St. Quentin Residential Home Limited

St Quentin Senior Living, Residential & Nursing Homes

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 29 October 2018 and was unannounced.

At the last inspection in 2017 we rated the service as requires improvement. At this inspection we found that improvements had been made, although some improvements were still required to ensure that systems for monitoring and improving the quality of the services provided were robust and encouraged continuous improvements.

St Quentin Senior Living, Residential & Nursing Homes is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Quentin Senior Living accommodates up to 51 people in two separate buildings. At the time of the inspection, the service supported 48 people. Each building had its own manager.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager worked across both buildings.

Some improvements were required to ensure that systems in place to monitor the quality of services were effective in identifying areas for improvement and ensuring that action was taken. Some people and relatives did not feel engaged and involved in the service and able to approach the management team with any concerns, whilst others did feel the management were approachable and responsive.

People were protected from the risk of harm and staff were trained to recognise the signs of abuse. People's risks were assessed and managed to help keep them safe. There were enough suitably skilled staff to meet people's needs. People were protected from the risk of infection and they received their medicines as prescribed. There were systems in place to learn when things went wrong.

People's needs were suitably assessed before they moved to the service and care plans were developed in line with best practice guidance. Staff were trained and suitably skilled. People had their nutritional needs met and there were systems in place to ensure people received consistent care and support. People were supported to have healthier lifestyles by having timely access to healthcare services and professionals.

People had their consent sought in line with the principles of the Mental Capacity Act 2005. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People received support that was delivered in a caring and compassionate way and people were treated with dignity and respect. People, where possible were consulted about how their care was provided and were given choices in their day to day lives. People's communication needs were met.

Staff knew people well including their likes, dislikes and preferences. People had access to activities. There was a complaints procedure available to people and their relatives and people were supported at the end of their life to have a dignified and comfortable death.

Staff felt the management team were approachable and supportive. People and relatives' feedback was requested via questionnaires but improvements were required to ensure that action taken in response to feedback was shared with people and their relatives.

The service worked in partnership with other organisations to improve outcomes for people. They participated in partnership working with other agencies to help improve the services provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and there were enough suitably skilled staff to meet people's needs.

People's risks were assessed and managed and they received their medicines as prescribed.

People lived in a clean environment and were protected from the risk of infection.

The provider had systems in place to learn when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care plans incorporated best practice guidance.

People were supported by suitably trained staff and care was delivered in a consistent way.

People had enough food and drink and were supported to make choices.

People had access to healthcare professionals and had their consent sought.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring.

People were encouraged to maintain their independence and were supported to make choices.

People had their privacy and dignity maintained and their communication needs were met.

Is the service responsive?

Good

The service was responsive.

People's preferences were considered and they could spend their time how they chose. Staff knew people well and involved them in their care planning.

There was a suitable complaints procedure in place and formal complaints were acted on and responded to.

People were supported to receive dignified care at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements were needed to the systems in place to monitor the quality of the services provided.

Feedback from people and relatives was sought but actions taken were not consistently shared with people to ensure they felt listened to.

Staff felt supported by the management team and staff worked together well to provide effective care.

The service worked in partnership with other agencies to continuously learn and improve outcomes for people.

St Quentin Senior Living, Residential & Nursing Homes

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.

The inspection took place on 29 October 2018 and was unannounced. The inspection team consisted of four inspectors and a specialist advisor who was a nurse with experience of providing nursing care to older people.

Before the inspection visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

We spoke with five people who used the service and nine people's visiting family and friends. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with five members of care staff, two nurses and a cook. We spoke with the management team including the

registered manager, clinical lead and nursing manager to help us to understand how the service was managed.

Some people who used the service were not able to speak with us about their care experiences so we observed how the staff interacted with people in communal areas and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of nine people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included two staff recruitment files, training records, incident reports, medicines administration records and quality assurance records.

Good

Is the service safe?

Our findings

At our last inspection improvements were required because people were at risk of not receiving their prescribed topical creams in a safe way and there was not always sufficient staff available to meet people's individual support or nursing needs. During this inspection, we found that improvements had been made.

