 'if you don't care, why do you want the job'." Another said, "He will do his work and then come down and chat to people and see everything is flowing properly." Another explained, "All the staff, domestic, carers, managers, we have that relationship and good communication."

We saw staff offered people physical reassurance. For example, one person was asleep. A staff member gently rubbed their arm so they did not wake with a start. One person had 'one to one' support because they were at high risk of falls and anxiety. We saw staff who supported the person, acted as a supportive friend rather than someone monitoring the person's behaviours and movement.

Staff were sensitive to people's anxieties around receiving personal care. They ensured people were treated with respect and promoted their dignity and privacy which helped people to be more comfortable. One staff member explained, "They need privacy. We talk to them and explain each step and we always cover them with towels."

At lunchtime we saw staff were kind, gentle and considerate when supporting people who could do things for themselves or those who needed help or prompting. One staff member supporting people said, "[Persons name] …Is it alright if I wipe your hands before lunch?" We saw a care staff member wiped hands for everyone on one table using wet wipes but offered wet wipes at another table for people to do this independently. We saw a person refused lunch at first but the staff member offered again a few minutes later and their lunch was brought to the table. The staff member helped to feed the person, at a pace suitable to the person's abilities.

Staff supported people to have those 'special moments' they really enjoyed and took pleasure in. For example, one person liked to spend time with a favourite drink in the sensory bath with the lights, bubbles and music playing.

There was a sense of community within the home. People and staff had joined together to raise money for a local hospice and some staff had taken part in a 'sponsored zip wire' event to raise money for the Alzheimers Society.

People could have their own personal belongings and mementoes in their rooms to help them feel at home. Some people had chosen to have their own phones in their rooms to maintain contact independently with family and friends.

Good

Is the service responsive?

Our findings

We found management and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Care plans were detailed and provided information about how staff were to support people centred on the person's individual wishes and preferences. Staff followed this information. For example, one person had a hearing impairment in one of their ears. It was vital they always had their hearing aid in to ensure they could communicate with staff and other people. We saw the person was wearing their hearing aid on the day of our visit.

Care plans were personalised and the care plans we looked at contained very detailed life histories. For example one person's care plan stated they liked to be up early each morning because they used to live on a farm. This information was captured in a snapshot outside people's bedrooms which informed staff about the person, their interests, favourite meals and drinks and those people who were important to them. Staff understood the value of knowing about people so they could respond effectively to any changes in their physical or emotional wellbeing. One staff member told us, "Some have behaviours (that challenged) and you will know why they may act like that." Another said, "We can talk about something they like and it will change their behaviours."

The service used a 'resident of the day' system when there was a holistic overview of that person's care. Records confirmed people and those closest to them were involved in regular reviews of their care and family were informed of any changes in people's health or wellbeing.

People were offered the opportunity to join in different activities. Some activities promoted physical activity and others provided mental stimulation, such as crafts and flower arranging. During the afternoon some people joined with others from the provider's other home (Quinton Gardens situated next door) to enjoy a game of bingo. Six members of staff joined the game to support those people who had difficulties participating. There was lots of laughter and enjoyment and people enjoyed the prizes they won.

There were items to interest and engage people as they walked around the home. For example, daily newspapers and up to date magazines for people to read. There were posters with different types of birds so people could enjoy looking out of the window and identify the birds that visited the garden. There were interesting facts about events that had occurred in the month of September displayed in communal areas. These were changed each month to prompt conversations between people and their visitors. Photographs of people being involved in fund raising was evident in communal areas. A photo board showed people, the provider and staff at a fete and a cheque showed how much was raised and for which 'good cause'.

There were well maintained gardens where people could visit on days when the weather was good. For those with an interest in gardening, there were raised flower beds so people with mobility issues could still enjoy potting and growing plants.

Following our visit, the provider wrote to us saying, "Community is an important part of everyday life at Quinton House, we have regular visits from the local nursery and primary school to bridge that gap between young and old." We saw how staff engaged with the local community. The village choir visited several times a year to entertain people as well as the local amateur dramatic group. On the first Thursday of the month nursery children came in to do jigsaws, draw and sing nursery rhymes with people. Some people were taken to the local church and some were taken to the village fete. A vicar visited once a month to give Holy Communion.

