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Quenby Rest Home

Inspection report

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Date of inspection visit:
13 April 2016

Date of publication:
27 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Quenby Rest Home provides accommodation for up to 26 people older people. The service provides care and support to people with a range of needs which include; people living with dementia, those who have a physical disability, and/or a sensory impairment.

There were 20 people living in the service when we inspected on 13 April 2016. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to ensuring an accurate representation of the service provided at Quenby Rest Home was reflected on their website. You can see what action we told the provider to take at the back of the full version of this report.

People received care that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences and acted on what they said. The atmosphere in the service was friendly and welcoming.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff knew how to minimise risks and provide people with safe care. Procedures and processes guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

Care and support was based on the assessed needs of each person. People's care records contained information about how they communicated and their ability to make decisions. People were encouraged to pursue their hobbies and interests.

People or their representatives were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date regarding the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities. Audits and quality assurance surveys were used to identify shortfalls and drive improvement in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough skilled and competent care workers to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Good

The service was responsive.

People's care, wellbeing and social inclusion was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was not consistently well-led.

The provider's website did not reflect the service's current rating on their website.

Progress had been made to establish a quality assurance system with identified shortfalls addressed promptly which has helped the service to continually improve.

People's feedback was valued and acted on. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Quenby Rest Home

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 13 April 2016, was unannounced and undertaken by two inspectors.

Before our inspection a Provider Information Return (PIR) was submitted by the registered manager. This 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.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 10 people who used the service and two people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager and eight members of staff, including care, administrative and domestic staff. We also received feedback from three health and social care professionals.

We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service provided.

Good

Is the service safe?

Our findings

At our last inspection on the 3 June 2014, we found improvements were needed to ensure the premises were safe, secure and well maintained throughout. Following our inspection the provider sent us an action plan describing how they would address our concerns. During this inspection we found that progress had been made. This included improvements to external ground works and repainting of woodwork. The redecoration of all paint work throughout the service and the upgrade and refurbishment to communal bathrooms was ongoing and being carried out as part of a rolling programme of works.

In addition the registered manager showed us further environmental improvements planned to benefit the people using the service, such as landscaping the garden to make it more accessible, establishing a sensory and remembrance garden and creating raised flower/vegetable beds so people could safely pursue their gardening interests.

At our last inspection we found inconsistencies with the staffing arrangements in the service. The organisation and delegation of the staff meant that people did not always receive the support they needed consistently and in a timely way. During this inspection we found these areas of concern had been addressed. A nurse call bell monitoring system had been implemented which alerted staff when people required attention, particularly in an emergency. This was monitored daily by the registered manager to check that the staff were responding in a timely manner and alerted them if a person's needs had changed.

The registered manager explained how the service was staffed each day and that this was determined by the dependency levels of the people at the service. They told us this was regularly reviewed and staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. They shared with us recent examples of how they had increased the levels of staff to support people when needed. This showed that appropriate action was taken to reduce the risks to people. Our conversations with staff, feedback from relatives and records seen confirmed there were enough staff to meet people's needs.

People told us that they were safe living in the service. One person said, "I think I am very safe here." We saw that staff were attentive to people's needs to ensure that they were safe. For example, when a person tried to stand unaided, the staff were quick to respond to the person to make sure that they were supported safely. When another person mobilised around the lounge, staff moved chairs out of their way to reduce the risks of them walking into them.

Systems were in place to reduce the risk of harm and potential abuse and staff had received up to date safeguarding training. They could tell us about their responsibilities to ensure that people were protected from abuse, knew how to recognise and report any suspicions of abuse and described how they would report their concerns to the appropriate professionals. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training and communication to staff when learning needs had been identified.

People were protected from risks that affected their daily lives. People had individual risk assessments which covered identified risks such as nutrition, medicines, falls and pressure care, with clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions such as diabetes, dementia and Parkinson's had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Outcomes of risk monitoring informed the care planning arrangements, for example sustained weight loss prompted onward referrals to dietetics services. We saw that people were being supported to move in a safe manner which was in line with their risk assessments. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and reflected people's needs.

