Care Quality Commission

Quinton House Limited

Quinton Gardens

Inspection report

Lower Quinton
Stratford upon Avon
CV37 8RY
Tel: 01789 720247

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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

This inspection took place on 1 September 2015 and was unannounced.

Quinton Gardens is a three storey residential home which provides care to older people including people who are living with dementia. Quinton Gardens is registered to provide care for 35 people and at the time of our inspection, there were 31people living at Quinton Gardens.

At the time of our inspection a registered manager was not in post although the provider had arranged for two deputy managers to manage the home in the interim. The provider had appointed a manager who planned to start the end of September 2015. 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 and associated Regulations about how the service is run.

People were well cared for and safe living at Quinton Gardens. Staff were respectful, kind and empathetic to people. Staff protected people's privacy and dignity when they provided care and staff asked people for their consent before any care or support was provided.

Care plans contained relevant information for staff to help them provide the individual care and treatment

Summary of findings

people required. Care records reflected people's wishes and how they preferred their care to be delivered. Risk assessments provided information for staff to keep people safe and were reviewed to ensure they continued to protect people from risk.

People received their medicines when required. Staff were trained to administer medicines and had been assessed as competent, which meant people received their medicines from suitably trained and experienced staff.

The provider had effective recruitment procedures that helped protect people. All the necessary checks had been completed on potential staff before a decision was made to employ them at the home.

Staff understood the need to respect people's choices and decisions. Assessments had been made and reviewed for people who lacked mental capacity to make certain decisions. Where people did not have capacity, decisions had been taken in 'their best interests' with the involvement of family members and appropriate health care professionals.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). The registered manager had contacted the local authority and submitted applications to make sure people's freedoms and liberties were not restricted unnecessarily. At the time of this inspection, seven applications had been authorised under DoLS.

Staff were caring and compassionate in their approach to people. People chose how they spent their time so they retained independence in making day to day decisions about their everyday life. Staff encouraged relatives to maintain an active role in providing support to their family member.

A variety of activities were provided for people living in the home that promoted their health and wellbeing. Improvements were being made to increase the opportunities for people who wanted more time involved in activities on a one to one basis.

There was an audit system that identified and improved the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People were satisfied with the service they received and if they suggested improvements, these were acted upon. People's concerns were listened to and supported by the provider and staff who responded in a timely way.

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 care from staff who had the knowledge, skills and time to meet people's individual needs. People's needs had been assessed and where risks had been identified, staff knew how to support people safely. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their prescribed medicines from trained and competent staff.

Good

Is the service effective?
The service was effective.

People and relatives were involved in making decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals. People were offered a choice of meals and drinks that met their dietary needs. People received timely support from appropriate health care professionals to ensure their health and wellbeing was maintained and staff followed the advice provided.

Good

Is the service caring?
The service was caring.

People were treated as individuals and were supported by staff who were kind and respectful. Staff were patient and attentive to people's individual needs. Staff had good and up to date knowledge and understanding of people's personal preferences and of how they wanted to spend their time.

Good

Is the service responsive?
The service was responsive.

People and relatives were involved in care decisions which helped make sure the support people received continued to meet their needs. Staff had information which supported them to respond to people's individual needs and abilities There was an effective system for responding to people's concerns and complaints in a timely way and to people's satisfaction.

Good

Is the service well-led?
The service was well led.

People, relatives and staff were complimentary and supportive of the provider and interim management. There were processes for checking the quality of service, such as regular meetings, customer surveys and quality audits that identified when improvements were required. Where issues had been identified, actions had been taken that led to an improved quality service.

Good

Quinton Gardens

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 1 September 2015. The inspection was unannounced and completed by two inspectors and a specialist advisor who was experienced in nursing and end of life care.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service such as statutory notifications the previous registered manager and provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority who provided us with information they held about this location. The local authority did not have any information to share which we were not already aware of.

We spent time observing staff interactions with people and to see how people were supported throughout the day. People living at the home were at varying stages of dementia which meant some people had limited ability to communicate what it was like living at Quinton Gardens. We spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven people who lived at the home and four visiting relatives to understand their experiences of what is was like to live at Quinton Gardens. We spoke with the provider, who was the owner of the home, two deputy managers and eight care staff, including nurses. (In the report we refer to nurses and care staff as staff) and two kitchen assistants.

