

Coventry City Council

Quinton Lodge

Inspection report

Quinton Park
Cheylesmore
Coventry
CV3 5HX
Tel: 02476 786733

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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 

Overall summary

We undertook an announced inspection of Quinton Lodge on 15 December 2014. We told the provider two days before our visit that we would be coming.

Quinton Lodge provides housing with care. The unit consists of 31 flats. People live in their own home and staff provide personal care and support at pre-arranged times and in emergencies. At the time of our visit there were 25 people using the service. The unit had three short term tenancies. This provided people with an

opportunity to regain skills after being in hospital and to assess if they were able to return home or needed to move somewhere with more support. There was one person using the short term facility on the day of our visit.

At the previous inspection on 14 November 2013 the provider was meeting the required standards.

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

Summary of findings

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.

People who used the service said they felt safe living at Quinton Lodge. Staff understood their responsibilities around keeping people safe and there were systems and processes in place to protect people from the risk of harm. These included a risk management process, a thorough staff recruitment procedure and an effective procedure for managing people's medications.

There were enough suitably trained staff to meet people's individual care needs. Staff understood about consent and respected the decisions people made about their daily lives. People were supported to maintain their independence and were able to live their lives as they chose.

People were happy with the care they received and said they got on well with the staff that provided their support. Staff maintained people's privacy and dignity when providing care and people said staff were respectful and caring. Care plans and assessments contained information that supported staff to meet people's needs. Staff provided care to people in the way they preferred.

People felt listened to and were confident they could raise any concerns about their care or support. There were processes in place for people to express their views and opinions about the service.

People told us Quinton Lodge was well managed and they were happy with the service they received. There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, staff meetings and a programme of checks and audits.

Summary of findings

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.

Staff understood how to keep people safe and there were processes in place to protect people from the risk of harm. There were safe procedures for recruitment of staff and for managing people's medication. There were enough suitably experienced staff to meet people's care needs.

Good



Is the service effective?

The service was effective.

Staff received appropriate training to support people effectively. Staff understood about consent and people were able to maintain their independence. People were offered support to manage their healthcare needs if they were unable to do this themselves.

Good



Is the service caring?

The service was caring.

People told us staff were caring and respected their privacy and dignity. Staff had a good understanding of people's care needs. People were involved in making decisions about their care and the support they received

Good



Is the service responsive?

The service was responsive.

People were happy with their care and had no complaints about the service they received. Staff provided a personalised service and people were supported to express their views and opinions about the service.

Good



Is the service well-led?

The service was well-led.

The registered manager and the staff understood their roles and responsibilities and what was expected of them. Staff felt supported by the management team and had no hesitation raising concerns with the manager. The quality of service people received was regularly monitored through a series of audits and checks.

Good



Quinton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and Regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Quinton Lodge took place on 15 December 2014 and was announced. We told the provider two days before our visit that we would be coming. We did this so people who used the service could give their agreement for us to visit them and talk with them during the inspection. One inspector and an expert by experience undertook this inspection. The expert by experience had experience of caring for a relative who used a care service.

Before the inspection we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is

information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and asked for their views about Quinton Lodge. They had no concerns about the service.

Before the inspection we asked the provider to complete 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 improvement they plan to make. Our records showed a PIR had not been returned. The registered manager told us they had completed and returned this to us and forwarded an email to confirm this.

During our inspection we spoke with the registered manager, assistant manager and four staff members. We spoke with six people who used the service and two visitors. We looked at care records for four people to see how they were cared for and supported. We looked at other records related to people's care including the service's quality assurance audits, records of complaints and incident and accidents records.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, “Yes, it’s very safe. I would speak to someone in the office if I didn’t.”

Staff had a good understanding of abuse and how to keep people safe. All the staff we spoke with had completed training in safeguarding and knew what they should do if they had any concerns about people’s safety, or if they suspected abuse. For example a staff member told us, “I would report it to the office; they would take the appropriate action.” The registered manager understood their responsibility under safeguarding procedures and had appropriately referred any safeguarding concerns to the CQC and the local safeguarding authority.

There was a process in place for assessing and managing identified risks which included the person’s environment, moving and handling procedures, prevention of falls and medication administration. Risk assessments included information about how risks should be managed to minimise the possibility of harm and to make sure people received their care and support in a safe way. For example, some people had restricted mobility. Information was provided to staff about how to support people safely, such as moving them around their home and transferring them in and out of chairs or bed. Staff understood how to manage risks associated with people’s care.

Accident and incident forms were completed and analysed to identify any patterns so action could be taken to manage emerging risks. For example where people were at risk of falls, equipment had been put in place to alert staff if the person had fallen.

