

Coventry City Council

Quinton Lodge

Inspection report

Quinton Park
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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 undertook an announced inspection on 24 August 2017. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office.

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. Included in these flats were five short term tenancies. These provided people with an opportunity to regain skills after being in hospital, or in the community to assess if they were able to continue at home or needed to move somewhere with more support. At the time of our inspection 18 people were receiving support with personal care.

At the last inspection in December 2014, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 continued to receive care in ways which helped them to remain as safe as possible. Staff understood the risks to people's safety, and were able to respond to them. Staff we spoke with recognised the different types of abuse people may be at risk of. There were systems in place to guide staff in reporting any concerns and support people to remain safe. There were regular staff available to ensure people's needs were met. People were supported to receive their medicines by trained staff who knew the risks associated with them. The management team completed regular checks to ensure staff were competent in their role.

The care people received continued to be effective. Staff received training which matched the needs of people they supported. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff ensured people agreed to the support offered before assisting them. People were supported to eat and drink well when part of their identified needs. They were supported to stay well and access to health care services when they needed to.

People had developed caring relationships with staff and were encouraged to make their own choices and maintain their independence. People were treated with dignity and staff were respectful to people's wishes. People and their relatives said staff and management team were compassionate and kind.

People and their relatives' views and suggestions were listened to. People's care plans reflected their

preferences and people told us the service adapted to meet their needs. Systems were in place to promote and manage complaints.

Staff were involved in meetings, to share their views and concerns about the quality of the service. People and staff said the management team were accessible and would take action when needed.

People, their relatives and staff were encouraged to make any suggestions to improve the care provided and develop the service further. Regular checks were in place to monitor the quality of the service and improvements were driven through for the benefit of people who were supported by the service.

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 ●

This service remains good.

Is the service effective?

Good ●

This service remains good

Is the service caring?

Good ●

This service remains good.

Is the service responsive?

Good ●

This service remains good.

Is the service well-led?

Good ●

This service remains 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 checked 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 was an announced comprehensive inspection completed on 24 August 2017 by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We spoke with five people, and three relatives. We spoke with five staff, the assistant manager, a registered manager from another service and the service manager. We also spoke an occupational therapist, who regularly supported people living at the short stay flats. We also spoke with a support co-ordinator for the learning disability services who was supporting one person staying at Quinton Lodge and a social worker who regularly supported people using the service.

We looked at four records about people's care, including their medicine records. In addition, we looked how complaints processes were promoted and managed and compliments received. We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service. These included quality surveys completed by people and their relatives and audits completed by the management team and the provider.

Is the service safe?

Our findings

At the inspection in December 2014 we found the service was good. At this inspection we found the service had remained good.

People we spoke with said they were supported safely with their care and felt confident with staff. One person said, "They [staff] stay whilst I have my bath, it's such a relief to know they are there." Another person told us, "I know all of them [staff] really well, and feel confident with any of them." Relatives we spoke with said their family member was safe because the staff understood how to support their family member.

The assistant manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of how to report any potential abuse and who they could report it to. They said they were always aware and quick to notice if anyone they supported had any concerns or potential abuse. They were confident to report it to the management team. We saw the management team reported concerns to the appropriate authorities in a timely way.

People told us they discussed their support needs with staff. This included risks to their safety and welfare, for example, detailed risk assessments that looked at all aspects of how people's support was provided. For example how they supported people to mobilise safely. One member of staff told us they knew people's risks and took appropriate action. We saw clear personalised risk assessments recorded in people's care plans. Staff explained they received regular updates from the management team to ensure they were always aware of any changes or emerging risks to people's safety.

People we spoke with explained they were usually supported by regular staff who knew them. Some people told us there had been changes in the staff who supported them. However at the time of the inspection this had improved and they now had more consistent staff. Relatives told us their family member was supported by staff who knew their family member well. One relative said they were pleased with the regular staff who visited and this had helped with their family member's well-being. The service manager explained that there had been a movement of staff from the provider's other services, however this had now settled down and staff supporting people were more consistent.