There were enough staff to meet people's needs. A relative told us, "Yes there are enough staff and they seem to do a lot of one to ones with people. I know my relative has some one to one time." We observed that people's needs were responded to swiftly and that call bells were answered promptly. For example, we saw that when people requested assistance to go to the toilet, staff responded promptly and at lunch time, people all had their meals served quickly and had the support they needed to eat their meals. Staff confirmed our observations and one member of staff said, "There is enough staff here, we work as a team." Another staff member said, "Yes there's enough of us. Occasionally but very rarely we are low on staff due to sickness or absence but there is always someone on standby who will help out." A manager told us that agency staff were used mainly to provide one to one support to people had this support specifically commissioned for them and rotas confirmed this. They told us and we saw that people's dependency was assessed and reviewed regularly and this information was used to work out how many staff were required to keep people safe and meet their needs. This showed that sufficient staff were available to support people to stay safe and meet their needs.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People received their medicines as prescribed. When people had been prescribed topical creams, we saw there were clear plans in place to ensure they received them as prescribed, including a body map detailing where the cream should be applied. Care staff had received training on how to safely apply prescribed creams and records showed that people got their creams when they needed them. We found that when people required their medicines to be administered covertly, this was done safely with necessary permissions in place. Medicines were stored securely and safely. There were suitable protocols in place to guide staff on when to administer medicines prescribed as 'take only when needed' such as pain relief and medicines to reduce anxiety. The clinical lead told us that a community pharmacist had recently completed a full medicines audit at the home to help reduce the amount of excess medicines stored at the home. The home had been proactive in exploring safer and more efficient ways of managing medicines and seeking professional advice and support when required.

People were safeguarded from the risk of abuse and harm. One person told us, "I feel safe and I'm very happy here, I like it." A relative told us, "I'm very comfortable that [my relative] is here, I've no problems with leaving them here and know they are safe." Staff demonstrated that they knew how to recognise signs of abuse and how to report any safeguarding concerns. A staff member told us, "I would report any concerns

to the manager or to the nurse in change. I feel confident they would take action." Records showed that when an incident had occurred, staff and the registered manager reported incidents to the relevant organisations for the necessary action to be taken which helped to keep people safe from the risk of further harm.

People's risks were assessed and managed so they were supported to stay safe. Staff had a good understanding of people's risks and what they needed to do keep people safe. A staff member said, "Before people come to us we have a good idea of what is going on for them, what the risks are for them. For example if someone is at high risk of falls we would consider sensors or whether they need one to one care. One to one carers are in place to manage some people's risks." When risks had been identified, plans were put into place to reduce the risks and staff followed the guidance available to them. For example, we saw suitable risk assessments and management plans for people in relation to catheter care, managing people's distress, nutrition and skin. A relative said, "The staff are really good at managing [my relative]'s distress. I feel happy and relaxed [my relative] is here." This showed that risks were identified, assessed and managed to help people stay safe.

People were protected from the spread of infection. Staff were observed wearing personal protective equipment (PPE) that was freely available to them. During the inspection, we observed domestic staff cleaning throughout and we observed safe infection control practices. All areas of the home and equipment looked clean and hygienic

We saw that some lessons had been learned and improvements made when tings had gone wrong. There was a 'lessons learned book' where managers communicated lessons to staff. For example, a specific medicines error had occurred and we saw the necessary action was taken to protect the person and the concern was reported to the safeguarding adults team. Additionally, to this the registered manager had investigated the concerns and communicated with staff about to try and prevent this specific type of error from occurring again. This showed they had learned lessons and made improvements when things had gone wrong.

Good

Is the service effective?

Our findings

At the last inspection the service was effective. At this inspection we found the service continued to be effective.

People's needs and choices were assessed and care was delivered in line with professional guidance. Care plans referred to National Institute for Clinical Excellence (NICE) guidelines for factors such as recommended oral intake for the elderly and this guidance had been used by staff to help assess suitable daily fluid intake targets for individuals. The home used the Malnutrition Universal Screening Tool (MUST) and Waterlow scores (identification of risk of skin breakdown) accurately to help assess risks to people and plan their care. This showed how current guidance was used to help assess people's needs and achieve effective outcomes.

People were supported by suitably trained staff. Staff were observed during the inspection supporting people to move effectively and using equipment such as hoists and were competent in doing so. A staff member told us, "We do lots of training and updates, we always seem to be in training and it helps me be confident in supporting people." Staff described the training they had received including nationally recognised qualifications that the provider had supported them to complete. A manager showed us how they kept a track of what training staff had received and when they were due to have refresher training. Staff told us and records confirmed they received regular supervision and staff told us that spot checks were carried out to assess staff competency. This showed that the service ensured that staff had the skills and knowledge to deliver effective care.

Staff supported people to have a balanced diet. People told us that they enjoyed the food and that they were provided with choice. One person said, "It's alright, they really try, the kitchen staff have been good as I have lost all my teeth I have to eat softer food; omelettes and things like that. They have been so good to me. They even asked what meal I wanted for my birthday and what cake I wanted." Another person said, "The bacon sandwiches were very good this morning." At breakfast time we observed that people could eat at what time they chose and could choose to eat in their rooms or in the communal dining room. Choices were available including hot and cold options and cooked breakfasts. We observed food being served from hot trolleys at lunch time and people were given choices. Kitchen staff used 'bookmarks' with details of people's allergies, preferences and specific dietary requirements to ensure their meals met their specific needs. When people needed specialist diets such as purred food, these were presented so that they still looked appetising to people. People were enabled to maximise their independence with eating and drinking as we saw that plate guards were used so that some people could eat independently without food falling from their plate. Another person was given finger food and their plate on their knee to enable them to eat independently and we saw they enjoyed their food and ate it all, staff regularly checked to make sure they were OK. This showed that people received the support they needed to eat and drink enough.