There were sufficient numbers of staff available to meet people’s needs and keep people safe. People told us there were enough staff when they needed them. Comments

included, “Yes there is always someone around,” and “There seems to be plenty of staff here.” All the staff we spoke with said there were enough staff to meet people’s individual needs. Staff told us they had work schedules which identified the people they would be supporting during their shift and the time and duration of the calls. The registered manager told us that staffing could be increased at busy times if people’s needs required this.

There was a system in place to make sure care staff were recruited appropriately and to ensure they were safe to work with people who used the service. Staff told us about the recruitment process and that they had to wait until their police check and reference checks had been completed before they could start working in the home. Records confirmed this.

Some people who used the service needed support to manage their prescribed medication. One person told us, “I take medicine four or five times a day, it’s always on time, very good. Occasionally I’m in pain, I ring my call bell, and they [staff] come in about five minutes”. Where people were supported to take medication this had been clearly recorded in their care plan. Staff completed a medication administration record (MAR) and recorded when medication had been given to show people received their medicines as prescribed. There was a record of prescribed medication in people’s files so staff could check the dispensed prescription to make sure people received all their medication. There was a process in place to check MAR records to make sure people had received their medicines. We looked at three people’s completed MAR there were no gaps or errors. All the staff we spoke with said they had completed medication training and had competency assessments completed to make sure they continued to administer medicines safely. There was a procedure in place that supported people to take their medication safely.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their individual needs. One person told us, “They [the staff] seem very professional; they know what they are doing.”

Staff said they were well supported by senior staff so they could effectively carry out their role and the tasks required. Staff had regular supervision meetings to review their practice and personal development which ensured staff maintained their skills and knowledge. All staff completed an induction programme when they started to work in the service which included understanding policies and procedures, completing training and working alongside an experienced member of staff. Staff told us the training included moving and handling people, safe handling of medication and safeguarding adults training. Staff said they had regular updates in training and were able to complete a vocational training qualification to support their personal development. We were sent a copy of the training matrix following our visit, which showed some staff member’s training required updating. Dates had been arranged to update training that was due. This made sure staff had the knowledge and skills to carry out their role and to meet people’s individual needs

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. All staff spoken with had completed MCA training and understood issues

around people’s capacity to make certain decisions. There was no one using the service at the time of our inspection that lacked capacity to make their own decisions although one person had been referred to social services for an assessment. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. This law has recently been revised to include people who live in their own homes. There was no one using the service that had their freedom restricted or were deprived of their liberty.

Most of the people we spoke with prepared their own food and drinks. “I have my dinner in the lounge but I make my own breakfast and supper. I make all my own drinks”. One person we spoke with required assistance from staff to prepare food and drink. They told us staff arrived at the times arranged to support them with meals and drinks. People had the option of purchasing a meal at lunchtime from the unit’s dining room. There was no one using the service that required specialised diets or their food and drinks to be monitored.

People told us most of their health care appointments and health care needs were arranged by themselves or their relatives. One person told us, “Staff don’t help me with appointments, I ring up myself.” Staff were available to support people to access healthcare appointments if needed. One person said, “If I wasn’t well I would tell the staff and they would get in touch with my sister who would ring my doctor. The optician is organised here so is the chiropodist”. If requested, staff liaised with health care professionals on the behalf of people for example their GP, and arranged routine healthcare appointments with a dentist, optician or chiropodist.

Is the service caring?

Our findings

People were happy with the care they received and said they got on well with the staff that provided their support. One person said, "They are very good in looking after me and doing what they have to do. I feel quite happy and comfortable here". All the people we spoke with said staff were respectful and caring. One person told us, "They are all very caring. They are polite and helpful and always pleasant and respectful".

We were unable to observe care directly but responses from people indicated their privacy and dignity was maintained. People told us, "They make sure the door is shut and I am covered with a towel in the bathroom." Staff told us they gave people privacy when they supported people with personal care, but ensured they were nearby to maintain the person's safety, for example they waited outside the bathroom if they were at risk of falls. All the people we spoke with confirmed staff knocked on the door before entering their homes. One person told us, "They always knock or ring the bell. They don't walk in without asking."

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. People told us they were able to continue to do things for themselves including managing their own medication if they were able to. One person told us "I do everything myself, washing, ironing, cooking. I rarely ask for help". Another person said "Yes they help me to be independent." A relative told us, "They encourage [my relative] to do things for herself."