Staff we spoke with explained they completed application forms and were interviewed to check their suitability before they were employed. They all said they had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. We looked at one staff file and saw the relevant checks had been completed. This information supported the registered manager to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

People who needed support with their medicines told us they had their medicines when they needed them. One person said, "I have my tablets when I need them, I am much better now because I am having them as I should do." We saw one member of staff administer one person's medicines and observed they followed

safe practice. Staff told us people's plans guided them to support people with their medicines and were updated when changes happened. Staff said they had received training about administering medicines and their competency was assessed by the management team.

The registered manager had identified improvement was needed with how staff completed medicine records. We saw this had been discussed with staff at team meetings, and audits put in place to quickly identify which staff were not completing records effectively and this was in progress.

Is the service effective?

Our findings

At the inspection in December 2014 we found the service was good. At this inspection we found the service had remained good.

People we spoke were confident staff knew how to support them. One person told, "They [staff] are excellent, they really are well trained and know what they are doing." Relatives we spoke with said staff knew how to support their family member. One relative told "They [staff] all seem trained and work really well with my [family member]."

Staff told us that they had received an induction before working independently with people. This included training, completing the care certificate, and shadowing with an experienced member of staff. Staff told us they attended regular training to ensure their skills remained up to date. They also said the management team supported them to achieve their vocational training and this encouraged them to feel recognised for their quality of work.

Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. Relatives we spoke with told us staff offered support to their family member and always checked they wanted to receive care, and their wishes were respected. One member of staff said, "We understand never to assume people don't have capacity."

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). For this service applications would be made to the Court of Protection.

Staff we spoke with and the assistant manager told us none of the people currently using the service needed support with their decisions. They demonstrated their understanding about decisions made in people's best interest and working with people to ensure they had a clear understanding to support them to make decisions. People and their relatives told us staff always supporting people by explaining what they were doing and ensuring people consented. For example, one relative told us staff encouraged their family member to bath by reassuring them of their support. They went on to say their family member enjoyed the visits from staff and this had improved their well-being.

People had access to some meals prepared in the dining room on the site. People we spoke with said they enjoyed them and had the choices they wanted. They also told us staff supported them with other meals as part of their support plan. They said they had choices and were encouraged to be as independent as possible. One person said, "They know me really well, what I like and don't like."

People we spoke with said staff helped them if they needed support with their health and social care. Staff had involved other health agencies as they were needed in response to the person's needs. For example,

one person told us, "They [staff] helped organise the GP to visit when I was unwell recently, it was very helpful of them."

Is the service caring?

Our findings

At the inspection in December 2014 we found the service was good. At this inspection we found the service had remained good.

People we spoke with told us staff and the management team were kind and caring. One person said, "[Staff] make my world a better place." Another person told us, "I haven't felt so happy for years, it was my best decision to come here. All the staff are brilliant" Relatives said staff were considerate to their family member. One relative told us, "All the staff are lovely, they really know people well and are so caring and reassuring."

People told us knowing the staff well was important. One person said, "They are all so attentive, and really listen to me. They know the little things that really matter to me." The management team had linked members of the senior team to individual people living at the service to keep an over view of people's needs and ensure people were receiving quality care.

People said staff supported them to make their own decisions about their daily lives. One person told us, "They [staff] understand I like to be as independent as possible." Another person said, "They always ask if there is anything else, they will do whatever I need help with." Relatives we spoke with explained staff supported their family member to be as independent as possible.

Relatives said they were involved with their family member's support. One relative explained that communication worked well between staff and themselves. For example, when their family member was unwell action was taken and followed through and staff kept them updated. The relative told us they found the support reassuring. Other relatives told us staff contacted them when they needed to and keep them up to date with the consent of their family member. The social worker we spoke with explained staff communicated well with them and they worked together to support people.

People said staff respected their dignity. One person told us about staff, "They are all so good, they never just rush off, they talk to me and take the time I need." Another person said, "I am never rushed, staff have time to talk to me properly." A further person explained staff always listened to them and this was really important for their dignity. Relatives said staff treated them and their family member with dignity and respect. One relative explained staff spent time talking to their family member and respected their dignity, which was important to them. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people make choices about how they wanted to live their life.

