

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	

Overall summary

Quinton House provides accommodation and personal care for up to four people living with a learning disability or with Autistic Spectrum Disorder (ASD). On the day of our inspection there were four people living at the home.

The inspection of this service took place on 10 February 2016 and was unannounced.

The home had a registered manager who was on duty on the day of the 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 who used the service told us that they felt safe and well supported. Staff knew how to recognise and report any concerns that they had about people's safety. Risks to people were assessed and managed safely.

Summary of findings

There were sufficient staff on duty to meet people's needs and staff were recruited through safe recruitment practices. Medicines were stored and administered safely and the premises were well maintained to keep people safe.

Staff received appropriate induction, training and supervision. Staff were very positive about the support and training they received. Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met effectively. People's rights were protected under the Mental Capacity Act 2005. People were provided with sufficient food and drink to maintain their good health and wellbeing. Health professionals were called upon when required.

Staff were kind and caring. Staff were aware of individual preferences and respected people's privacy and dignity.

People enjoyed a range of activities both at the home and in the community. Some people enjoyed activities independently and some people were supported by staff enabling them to live full and active lives.

People and their relatives (where appropriate) were involved in the development of the service. People felt listened to and would be confident to make a complaint or raise a concern if they needed to. Staff knew the complaints procedure.

People living at the home, and the staff team had opportunities to be involved in discussions about the running of the home and felt the manager provided good leadership. There were systems in place to monitor the quality of the service provided.

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.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to meet people's needs and to keep them safe.

Robust recruitment procedures ensure that only people suitable to work in the home were employed.

Good



Is the service effective?

The service was effective.

Staff received appropriate induction, training and supervision.

People's rights were protected under the Mental Capacity Act 2005.

External professionals were involved in people's care as and when required.

Good



Is the service caring?

The service was caring.

Staff were kind, caring and respectful when supporting people.

People's privacy and dignity was respected and promoted.

People were listened to and were supported to be able to make decisions and choices.

Good



Is the service responsive?

The service was responsive.

Care records provided clear guidance for staff to respond to people's needs.

People enjoyed a range of activities.

A complaints procedure was in place and staff knew how to respond to complaints.

Good



Is the service well-led?

The service was well-led.

The management team encouraged openness and involvement throughout the service.

Staff had opportunities to review and discuss their practice regularly.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were procedures in place to monitor and review the quality of the service.

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 took place on 10 February 2016 and was unannounced.

Before the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

The inspection was carried out by one inspector.

As part of the inspection we spoke with all four people who used the service about the care and support they received. We spoke with the registered manager, the deputy manager and the other two staff who worked at the home.

We looked at all four care records, two staff recruitment files and other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

Is the service safe?

Our findings

People told us that they felt safe. Staff also considered people were safe. One staff member said, “Yes people are safe here. We keep people safe.”

Staff told us that they had received training to protect people from abuse. In conversations with us staff demonstrated a good knowledge of how to recognise and respond to allegations or incidents of potential harm. They understood the different types of harm people may experience and knew the signs to watch for to indicate this was happening. The registered manager and staff understood the process for reporting concerns.

There were plans in place to ensure that people were supported safely and consistently. Staff were knowledgeable about how to keep people safe. They said that they had received good training to enable them to adopt a consistent approach in relation to health and safety and promoting safe working practices. There was guidance for staff informing them of how to support people to safely manage their finances and personal relationships. There was also guidance informing staff how to identify potential hazards around the home and within the local community. In the plan of one person we saw that ‘being happy and safe’ had been identified as something important to them. In a review the person had stated that they had felt happy and safe.

Staff showed a good understanding about promoting people’s rights and choices while keeping them safe. They told us how some people liked to go out independently. They told us how they had processes in place to enable the person to enjoy their activity as safely as possible. Assessments of risks to people’s health and safety were carried out and recorded in support plans. We saw a range of risks to people had been assessed. These included risks to people leaving the home unsupported and risks associated with falls, nutrition and maintaining positive relationships. One person told us how they went out independently and were confident that they were safe. This meant that risks were being well managed. We saw that risk assessments and subsequent action plans were reviewed regularly and updated to ensure that people remained as safe as they could be.

People told us that they knew what to do if they had to leave the home in the event of an emergency, such as a fire.