Equipment, such as lifts and hoists had been serviced so they were fit for purpose and safe to use. The environment was free from obstacles which could cause a risk to people as they moved around the service. Records showed that fire safety checks and fire drills were regularly undertaken which helped to ensure staff and others knew how to reduce the risks to people if there was a fire. Information including guidance and signage were visible in the service to tell people, visitors and staff of the evacuation process in the event of a fire.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the management team or representative of the provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

Suitable arrangements were in place for the management of medicines .People told us they received their medications when required. One person said, "I have my pills to help with the pain when I need them. Plus all my regular tablets which they bring me with a glass of water." We observed a member of staff administering medicines to people after their lunch so it did not impact on people's enjoyment of their meal. They dispensed the medicines and explained to people before giving them their medicines what they were taking and were supportive and encouraging when needed. Medicines were provided to people as prescribed, for example with food or at certain times.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on medicine administration records (MAR). Weekly audits on medicines and regular competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Good

Is the service effective?

Our findings

At our last inspection we found that staff supervision arrangements were not robust. Improvements were needed to ensure staff were supported in their role. During this inspection we found these shortfalls had been addressed. Staff told us they felt supported and were provided with opportunities to talk through any issues and learn about best practice, in frequent team meetings and supervisions with their manager. Records seen confirmed this. A member of staff commented, "There is regular supervision, about every two months. You go over what you have done in the last couple of months." Through discussion and shared experiences staff were supported with their on-going learning and development.

People had different levels of dependency for staff to help and support them and the training they had received reflected this. We saw a member of staff support a person who was anxious and distressed in a consistent and calm manner. They demonstrated their understanding of the person's needs and their reassurance comforted and settled them. In the middle lounge we saw a member of staff prompt a person and encourage them discreetly as they mobilised independently towards their bedroom. The person said, "I fancy a lie down now am not feeling the greatest today." They indicated towards the member of staff who was with them and said, "They [member of staff] is really sweet and is making sure I don't go to fast, get dizzy and fall. They keep an eye on me and make sure I don't overdo it."

In addition to the mandatory training, including safeguarding and moving and handling, staff described training provided to them to specifically meet people's diverse needs. This included supporting people with diabetes, effective communication and pressure care awareness. A member of staff described their experience of the training. They said, "There is plenty of training. We have to stay up to date. It's very important. They [registered manager] is very strict on that." These supportive measures provided staff with the knowledge and skills to understand and meet the individual needs of the people they cared for.

People told us that staff were well trained and competent in meeting their needs. One person said, "[Member of staff] is brilliant, knows me well and understands how to care for me. They are very supportive and encouraging." Another person said, "They are helpful and kind and know what needs to be done." We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included maintaining eye contact, providing reassurance and using familiar words that people understood.

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.

People can only be deprived of their liberty to 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 whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager gave us examples of when relevant applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS. We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful

People were asked for their consent before staff supported them with their care needs for example assisting them with their medicines. Staff had a good understanding of DoLS and MCA. Records confirmed that staff had received this training. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.
Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People were complimentary about the food and told us they had plenty to eat and drink. One person said, "On the whole the food here is very good. Another person commented, "The food is alright. You more of less have a choice. With dinner you do." There was an availability of snacks and refreshments throughout the day. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in care plans and used to guide staff on meeting people's needs appropriately.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Care records reflected that people, and or relatives/representatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants and their doctor. Where the staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "They treat you alright, they certainly do." Another person commented, "The people here [staff] are workers but they are also friends." A third person shared their experience of using the service with us they said, "They [staff] are really here for you. Sometimes you think ughhhhh… I have never had that feeling here."

Feedback from relatives about the staff approach was positive. One relative commented, "They are all really very nice." Another relative described when their relative first arrived in the service they said, "Moving in went smoothly but it was a big change and took time for [their relative] to settle in. The staff were all very kind and supportive to the family and [relative]."