Is the service responsive?

Our findings

At the inspection in December 2014 we found the service was good. At this inspection we found the service had remained good.

People we spoke with told us their individual needs were met. One person explained staff supporting them had made a difference to their life as they had helped them gain independence and improved their well-being. Another person said, "I am very satisfied, they do everything I need." People we spoke with told us staff involved them with any decisions about how they were supported.

People we spoke with explained they were involved in decisions about their care needs. One person told us, "We spoke about what I needed when I first came here and then we have changed things as I needed to." Staff we spoke with said they knew people well and they were given all the information they needed to support people. They could describe what support people needed and we saw this was reflected in people's care plans. Where more complex needs were identified, staff were aware of how to support the person. The support co-ordinator for the learning disability services explained they had shared knowledge about one person who recently moved to the service. They said this had ensured the person was supported safely and their needs were met right from the beginning. They told us the service was very responsive to meet the needs of this person.

We spoke with the occupational therapist that supported people living at the short stay flats. These flats were available for people who were returning from hospital or living in the community and needed some additional support to assess their on going needs. The occupational therapist told us they worked with staff to assess people's needs and work to a plan to improve people's independence. They said the staff were skilled at supporting people and communicated effectively. They explained some people had gone through this process and had returned to full independence with the support of the service. The occupational therapist said the process worked well and improved people's well-being.

People told us their support was regularly reviewed and where changes were needed they were in place. People we spoke with said they felt able to say if anything around the support they received needed changing or could be improved. One person told us when they needed extra help the management team had put that in place straight away. Relatives said the management team responded quickly to any changes or concerns and could adapt the support they offered.

People and their relative told us they were confident to raise any concerns. We saw complaints had been investigated and action taken and the learning used to improve the service. For example we saw one complaint about improving care practice had been fed back to staff through staff meetings to ensure the complaint learning was carried forward. We saw there was a clear procedure in place to ensure concerns were investigated, action taken and lessons learnt.

Is the service well-led?

Our findings

At the inspection in December 2014 we found the service was good. At this inspection we found the service had remained good.

A registered manager was in post at the time of our inspection. 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.

People we spoke with said the service was well managed and provided them with the support they needed. They said the management team were approachable and took action when they needed to. One person said, "It's all run very well, staff are never rushed or hurried, they always have time for me." Relatives we spoke with were happy with the support their family member received and said the service was managed effectively. People and their relatives told us they were satisfied with the service they received. People said they could attend monthly meetings to discuss service improvements, share concerns and updates. One person told us they knew about our inspection because it had been discussed at the meeting.

The registered manager was developing the service to ensure the care provided met people's needs. For example, people had asked for more regular coffee mornings for them to attend. People told us these were in place, and we saw people enjoying them on the day of our inspection. The management team were proactive in taking action when any improvements were identified, for example the medication administration records. We saw and staff told us the management team had identified these were not always completed effectively and had taken action to improve this. We saw these actions were subject to on-going monitoring. One member of staff explained that people were listened to and where possible improvements were made when people raised a concern. For example, equipment in the garden had been broken and the service had taken action to resolve.

Staff told us they had regular staff meetings which gave them an opportunity to make suggestions and comments, and keep up to date with service developments. They said they could discuss any concerns with the management team and the team were accessible. They went on to say how they had made a suggestion to improve the paperwork and this had been put into practice. Another member of staff said, "You can always learn in this job, we always share ideas and best practice. It really works."

Staff told us they had regular one to one time with the management team, and received feedback from people and staff observations which reassured them about their practice. One member of staff said, "We all work together, all the people I speak to are happy."

The management team showed us their regular audits which supported them to monitor the quality of the service provided. The registered manager used these audits to recognise improvements and to create an action plan to monitor their process. For example, medicine records. We saw strategies were in place to make the improvements in a timely way, and plans were reviewed with the provider to ensure they were

completed.