Procedures were in place to protect people. We saw how regular checks and routine maintenance of the home environment and equipment ensured people could be kept safe.

People told us that they thought the house was safe and well maintained. One person told us, “The home is safe and clean. We are all house proud.” We saw how staff regularly checked the home to ensure it remained safe and well maintained. Repairs and maintenance were carried out promptly. For example a recent health and safety check identified that the outside security light wasn’t working. We then saw a record that showed it had been reported and subsequently fixed. On the day of our inspection a new boiler was being fitted after the old one had broken down three days earlier. Interim measures had also been put in place to keep people warm while waiting for the replacement.

People were supported by a staff team of four people. People told us that there was always someone at the home and the rota showed this was the case. Staff told us they worked flexibly to accommodate people’s activities and felt that they were efficient at doing this.

We looked at the recruitment files of two staff who worked at the home. We saw that required information was available to demonstrate a safe recruitment process. People were supported by staff who had been properly vetted to check they had the right attributes to care for people and ensure their safety. The registered manager was fully aware of their role in relation to following safe recruitment practices, although we recommended that they update their knowledge in relation to the recruitment process to ensure it remains current. There had been no recent appointments to the staff team.

People were protected against the risks associated with unsafe medicines management because the provider had appropriate arrangements in place to manage medicines safely. The medication policy detailed how safe monitoring, administering and storing procedures should be implemented. People who used the service told us that they received their medicines on time.

Three of the four staff had received formal training in the safe handling, administration and disposal of medicines. One staff member had received training in a previous role but not since starting work at Quinton House. They had, however, been assessed by the registered manager and

Is the service safe?

deemed competent to administer medication. The registered manager told us that training for this member of staff had been planned. We spoke with the staff member

who was very knowledgeable about the administration and recording process. We saw that medicines were being stored appropriately and that accurate records of medicines administered were maintained.

Is the service effective?

Our findings

People told us that staff supported them well. One person told us, “The staff are really good.” Another person said, “Staff are pleasant and very supportive of us.”

Staff were supported to gain the skills and knowledge needed for the roles they were appointed for. The provider had an induction programme and the latest person to join the team told us that it had been very thorough. The registered manager told us that they only appointed staff with skills and previous experience in a supervisory role. This was because staff worked largely unsupervised. The latest person to join the team told us that they had not worked unsupported at the home until they had been deemed competent to do so.

Staff felt well trained to carry out their roles effectively. One staff member told us, “We are right on top with our training here.” We saw records that showed staff had received all mandatory training, expected by the provider, and also training in order to carry out specific tasks. For example all staff had been trained to administer insulin. By taking on this role staff were able to support a person flexibly and in line with their individual needs and preferences. This had had a positive impact on the person’s life. Training records had not been updated to reflect recent training completed. We saw certificates of attendance and the registered manager was in the process of updating the records accordingly.

Staff felt well supported by each other and by the registered manager. They told us that they had opportunities to meet with their manager formally and informally. Staff said that that effective communication was a strength of the service. The registered manager told us, “I work alongside staff regularly. This is my opportunity to ask how things are and monitor practice.”

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. Consent to care and treatment was sought in line with legislation and

guidance. People who used the service had capacity to make most decisions for themselves. On the occasions that support was required we saw that appropriate people had been involved and decisions were recorded.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and they were. Staff were knowledgeable about deprivation of liberty and safeguards, although no one who used the service was being deprived of their liberty.

People were fully involved in decision making processes. Staff respected people’s decisions and encouraged them to remain in control of how they lived their lives. People told us how staff helped them to prepare for activities and offered appropriate support when needed.

Everyone told us that they enjoyed the food. One person said, “The food’s nice. There is plenty to eat.” People told us that they tried to all sit down together for their evening meal and that they looked forward to this. Everyone said that they could have drinks and snacks whenever they wanted. They told us that they helped with food preparation and one person said that they enjoyed doing this. One person told us how they were now eating a healthy diet and that staff were supporting them to do this to improve their health.

Staff were aware of people’s dietary needs. Staff told us that people could choose what they ate each day. This meant that they could offer flexible meals taking into account people’s preferences on the day and what they had eaten while at work and college.