We looked at four people's care plans and daily care records to see how their support was planned and delivered. We reviewed other records including quality assurance checks, health and safety checks, medicines, complaints and incident and accident records.

Good

Is the service safe?

Our findings

All the people we spoke with said the support and treatment they received from staff and the provider made them feel safe and protected. People said they did not feel uncomfortable when receiving care from staff and from their own experiences, did not feel vulnerable or exposed to risk. One person said, “From my experience, I would say definitely I feel safe.” Some people told us on occasions, other people had walked into their room, but they felt safer now because they were provided with a key to lock their room. One person said, “[Name of provider] outlined the different options to us and we could also have had a key safe (to keep our possessions secure).” Relatives told us they had no concerns about their family members living at Quinton Gardens and they felt comfortable knowing their relatives were safe and well supported.

Staff told us how they made sure people who lived at the home were safe and protected. Staff were trained in safeguarding and were knowledgeable in recognising abuse and knew who to report concerns to. They were all aware of policies and procedures around whistleblowing and the relevant managers or agencies to report to. Staff told us the training helped them in identifying different types of abuse and they would not hesitate to inform the managers or provider if they had concerns. One staff member told us, “I’ve done SOVA (safeguarding of vulnerable adults) training in a previous job. I’ve never seen anything here to concern me. It’s a good home. If I saw anything I’d report it to the manager or go to CQC.”

Staff had access to the information they needed to help them to report safeguarding concerns. A local safeguarding policy was displayed which showed the local authority contact numbers for staff, should they be required. The deputy managers were aware of the safeguarding procedures and the actions they would take in the event of any allegations received.

Risk assessments and care records identified where people were potentially at risk and actions were identified to manage or reduce those risks. Staff understood the risks associated with people’s individual care needs. For example, staff knew how to support people who had behaviours that challenged others, who were at risk of retaliation and self-harm. Risk assessments were reviewed for people who were at risk to ensure staff continued to meet people’s needs as their health conditions changed. For example, behavioural charts provided information to staff so they recognised when people became anxious and staff knew how to support people to help keep them and others safe.

Most of the people and relatives felt there were enough staff to meet their personal needs, although there were occasions when they had to wait for assistance from staff. Comments people made to us were, “It varies on the time of day, they have their busiest times" and “Yes I am happy on the whole, a bit sad when I am left to wait at night, I have my doubt about staffing levels.” Speaking with staff, most of them felt there were enough staff but they recognised at certain times it was difficult to meet people’s needs, and be able to spend quality time with people. One staff member said, “When a person needed one to one support then it could be difficult.” Another staff member told us they could call upon other staff from Quinton House in an emergency to ensure people continued to receive the support they needed. The deputy manager told us, “If I need to change staffing levels, this is okay with [provider]. Our observations on the day showed staff were busy, yet staff supported people when needed.

The provider completed staff rotas four weeks in advance which ensured staff had advanced notice to minimise any unexpected absences. The provider told us they balanced the skill mix of the staff so new staff were always supported by experienced staff and senior staff. They said they were advertising locally for staff which would be advantageous if staff called in sick, as staff would be closer to the home to help provide cover at short notice. The provider said they used agency staff to ensure staff levels were maintained and to minimise risks. We were told the same agency were used to help provide continuity of care and agency staff were always supported by employed staff to ensure people received the right support. This was confirmed by people and staff we spoke with. The provider said they staffed according to people’s dependency and if people’s needs changed, staffing levels would be reviewed and increased if required.

The provider followed a thorough recruitment and selection process to ensure new staff had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and

Good

Is the service safe?

Barring Service (DBS) check and obtaining appropriate references. DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services.

People's medicines were managed and administered safely and people told us they received their medicines when required. One person told us, "Yes I get medicine on time, usually after breakfast." We looked at 14 examples of people's medicine administration records (MAR) and found medicines had been administered and signed for at the appropriate time. People received their medicines from experienced nurses and senior staff who had completed medication training. These staff had been competency assessed which made sure they continued to administer medicines to people safely.