People were involved in their care and support. Comments from people included, "Yes they involve me in my care and my sister sign things for me," and, "Yes I'm involved and they keep me informed". A member of staff told us, "We always try to involve people with their care. If they're happy, I'm happy." People said they felt listened to and their views and opinions had been taken into consideration in the care they received.

Some people had support from advocates to help them with certain aspects of their lives. For example manage their finances.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as people's health and support needs. This enabled them to provide a personalised service to people.

People told us their support needs had been discussed and agreed with them when they moved into Quinton Lodge. This made sure the service was able to meet the needs of people who lived there. People told us their preferences and choices had been discussed with them and staff provided support in the way they liked.

We looked at the care files of four people who used the service. We saw that people had signed documents that confirmed they had been involved in the planning of their care. We saw people had signed a consent form for sharing information and to allow other professionals, including ourselves, to view their records.

Plans included information about people's preferences and choices. We saw each file contained information about the person's background and family relationships. Staff told us this information helped them to get to know new people and build relationships.

We looked at two people's care files that were kept in their homes. We found people had the same information in plans kept in their home and in the office. This made sure staff had consistent and up to date information about the support people required. There was evidence to show plans were reviewed and updated regularly. Staff had a handover meeting at the start of their shift that kept them up to date about changes in people care.

People said they had been given information about the agency and how it worked. People had a Service User Guide in their home folders that told them about the services provided at Quinton Lodge. All the people we spoke with said they could share their views and opinions

about the support they received. One person said, "They (the staff) always ask if I am ok and how things are going." People told us there was a monthly tenant's meeting they could attend if they wished.

People we spoke with knew how to make a complaint. People knew there was information about making complaints in their home folder. No one we spoke with had made a complaint. One person said, "No, never had to. I've had nothing to complain about." We looked at the complaints records. We saw information to show how complaints had been investigated and what the outcomes of the complaints were. Staff said they would direct people who raised concerns to the complaints procedure. They knew a copy of this was available in people's home folders. Staff said they would also refer any concerns people raised to the staff in the office.

People living at Quinton Lodge had access to a call system that staff responded to between scheduled call times. This meant people could get urgent assistance from staff on site. People confirmed staff responded to call bells. One person said, "I have rung my bell at night. I have big problems, they come straight away". We also saw people who were unable to reach pull cords or were prone to falling wore pendants so they could call for assistance if they needed to.

People had regular meetings and were sent satisfaction questionnaires to obtain their views on the service provided. Completed surveys and records of meetings indicated people were satisfied with the care and support they received.

Two people told us they had raised a concern about the front door. We were told the front door opened outwards and was not automated so you were unable to open this if you used a wheelchair. We saw a person who used a mobility scooter try to access the building, they had to ring the bell and wait for assistance to enter as they were unable to open the door without assistance. The registered manager told us they had recently raised this issue with the landlord as the access to the home did not meet the requirements of the Disability Disabling Act.

Is the service well-led?

Our findings

People told us Quinton Lodge was well managed. Comments from people included, “The home is well managed, it’s very good here,” and, “The home is alright as it is now”.

All the people we spoke with were satisfied with the service they received. People told us, “All the staff do their job very well.” People described the management of the home as open and friendly. One person told us, “The atmosphere is very nice. We are quite happy”.

The service had a clearly defined management structure in place. The manager was registered with us and understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications required by our Regulations. These are events the provider needs to let us know had happened in the service. The registered manager had responsibility for managing two services. The assistant manager deputised in the registered manager’s absence. People we spoke with knew there were two managers, “Yes, I know the manager but I don’t remember her name.” A relative told us “I have spoken to the manager occasionally, he is around the building. It seems very well managed”.

All the staff we spoke with understood their roles and responsibilities and what was expected of them. Staff told

us they had regular supervision meetings and their practice was observed to make sure they provided care and support in line with policies and procedures. Staff had meetings and handovers that made sure they were provided with updates about people’s care as well as information about changes in policies and procedures. Staff knew about whistle blowing and said they would have no hesitation reporting poor practice to the registered manager. They said they felt confident concerns would be thoroughly investigated. Staff said the service was well managed and there was always someone available in the office to give advice and support.

We saw there was a process in place to audit records to make sure people were receiving the care as outlined in their care plans. This included audits on medication records and three monthly summaries of people’s care.

There were systems in place to monitor the quality of the service. This included regular care reviews with people, spot checks on staff, meetings and people were sent satisfaction questionnaires.

Records showed staff recorded when an accident or incident occurred. Incident records were reviewed to identify patterns or trends, for example when people had a fall or when people’s behaviour had been challenging to staff. We saw that appropriate action had been taken to learn from incidents to avoid further re- occurrence.