People told us that they were currently fit and well. One person told us that they had changed their lifestyle after receiving medical advice about their health and as a result felt much better. People saw health professionals whenever necessary to ensure their health and wellbeing was monitored and their changing needs were responded to and met. One person told us, “I go by myself to appointments. I see the doctor and the dentist on my own.” The registered manager reported that people were currently fit and healthy and did not require the services of any specialist agencies.

Is the service effective?

We saw that everyone had a health action plan (HAP). This documented people's needs and preferred methods of support and communication. Staff were knowledgeable about people's health needs. Staff also told us that they

received updated health and wellbeing information at the start of each shift to ensure everyone was offered the required support. For example, if any appointments were planned.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "Staff are lovely. They are very kind to all of us." People told us that they knew staff well. In discussions we could see that people had positive relationships with staff. One person told us, "We can talk to them about anything." One staff member told us that they had worked closely with one person on a personal matter. Their actions demonstrated an empathy and understanding of the person's situation. They felt that their approach had had a positive effect because the person was able to 'open up' to the staff member meaning that they could offer advice and support.

Staff showed how they supported people at difficult times and told us how they had offered compassionate support. The person they had supported told us, "They've been really good." One staff member told us, "Staff are caring. We treat people how we would wish to be treated ourselves. We all do."

We observed staff to be friendly and warm. People were clearly relaxed and comfortable around staff, engaging regularly in light hearted banter. One person described the registered manager as being, "Cool." The atmosphere within the house was relaxed and as one person told us, "Quite laid back."

We saw some feedback from a relative who had sent a letter to the home. It said, "A very big thank you to you all for your dedication, care, compassion and professionalism."

People's social and emotional needs were considered and met. Staff told us how they listened to people and acted in accordance with their wishes. They told us that they offered flexible support and were able to alter plans to accommodate people's changing needs and wishes. People told us that staff listened to them. One person said, "They are always there if you want to talk." Staff told us that they always had time to sit with people and talk. Staff knew people well. They recognised when people's mood had changed and told us that they used visual and behavioural clues to identify when a person needed additional time or support. They were aware of people's preferences and these were well recorded in the care plans we saw.

People were fully involved in making decisions about their lives. We saw how people were consulted about what they

did, where they went, how they spent their money and who they spent time with. One person said, "I have my own room with all my own things. I like this." Another person told us, "Staff make sure that people get the things they want to make them happy." One staff member told us, "People have choices here. What they want they have." 'People told us, and care records clearly documented, that they were supported in their individual preferences in areas such as daily routines and the choice of when to go to bed.'

Staff told us that they promoted people's independence and offered guidance when appropriate. People told us that staff always responded when they asked for support and that their independence was promoted. Care records showed that one person had an advocate to offer them independent advice and support when needed. Staff recognised the importance of people's family and friends. They told us they promoted these relationships. One person told us, "We can have visitors whenever we like."

The age range of the people who used the service varied. Staff told us how they offered age appropriate support to people and we saw that activities reflected these differences.

People told us that they were treated with dignity and respect. Staff said they were all dignity champions. We saw a poster in the hallway promoting dignity issues and staff said that they received regular emails to update their knowledge. They told us, "It keeps it fresh for us." We saw that everyone had a privacy and dignity care plan. This plan detailed how people wished to be treated but also how they should respect and value other people that they lived with. People who used the service were aware of other people's issues and challenges. They spoke positively about how they helped each other and overcame challenges to enjoy each other's company.

Staff did not support anyone with personal care. They told us how they ensured people's privacy when people were supporting themselves. For example, they closed doors to bathrooms if they were in use and had been left open. Information in the care plans ensured that people's privacy and dignity was promoted and maintained. Confidentiality was promoted and staff were mindful about not sharing personal information in general conversations. All records were stored securely to ensure they could only be accessed by those who had the right to see them.

Is the service responsive?

Our findings

People told us that they had contributed to their support and needs assessments. One person told us that they had been fully consulted about their move to Quinton House. They told us, "It was my own decision to come here."

People told us that they had been involved in developing their care plans. One person said, "It contains everything that I want. I'm happy with it." We saw evidence that plans were regularly reviewed and that people who used the service had been involved in that process.

We saw that people's support needs varied within the group and care and support was personalised around the needs of each individual. Staff said they could offer flexibility and respond to people's changing plans and circumstances. Staff told us they had provided additional support for a person facing a life changing event. The person told us that staff had been there for them and helped them to cope.