Medicines were stored securely and, when no longer required, were disposed of safely. Some people received medicine 'as required' and staff followed 'individual protocols that explained when it should be given and why. Staff told us they would ask a person if they required this medication. One person said, "If I have a pain, I buzz and they give me paracetamol." For those people who were unable to communicate, pain assessment charts were followed. The charts contained guidance for staff to assess if someone might be in pain such as looking for facial grimacing or agitation.

We looked at records for people who had their medicines administered to them 'covertly' by disguising their medicines in either food or drink. This was because some people declined medication that was necessary to support their current health and wellbeing. All the decisions for the covert administration of medicines had been agreed by the GP which ensured covert medicines were administered safely and continued to be effective to manage people's health conditions.

Maintenance checks were regularly completed to make sure the environment was safe and equipment was kept in good working order. This included a system of internal inspections of equipment and maintenance by external contractors where required, such as lift maintenance, hoists and water quality checks.

The provider had plans to ensure people were kept safe in the event of an emergency or unforeseen situation. Fire emergency equipment was checked regularly and staff knew what action to take in emergency situations. There was a central record of what support each person required to keep them safe if the building had to be evacuated and this was accessible to the emergency services.

Good

Is the service effective?

Our findings

People told us staff were knowledgeable and provided the care and support they needed. One person said, "They (staff) are pretty good, they make a fuss of me, which I like." This comment was supported by other people who told us staff were aware of their individual preferences, both physical and emotionally. Relatives told us staff had the knowledge and ability to provide care and treatment that met their family member's needs.

Staff told us they completed an induction when they first started at the home, and received training to support them in ensuring people's health and safety needs were met. Staff said they felt well prepared before they worked independently with people because part of the induction allowed staff to shadow more experienced staff. One new staff member was complimentary about their induction. They said, "I did not do anything on my own, I worked with a senior carer. I thought the induction was very good. Today I have finished my induction. I've still got training to do. This care home is perfect. The team are very good and supportive." Other staff we spoke with said the staff team were very effective and supportive to each other.

We asked the provider how they were assured staff put their knowledge and training into practice to effectively support people. They told us they completed regular observations of staff and did a daily walk around, talking to people and staff. They said they observed staff when they provided care and they told us staff had opportunities to identify any training needs or opportunities at their supervision meetings. The provider said most staff were qualified to nationally recognised standards and told us they were committed to provide training in line with the new Care Certificate. The Care Certificate sets out the learning outcomes, competences and fundamental standards of care expected from staff. Training records confirmed staff received refresher training at the required times which helped maintain staff's knowledge and skills.

Staff told us they had regular supervision meetings which gave them opportunity to discuss any concerns they had or further training they required. Staff felt they received the training necessary to provide the care and support people needed, but some staff were critical of the how the training was delivered. One staff member told us, "Most training here is online but I think some would be better as a taught session, like dementia awareness." The staff member said they had worked with people with dementia before but, "The online session is basic, but I don't feel it gives me the all the skills I need. Also, challenging behaviour – I think that should be taught as well. I don't feel I fully have the skills to deal with it and support people as best I could." The provider told us they recognised their methods of training required some improvements and they were currently researching alternative training suppliers.

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 on what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. 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.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care. Staff knew which people made their own decisions so they remained as independent as possible. People we spoke with told us staff helped them to be independent, which included supporting them to make decisions.

Where people lacked capacity to make decisions, the provider recorded information about the support people required. Where people were unable to consent to certain decisions, decisions were taken in their 'best interests' by team which included relatives or other representatives and health professionals. One staff member said, "We always give people a choice as far as possible. I gain their consent by talking and explaining what I am doing. If a person refuses or gets anxious, I explain what's happening or go back later. We don't ever restrain people or force them." The previous registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had sought advice from the local authority to ensure people's freedoms were effectively supported and protected. In the absence of a registered manager, the provider had omitted to inform us that seven people had an approved DoLS in place to deprive them of their liberties. The provider assured us they would complete and send to us any outstanding statutory notifications.