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. They expressed an interest in people's lives and knew them well; demonstrating to us an understanding of people's preferred routines, likes and dislikes and what mattered to them.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. One person said, "I can talk to any of the staff here if something is troubling me. They are all very good and listen to me." Records showed that people and, where appropriate, their relatives had been involved in their care planning. A relative told us how they had contributed towards the development of their relatives care plan and it was "regularly reviewed." Another relative said, "You can record on the papers in [person's] room. [Their] likes and dislikes." They described how their comments had then been factored into the person's ongoing care arrangements.

Planned reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This demonstrated that people's comments were listened to and respected.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, "They [staff] knock on my bedroom door call out my name before coming in and asking if I am alright and what I need help with." Another person said, ""Most days I can wash myself and just need a little bit of help to get dressed. They [staff] are really kind and good at helping me when I need it." A staff member told us that people's choices were respected and shared examples of people who required support when they were incontinent during the night. They explained how people were regularly checked to ensure they were ok and offered support and encouraged to change where required, but if they refused this was respected.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they moved around the service using walking aids and sitting in arm chairs.

We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. One person told us, "They [staff] respect my need for privacy when giving me care." This was supported in our observations; when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

Good

Is the service responsive?

Our findings

At our last inspection we had concerns that people who were more dependent including those living with dementia and or cared for in their bedrooms did not consistently have their social and cognitive needs met. Following our inspection the provider sent us an action plan describing how they would address our concerns. During this inspection we found that improvements had been made.

We observed people participating in several activities, both on an individual and group basis in the lounges. For example, people had their hair styled, were playing board games and doing quizzes as well as watching television, listening to the radio and chatting with each other and staff.

In the afternoon the activities coordinator arranged 'sing a long' entertainment and people played percussion instruments to replace the external entertainer who had been due to perform. They said, "Sadly [entertainer] has had to cancel at the last minute but we will do our own 'sing a long' as people were looking forward to it." People told us afterwards how much they had enjoyed the 'sing a long' session. One person said, "I like the entertainment and 'sing a long's'. We have them several times a week. It is nice and cheery. Most people will come and join in. Breaks your day up."

People and relatives told us that there were social events that they could participate in as well as, both individual and group activities. One person said, "There are nice things on here, they have different people come and sing. It's up to us if we go." Another person talking about their positive experiences of having one to one time with a member of staff said, "I enjoy the time I spend with [staff member]. They sometimes read to me in my bedroom or I get pampered and they do my nails. Throughout the day we saw that staff frequently visited people who had chosen to remain in their bedrooms and spend quality one to one time with them. This included reading the newspaper, helping with a crossword or chatting with them.

People told us they were encouraged to pursue their hobbies and interests and there were pictures throughout the service of people engaged in different things they enjoyed. For example knitting, gardening, arts and crafts and painting. There was also pictures of the special events that had taken place over year such as Christmas cake competition, afternoon tea and a garden party. The activities coordinator told us the photographs as well as making the service look more homely, prompted people to talk about the things they liked to do. This helped the staff to organise activities that people enjoyed. Each person had an activity folder. This included what they liked to do in a group and as an individual. It also included activities they didn't want to be involved in. This showed that people's social and cognitive needs were considered, planed for and accommodated.

We saw that people chose where they wanted to be in the service and what they wanted to do. From our observations, what we were told and records that we looked at we could see that people's individuality and choice were promoted and respected.

People told us that their care needs were met in a timely manner and that staff were available to support them when they needed assistance. One person told us, "The staff are attentive and kind. I have never had

to wait long for help." A relative told us, "Staff are always about if you need anything. If you ring the call bell they [staff] are quick to come." This was confirmed during our observations. We saw that staff were attentive to people, checking on them in the communal areas and bedrooms. Call bells were answered promptly and requests for help given immediately.