Staff attended a handover session at the beginning of each shift, which ensured that they could provide a safe and consistent level of care to people. The handovers ensured that any risks or changes in people's needs were highlighted and staff told us these were effective. A staff member said, "We have handover each

morning for every resident, it's nurse to nurse them the nurse updates the care staff. It helps makes sure everyone is always in the loop." This showed how staff worked together to deliver effective care.

People, relatives and staff told us that people could see health professionals when they needed to. One person said, "I had a flare up of asthma in the night, the nurse came and got the doctor out, so I'm well looked after." A relative said, "The doctor visits once per week and staff will always call them out if they are needed before that. Staff are on the ball with that. They got the doctor out to [my relative] when they noticed something wasn't right and now they are having the right treatment they need at the hospital." A visiting health professional said, "They [staff] ring us if they need us and are very proactive in involving us. Staff have a good relationship with the GP and maintain a continual link with them. They are proactive in seeking advice and support from all health professionals and they follow the guidance given." Records confirmed this which meant that people were supported to receive ongoing healthcare support.

The design and adaptation of the building met people's needs. The service was homely and people could personalise their bedrooms with their own belongings. One person said, "I like my own room, I have my own things in here, it's small but comfortable." We saw that people had the use of accessible bathroom facilities and they could have the choice of a bath or shower regardless of their mobility needs.

People had their consent sought by staff, who were able to demonstrate they understood their responsibilities in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that the service was working in line with the principles of the MCA to ensure people's legal and human rights were respected because they had made applications to a 'supervisory body' for authority to deprive people of their liberty when this was required in their best interests.

Good

Is the service caring?

Our findings

At the last inspection the service was caring. At this inspection we found the service continued to be caring.

People were treated with kindness and compassion. People's comments included, "[The staff] are fab. They are marvellous. They saw me through my bad times, they couldn't be better to me", "I'm very happy here, I like it. Staff are very nice" and "It's a nice place, you couldn't wish for a better place." Relatives also told us they believed that people were treated with kindness and that the service was caring. A relative said, "They [staff] couldn't have done any more, particularly [the clinical lead]. [As well as my relative], I feel really supported by the staff." Another relative said, "Staff are friendly, kind and attentive."

Staff demonstrated a good understanding of people's needs and we observed staff engaging with people and speaking with them in a compassionate way. For example, we observed one person become upset and was shouting. Staff immediately approached the person and sat down with them. Staff spoke with the person in a calming and reassuring manner which helped the person to relax. This showed that people had access to emotional support when they required it.

People were supported to express their views and make choices. We observed people had choices about how to spend their time, where to sit and what to eat. A staff member said, "We offer choices to residents by talking to them and talking to family if need be. We always try to involve residents and their loved ones with care planning."

People's communication needs were assessed and met. People had care plans in place which provided guidance for staff on how best to communicate with people to maximise their involvement. One person had a visual impairment and they were provided with talking books to enable them to continue their love of reading. Staff told us how they ensured they explained carefully to the person before supporting them and described what was happening around the person.

People had their privacy and dignity respected. We observed a staff member discreetly whispering to a person, "Shall we go to the toilet?" This protected their privacy and dignity in a communal area of the home. The staff member gave the person clear directions to help them move safely, promoting their independence, saying, "Turn around now [Person's name] sweetheart and sit on this chair, watch your legs sweetheart." This showed how people's dignity and independence were respected and promoted.

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Good

Is the service responsive?

Our findings

At the last inspection the service was responsive. At this inspection, we found the service continued to be responsive.

People told us they received care that was responsive to their needs because they could spend their time how they chose and had access to some activities. A relative said, "My relative likes watching the television and reading the newspaper and they are able to do that." Some people chose to spend time in their bedrooms, one person said, "I can go downstairs if I want to, they ask me, but I don't want to because it's too noisy." People who chose to spend time in their rooms had regular visits from staff and access to food and drinks in their rooms if they wanted them. We saw that people looked comfortable, had access to the things they needed and their call bells were responded to promptly if they needed staff support.

People told us that some activities were arranged and could chose if they wanted to participate. One person said, "They try with activities such as plant pots and Easter bonnets." We observed some people participating in games arranged by staff. People's care plans included important personalised information such as their likes, dislikes and preferences. For example, one person liked to listen to Elvis Presley's music whilst care was being given. Staff knew people well and attempted to cater for people's preferences. A relative said, "Staff have really got to know [my relative] well." They told us they were involved in care planning and were asked about their relatives' preferences when people were unable to share their own views. We also saw that people's diverse needs were considered and assessed including their culture, religion and sexuality. A visiting professional said, "It's a very positive experience coming here, there is good individualised care."