People had mixed views about the quality of food although people told us they were provided with a choice of food

Good

Is the service effective?

options. Comments made to us were, “It’s alright, presentable and edible.”, “It’s improved a bit lately, some is not that appetising, they have livened it up a bit”, “I asked for jacket potato with bacon and cheese myself (not on menu), it was a nice lunch” and “Roast dinners are very good.” Although comments about the quality of food varied, people were consistent that the temperature of the food was not hot enough. The provider was not aware of people’s concerns and assured us they would take prompt action to ensure people’s meals were given to them at the correct temperatures.

People were supported by staff to ensure they remained hydrated and nourished. The deputy managers assessed risks to people’s nutrition and their care plans included who were potentially at risk provided guidance for staff to follow. Staff told us they knew how to support people to ensure they received their food and drinks in a way that continued to meet their needs. We asked the chef how they made sure specialist diets were provided for people. They told us they knew which people required soft diets and this information was updated to ensure people’s needs continued to be met. However we found kitchen staff were not aware of one person who required a fortified diet to help maintain their weight. This meant this person may not receive their foods prepared in line with their needs. We discussed this with the deputy manager who agreed to make sure kitchen staff had up to date information to support everyone’s needs.

People confirmed and their records reflected that they received care and treatment from health care professionals such as dentist, opticians, chiropodists, occupational therapists and their GPs. One person told us they were satisfied with the support they received. They said, “Doctor comes in each week. I’ve had three water infections, one a couple of months ago, they noticed something and did a specimen and then contacted the hospital.” Staff told us they were made aware of and followed any changes in people’s care and treatment in accordance with the healthcare professional’s recommendations.

Good

Is the service caring?

Our findings

People told us staff were caring, attentive to their needs and treated them respectfully.

People were complimentary in their comments about the support they received. People said staff had a caring attitude and they were not worried about asking for help. One person said staff were, "Very caring, very good" and another person said, "I get on well with the staff here." Relatives praised staff for their support and said staff knew people as individuals. One relative said they saw staff supporting someone who needed comforting. The relative told us, "Nurses and staff are excellent, very loving. There was a lovely incident the one day, they gave [person] a big hug." Another relative said they, "Can't fault the carers or nurses at all."

We asked staff what caring meant to them. All the staff we spoke with said they enjoyed working at the home. One staff member said, "All residents are very important to me." The staff member told us they took their caring responsibilities seriously as they helped people who were vulnerable and it was their job to support them. This staff member said, "I know the people as individuals. I do the same as I would want to be cared for." Their answers demonstrated that there was a shared 'caring' value amongst the staff team which was endorsed by the provider.

We saw examples of comments and cards family members had written thanking the staff and provider for their support. The provider said staff commitment was recognised by people's families and said, "We have been given a donation from a relative to put towards the staff team's Christmas party."

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. We saw staff were caring and compassionate towards people. Staff engaged people in conversations and addressed people by their preferred names. Staff were friendly and respectful and people appeared relaxed with staff. Staff responded to people's needs, especially when people became anxious. When one person living with advanced dementia became distressed and shouted and waved their arms, a staff member approached this person and gently held their hand. The staff member said, "Everything is alright, I'm going to take you into the lounge area now because you have finished lunch." This person showed a positive reaction to this staff member's approach and became more settled.

People told us they received care from staff who knew and understood their personal history, likes, dislikes and how they preferred to spend their time. Staff said personal information was recorded in people's care records and a summary was kept in people's rooms. Staff told us this provided them with important information about people's lives, interests and relationships and helped them get to know the person they cared for.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity. One staff member said, "I always knock on bedroom doors, even if they are open. I tell a person I am coming in so I don't make them jump." We saw staff spoke with people quietly, discreetly and spoke to people on their level, for example kneeling to speak with people in armchairs. When people needed personal care, staff supported people without delay to carry out personal care needs discreetly. Staff told us they protected people's privacy and dignity by making sure all doors and windows were closed and people were covered up as much as possible when they supported them with personal care.

Good

Is the service responsive?