For those people who chose to stay in their room or were being cared for in bed, activities staff did room visits to chat and go through their memory boxes with them to reduce the risks of social isolation. The provider said families and friends played a large part in creating reminiscence boxes for our people to support and evoke memories.

The complaints process was displayed in the communal areas of the home and was included within the service user guide given to people when they moved into the home. Staff told us they would support people to pursue a complaint if they raised any concerns with them. "If they wanted to make a complaint I would let the nurse know or I would go straight to [provider name]. He is friendly with all the families and they know him quite well." Most people and relatives told us they had not needed to make a complaint. When a complaint was made, one person said, "I can't find fault with this place. If I find something wrong they go to fix it straight away…such as finding lost laundry."

Records showed that if people did make complaints, they were recorded and investigated. The last complaint was in November 2016 and the outcome was shared with the person who had made it, and was resolved to their satisfaction.

Good

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led by a provider who was passionate and committed to providing a good quality service. The rating continues to be Good. Since the last inspection improvements had been made to the governance and management of the service and the provider was working towards becoming an outstanding service.

Staff consistently spoke highly of the provider and their enthusiasm for providing a high standard of care to people who lived at Quinton House. They told us the provider took time to get to know both staff and people so they had a good understanding of what needed to be done to deliver good quality care. Comments included: "I think he is a good boss because it is more like he is working with us. He is always in handovers (staff handover meeting). He will always be there and find solutions to any problems. He is very involved here." "He is very fair. He will sit there and listen to you. He is one of the best managers I have ever had." "He is a great man. He comes at 7.00am Monday to Friday. He is involved in everything. If we have a problem he listens and he encourages us to talk."

Staff felt there was an open culture within the home where they felt able to report any errors or mistakes, for example in the administration of medicine. One staff member told us, "I would admit I was wrong. I wouldn't leave anything bad to happen to a resident because of my mistake."
Staff said they felt supported and valued in their role. A staff member explained they felt valued because, "I can see from how they (managers) greet me and how they treat me."

Staff told us morale and team work was very good. They understood their role and responsibilities and felt communication between staff was very effective. Staff were invited to regular staff meetings when they were given opportunities to share their views and discuss different aspects of care provision within the home.

The service received positive feedback in the form of compliments: "The kindness, compassion, care and understanding of all the staff was outstanding…all showed respect and empathy towards [relative] which was much appreciated' and, 'You look for high standards – it was certainly the case here'. People, relatives and staff were asked for their views of the service at regular meetings and through quality questionnaires. The vast majority of responses were positive but where there was a negative response it was not clear what action, if any, had been taken. The provider agreed to record this in future results.

There was a system of regular checks and audits. For example infection control, weights, accidents and incidents, wounds, catering and health and safety. We saw evidence of action taken when issues were identified. For example people who had lost weight were referred to the dietician. Unannounced night inspections completed by the deputy manager took place to ensure the same high standards were maintained 24 hours a day.

The provider had a positive approach to examining and auditing processes to identify where improvements were required. They told us, "The more you look at the systems, the better the care will be." Prior to this inspection, the provider contacted us on a number of occasions to see when we were inspecting because

they saw 'independent inspection' as a positive impact on their service. The provider carried out monthly checks of the home under our key lines of enquiries (KLOES). This gave them confidence they were meeting the regulations of the Health and Social Care Act 2008.

The provider had a service improvement plan which was reviewed and updated monthly. We saw one of the areas identified as requiring improvement in the last review was the management of covert medication in the home. Previous areas where improvements had been identified were the recording of the application of topical creams and completion of fluid charts. We identified one action that still needed improvement was the crushing of medicines. The provider assured us pharmacist advice would be sought regarding this. Where risks had been identified, for example MARS not being completed accurately, we saw the frequency of auditing had been increased to identify any issues promptly.

The provider was embracing new technologies to aid and assist better involvement and communication with families. They were introducing a new electronic care plan system. Training in this system was already planned for. Nurses would be trained as super users and were transferring all the care plans on to it. This system would include a 'touch screen' in each room. Families will be able to access records remotely and add photos and comments. People themselves, will be able to use the screens to Skype family.