Staff were knowledgeable about people's diverse needs and how to meet them. Care records contained relevant information about people's physical health, emotional and mental health and social care needs. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people's current needs and how these were met. The registered manager advised us that the care plans were being updated and moved onto a new format which would provide more person centred care information.

People's daily records contained information about what they had done during the day, what they had eaten, how their mood had been or if their condition had changed. Throughout the day staff communicated effectively with each other and used a communication book to reflect current issues as part of a formal handover to staff on the next shift. This made staff aware of any changes in people's needs on a daily basis. A member of staff told us, "We use a [communication] book to tell each other about important information about how the person is any upcoming appointments, feedback from the nurse or doctor. Helps us keep up to date with everything."

People, relatives and representatives had expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People's feedback was valued, respected and acted on. This included changes to menus and the choice of activities provided following suggestions made. Good care practice was fed back to the staff through team meetings and in one to one supervisions to maintain a consistent approach.

Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. Through discussion with people, their relatives and staff we saw how compliments, comments, concerns and complaints were documented, acted upon and were used to improve the service. People and their relatives told us that they knew who to speak with if they needed to make a complaint but had not done so as any concerns were usually addressed by a member of staff. One person said if they did have any concerns, "I'd talk to the head one here." Another person said about the staff, "you can go to them if there is anything but we've not had any problems."

Good

Is the service well-led?

Our findings

The management of the service did not ensure that an accurate representation of the service provided at Quenby Rest Home was reflected on their website. We reviewed the provider's website and found that it stated the service was "Rated Good by the Care Quality Commission." This did not reflect the findings of the last inspection report for Quenby Rest Home. This was an overall rating of requires improvement. We advised the registered manager during the inspection they had 14 days to respond or we would consider taking further enforcement action.

This was a breach of Regulation 20A: Display of Ratings of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the registered manager had made continued progress in addressing the shortfalls found at the last inspection particularly with the safety of the environment and ineffective staffing arrangements to meet people's needs. The registered manager was proactive and positive when errors or improvements had been identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Although they acknowledged some improvements were still needed, to ensure that new systems, processes and expectations of responsibilities were fully embedded, we found that this was a positive change in the culture of the service and was enabling the service to move forward

It was clear from our observations and discussions that people, their relatives and staff were comfortable and at ease with the registered manager. Feedback received from people, relatives and health and social care professionals cited positive staff interaction and improvements to morale and within the atmosphere in the service. One person said, "[Registered manager] is always available and here all the time. They will stop and have a chat with you. See how you are getting on. Very hands on. Staff seem happier too. There is more of them and they have more time to talk to you now. Not rushing about so much. "A member of staff commented, "Since the [registered manager] has been here there have been a lot of improvements." A health and social care professional commented the service had, "Made good progress, under the new manager."

Under the leadership of the registered manager people were involved in developing the service and were provided with the opportunity to share their views. There were care reviews in place where people and their relatives made comments about their individual care. When people had made comments about their care preferences, these were included in their care records and acted on. Relatives were complimentary about the service and told us they felt listened to. One relative said, "The [registered] manager listens and always involves me. I am kept well informed."
Staff we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well led and that the registered manager and staff team were approachable and listened to them. One member of staff said about the registered manager they are, "Very supportive. If we are short staffed [they] will help out. [They are] hands on. If you have any worries you can knock on the door."

Staff were clear on their roles and responsibilities. They told us they felt supported by the registered

manager and could go and talk to them if they had concerns. They said staff morale had improved. Staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as any issues that had arisen and what actions had been taken. They said that the meetings promoted shared learning and accountability within the staff team.

Quality assurance systems had been improved and were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls and records. Incidents and accidents were analysed and checked for any trends and patterns. Where areas for development had been identified these contributed towards an improvement plan for the service. This plan highlighted the agreed priorities, actions to be taken and timescales for completion. This included improvements to training, staff supervision and ongoing maintenance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider's website did not display the correct rating for the location.