Our findings

Due to people's levels of communication and understanding most people were unable to tell us if they were involved in their care decisions. Relatives told us they were involved in making some decisions about their family members' care and were satisfied with the care plans because they met their relative's needs and individual abilities. One relative told us, "They do know [Name's] likes and dislikes. I have been involved with care when asked and I can always talk to the nurses, they are very amenable, superb."

Staff said communication between nurses and senior staff was excellent, which meant staff had the necessary knowledge to meet people's individual needs. Staff told us they were informed of changes in people's needs at the staff handover meeting at the beginning of their shift. They said the handover provided them with important and useful knowledge about the people they supported. Staff told us this was vital, particularly if people's needs had changed since they were last on shift. Staff told us their knowledge of handover was tested. One staff member told us the provider attended handover and would ask staff how a particular person was feeling and how they needed supporting, to check staff knew. They said, "You need to pay attention."

Care plans and assessments contained personal information that helped staff know about the people they supported. Care plans showed how people wanted to be cared for, their preferred routines, risks to their health and wellbeing and how they wanted staff to support them. We saw evidence of family involvement in how personal information was gathered, which was described in care plans as 'My Life'. Staff told us this information was useful as it helped them get to know the person. Staff told us a brief overview of people's care needs was kept in their rooms that they referred to when providing personal care.

We looked at four care plans and found most care records provided staff with the information they needed to support people to maintain their health and wellbeing. However, we found some inconsistencies between completed care records and staff knowledge. For example, one person's care plan said they required a fortified diet to maintain their weight, and that their weight should be monitored every week. Staff told us this person was not always weighed weekly and did not receive a fortified diet but could not explain why. This person received support from the dietician and the provider monitored weight loss on a monthly basis although the dietician was not always provided with accurate advice. Another care record showed a person needed encouragement with fluid intake to ensure they remained hydrated. However, fluid charts were not always totalled so there was no way of knowing what this person's optimal intake should be to ensure they remained hydrated. We spoke with staff about this who assured us improvements would be made so they continued to be responsive to people's changing needs.

People and relatives had mixed views about the quality and frequency of activities within Quinton Gardens that kept them physically and mentally stimulated. We found people who were more independent and able to make choices, were supported to maintain their hobbies and interests.

People told us they enjoyed visits within the local area and participating in quizzes, arts and crafts and sing along sessions. One person told us they celebrated special occasions and events such as, "VE day and a person's 100th birthday." We spoke with relatives of people whose family members had more advanced stages of dementia who felt their relatives did not receive as much one to one time as they wanted. One relative said, "Person needs one to one now, I read poems to [person] and staff do play music to [person] in their room but I would like some more one to one time with [person] (from staff)." We spoke one staff member who was involved in promoting activities within the home and they told us they were looking to make further improvements in how people were supported with their hobbies. For example, they told us they started to create boxes each month on a particular theme, the last topic was sport. Each box contained literature and items related to those themes which promoted discussion with people, staff and families. They told us they planned to involve people in choosing themes so they were tailored to what people wanted.

People knew how to make a complaint if they were not satisfied with the service they received. One person said, "I have no complaints whatsoever. If I did, I would tell [Name of the provider]. He always listens." Information was available in the home for people and relatives about how they could make a complaint and who they should contact if they were not satisfied with the response. The provider said they and the deputy managers were always available

Good

Is the service responsive?

and had an 'open door' should anyone want to make a complaint or raise their concerns. From speaking with the provider, management team and staff we found any concerns people or relatives had were usually addressed and resolved promptly which prevented written complaints being made.

The provider told us complaints were taken seriously and we saw two written complaints had been received in the last 12 months. We saw evidence that investigations had been completed and people were responded to in line with the provider's complaints policy. One relative told us they had made a complaint and the provider was, "Extremely responsive and dealt with it immediately." In response to one complaint, for example, staff received further support and training and staff had observed practice to ensure they were competent to administer medicines safely.

Good

Is the service well-led?

Our findings

People we spoke with had no concerns about the quality of care provided at Quinton Gardens and they found the provider and staff team open and approachable. All of the people we spoke with were positive about the support they received. One person we spoke with told us they needed some equipment and the provider arranged this. This person said, "[Name of the provider] is very approachable. They listen, they're good, I wanted a new mattress and they ordered it." Other comments people and relatives made about the service being well managed were, "Everything is very good and if I had a problem, I would soon sort it out, they are quite accommodating" and "If anything is not right, it gets fixed straight away."