Care plans detailed people's wishes and goals. Staff told us that some goals were more likely to be achieved than others but all were documented because they reflected people's wishes. Some goals were broken down into more achievable parts. Progress was documented in meeting them. This showed that the service was responsive to people's needs and wishes. We saw that planned activities reflected activities that actually took place. This demonstrated people were living the lives they chose. At least one person living at Quinton House had long term plans to have their own home. They told us that they were encouraged by staff to develop independent living skills to enable this to happen.

Some information in care plans was out of date and required amending to reflect current arrangements. The registered manager acknowledged this and agreed to take action to ensure written records reflected people's current needs.

People were supported to maintain relationships with people who were important to them. One person told us that they looked forward to time spent with family members and that they could invite friends to the home if they wanted.

People's daily routines had been developed around individual needs and wishes. We saw how routines were important to people and how staff worked to ensure that people were able to maintain their preferred routines unless they chose not to. We saw that records were kept to show when people had declined offers of help and support.

Staff told us that they were able to offer responsive support when people became anxious and upset. They told us how they followed agreed guidelines and protocols. One record did not provide full details of the reason that intervention was required. The registered manager agreed to re look at this to include more specific details. Staff told us that they knew the person anyway so this lack of detail did not mean that they could not offer a responsive service.

People told us and we saw that people led full and active lives. On the day of our inspection people were out pursuing their day time activities. Most people had a full weekly programme of day time activities which they enjoyed. When people were at home there were a number of activities to take part in. One person told me, "We have a pool table and I love to play." Some people told us about the television and radio programmes that they enjoyed.

We saw a complaints procedure displayed in the hallway. It was in a pictorial format making it easy for people in the home to read. The registered manager told us that there had been no complaints about the service provided. One person told us, "Yes I know how to complain and I would do if needed. There is no doubt about that." Information in the provider's procedure did not accurately reflect CQC details and the registered manager agreed to correct this immediately.

Is the service well-led?

Our findings

Quinton House had a registered manager who also worked alongside staff to offer support. Given the size of the service they considered that this style of management worked well. People who used the service and the staff team reflected this view. Everyone considered that the home was well run. One person told us, “The house is good now. We have bills to pay and they get taken care of.”

One person told us, “[The registered manager’s name] is great.” Another person said, “Yes she’s really good.” Staff found the registered manager supportive and approachable. There was a good team spirit at the home and the registered manager was very much part of the team.

The registered manager told us that they felt well supported in their role and said that the provider regularly visited and produced reports. We saw details of the latest visit suggesting that they were satisfied with their findings.

Staff told us that meetings took place to discuss the running of the home and any issues. People who used the service also had regular meetings with the registered manager so that their views could be formally heard and considered. The registered manager told us how people had recently been involved in choosing wallpaper and soft furnishings to decorate communal areas.

Staff told us that they would be confident to raise any issues or concerns. Staff knew about the whistle blowing policy and said they would use it if necessary. The whistle blowing policy enabled staff to feel that they could share concerns formally without fear of reprisal. Staff told us how they shared information with each other to ensure continuity of care. They did this at the start and end of each shift verbally and in writing and also in meetings. These

meetings took place regularly so that staff could meet as a whole team and discuss the service provided. We looked at the meeting records and saw discussions took place about the standards of care expected and plans of how they could meet people’s needs and wishes.

There were systems in place to monitor and improve the quality of the service provided. We saw that the latest survey, carried out in August 2015, had produced positive feedback in relation to the quality of the service provided. The survey was in pictorial format and asked about people’s views on the quality of the accommodation, food and staffing.

The registered manager told us that they completed regular audits and produced action plans to demonstrate that targets were met. Staff were aware of the service’s policies and procedures and the registered manager told us that they were adhered to although also said that they were in the process of being updated. We saw generic policies ready to be personalised to the service provided at the home.

The registered manager made sure that the environment was appropriate and well maintained. Records showed that repairs and maintenance tasks were regularly carried out and were overseen by the registered manager. Checks were made to the environment and to the equipment to ensure it remained safe and suitable.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary. A notification is information about important events which the provider is required to send us by law. The manager was aware of their roles and responsibilities and other staff supported her to deliver good quality support to people.