There was a suitable complaints procedure in place and details of how to make a complaint were displayed in the home so people had access to this information. A relative said, "I made a complaint once, a mild one. Staff responded well and I feel confident about raising any concerns should I need to in the future. I get on well with the staff and they always let me know about any changes." We saw that when formal complaints had been received, these had been responded to in line with the procedure and people had received an apology when this was required. Staff told us how a complaint had been discussed during a staff meeting to help staff to learn and improve on what had gone wrong.

At the time of the inspection, no-one was receiving end of life care though some people were nearing the end stages of their life. We saw that action had been taken to ensure people were supported at the end of their life to have a comfortable, dignified and pain-free death. The service worked closely in partnership with specialist palliative care professionals to access additional training and best practice guidance. The home was working towards The National Gold Standards Framework (GSF) which helps doctors, nurses and care assistants provide the highest possible standard of care for all people who may be in the last years of life. A visiting professional said, "Staff here are very enthusiastic about providing good end of life care. They have undertaken additional training including very specialised training to support an individual patient's needs. They [staff] want to do their best and are very keen. People's particular wishes and preferences for their end of life care are addressed." Records we saw confirmed what we had been told.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection improvements were required because the provider had not consistently ensured there were sufficient nursing staff to meet people's needs in a timely way. At this inspection, we found that improvements had been made in this area, though there were other areas that required some improvement.

There were systems in place to monitor and improve the quality and safety of the service, however these needed to be strengthened to ensure they were robust and consistently encouraged improvement. For example, we found some discrepancies with some stocks of medicines in one of the two houses. A weekly medicines audit was carried out however the audit only sampled three people's medicines for checking which meant there was risk that issues would not be identified in a timely manner and improvement actions may not be implemented. Additionally, we found that a recent audit of the medicines stock for one person had been carried out and noted the stocks were correct, however we found that the stocks were not correct which meant the audit had not been effective. We fed our findings back to the management team and they advised us would increase the number of samples that were audited weekly to help identify areas for improvement.

Regular safety checks were carried out and we saw that some of these were effective. For example, a monthly pressure cushion audit ensured that people's equipment was safe for use. However, we found that call bell system checks had identified that the nurse call system was not working in one of the dining rooms in August 2018. Weekly checks had been carried out which continued to identify the system was not working but no action has been taken to ensure the issue was fixed. Staff told us that they would shout to summon support if it was required. However, this meant that systems in place to identify and rectify issues were not always effective.

Care plans were reviewed monthly via a 'resident of the day' system. These reviews were completed by nurses or senior members of staff. We found that some of these reviews had not been effective because some care plans were not accurate and up date. Staff knew people well and delivered the care that was required, however care plans did not always reflect people's current needs. There was no audit of care plans other than the monthly reviews. This meant the registered manager did not have oversight of the quality of people's records and therefore this issue had not been identified prior to our inspection. This showed that improvements were needed to systems in place to monitor the quality of the services provided.

There was a registered manager in post who understood their responsibilities of registration with us. Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The registered manager was open and transparent in sharing information about these incidents.

The registered manager was supported by a team of unit managers and a clinical lead. Some relatives told us they did not feel able to approach the registered manager with concerns. However, we saw that a weekly drop in session with the registered manager was advertised in the home, along with a complaints

procedure. Staff told us they felt the management team were approachable and responsive. One staff member said, "I can approach any of the managers and don't feel uncomfortable, [the registered manager] is lovely. I enjoy my work and we have a good team, it's lovely. I like being here so I do extra shifts." Another staff member said, "I have a lot of support from my manager. [The registered manager] is great too."

Some people and relatives felt engaged and involved in the service whilst others didn't. One relative said, "There was a garden party over the summer, all people and relatives were invited and it was great, I was really impressed." We saw that people were supported to access the seaside themed event and we saw photographs of people enjoying the sunshine and activities on offer and this gave people and relatives the chance to engage with staff and management. The management team told us that formal resident and relatives meetings had been offered but that attendance was poor so these meetings were no longer run though there was an open-door policy where people could speak with management at any time. Quality surveys were issued to people and relatives, however the feedback was not formally collated and responded to, to ensure people were assured their comments were listened to.

The service worked in partnership with other agencies to improve outcomes for people. The nursing team worked in partnership with local universities to act as mentors and offer placements for student nurses and medical students. The service also had strong links with the local hospice and the clinical lead for palliative care to help improve the care and support offered to people at the end of their lives. A visiting health professional said, "I think this home has just gone up. They are on board with learning new skills and experiences." Another professional said, "There is good leadership here and that filters through to all staff particularly the qualified nurses. It's very difficult to find any negatives, the home has a nice, positive feel."