The registered manager had left the service in July 2015, and the home was being managed directly by the provider. The provider told us they played an integral part in making sure the home continued to meet people's needs and that people received a quality service. The provider had promoted two nurses to deputy manager posts in the interim to make sure staff and people had managers they could approach. People, staff and the provider were complimentary in how the home was managed following their appointment. One person told us, "The general manager left. There are two nurses and they are very good."

People told us they saw the provider every day. The provider told us their management style was to lead by example. They said they spoke with everyone living at the home every day. They said they used this opportunity to check if people were happy with the support they received from staff and the managers. They told us they completed a daily walk around to identify any concerns people had and to make sure people received care in a safe environment. People and staff told us the provider and deputy managers had an open door policy and said they would have no hesitation in speaking with them if they had concerns.

Staff told us the whole team were supportive of each other. One staff member told us if mistakes were made, "I feel we could tell the manager (deputy) or (provider). I think we could learn from whatever happened." Staff knew their individual roles and responsibilities and the responsibilities of their peers. We received positive comments from staff about the staff team. One staff member said, "There's no division here between the nurses and care staff, that makes a good team. It's really good team work here. Right from the top we are encouraged to be person centred. Its good leadership I think." Staff had regular staff meetings and one to one supervision meetings which provided them with opportunities to discuss any concerns or training needs and to consider their professional career development.

The provider told us when they received our request for information prior to the inspection, "This was a wakeup call for us." The provider and deputy managers told us they used this as a tool to, "Recognise what improvements were required and where we needed to focus our attentions." For example, the PIR requested information about people who had an approved DoLS. We found this prompted the provider to seek further guidance from the supervisory body about submitting additional applications where people's liberties may be restricted.

The provider's vision for the home was to be, "The best in Warwickshire." The provider had signed up to the GSF and was collating evidence that would help demonstrate their commitment for improvements in providing good quality care in dementia and end of life care. The provider told us they were gathering evidence to enrol on the Gold Standards Framework (GSF) so their end of life care could be assessed and accredited. The GSF is a national programme of care that ensures people receive the highest standards of care at the end of their life. At the time of our visit no one had a formal end of life care pathway, however we asked staff to tell us how they supported people and families. One staff member said, "As a staff team we came up with a red rose which we put on their door. This lets other staff know people are at end of life, or have recently passed away." This staff member said this helped staff know so they would be particularly sensitive to and respectful of people and family's needs. This staff member said the GP reviewed medicines and treatment more regularly for people at end of life, to ensure they were supported to be as comfortable as possible. This was also supported by their commitment to train staff in the requirements of the Care Certificate to ensure staff were equipped to deliver the quality care people required.

There were systems in place to monitor the quality of the service which were completed by the deputy managers and the provider. The system included a programme of audits, including checks of care plans and medicines audits. The provider undertook quality checks and where these checks identified actions, improvements had been taken.

Good

Is the service well-led?

There were systems to monitor the safety of the service. We looked at examples for health and safety, infection control and fire safety. These audits were completed on a regular basis to make sure people received their care and support in a way that continued to protect them from potential risk. The provider recorded incidents and accidents on a monthly basis and completed regular analysis to identify any patterns or trends. Where they identified trends for individual people prone to falling, support had been sought from other healthcare professionals such as occupational therapists or falls team specialists. This made sure potential risks to people were minimised.

People and relatives were able to share their feedback and suggestions about the service they received by attendance at meetings and through the provider's annual quality survey questionnaire. We looked at the results of the last questionnaire and found people were satisfied with the service they received. The provider told us they were pleased with the results and said they had not identified any patterns where people had indicated a lower score.

The provider understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our visit we found inconsistencies with the submitted statutory notifications for people who had an approved DoLS at Quinton Gardens. The provider said that following the registered managers absence they were making improvements to their systems so in future we would receive the correct statutory notifications. The provider assured us they would submit any outstanding statutory notifications that had not been sent.