

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Quentin Senior Living, Residential & Nursing Homes is a care home providing personal and nursing care to up to 73 people across 3 individual buildings located next to each other. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 71 people using the service.

People's experience of using this service and what we found

The provider had made improvements since our last inspection; however, the quality assurance systems in place were still not robust enough to ensure improvements were identified and made. We identified where some people's care plans still contained conflicting information.

The provider had made improvements to the detail of people's risk assessments, since our last inspection. The provider had made improvements to the management of people's medicines since our last inspection. People were safeguarded from abuse and avoidable harm. The provider ensured there were enough suitable staff. This included the use of some agency staff supporting people with 1:1 care. People were protected from the risk of infection as staff were following safe infection prevention and control practices. The provider learnt lessons when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a positive and open culture at the service. The provider understood their responsibilities under the duty of candour. People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. The provider had created a learning culture at the service to help improve care people received. The provider worked in partnership with others to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 October 2023) and there was a breach of regulation. At this inspection we found improvements were made and the provider was no longer in breach of regulation.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe and Well-Led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Quentin Senior Living, Residential & Nursing Homes on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

St Quentin Senior Living, Residential & Nursing Homes

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

This inspection team consisted of 3 inspectors and 2 Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and 8 relatives about their experiences of the care received. We spoke with 9 members of staff, this included the 2 registered managers, one of whom was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with nursing staff, senior staff and care staff, a kitchen manager and kitchen assistant.

We also spoke with an external professional who worked closely with the service, who provided their feedback on the service.

We reviewed a range of records, this included 6 people's care records and multiple medicines and daily care records. We reviewed 5 staff files in relation to recruitment processes and training. A variety of records relating to the management of the service, including policies and procedures, environmental checks and audits were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had made improvements to the detail of people's risk assessments since our last inspection.
- People's care plans were in the process of being updated. We reviewed where specific details around people's needs were included, to inform staff of how to support people safely. For example, diabetes care plans and emotional support plans.
- We found some people's records still required reviewing, as they held multiple documents detailing different information of a specific need. For example, for 1 person, it was not always clear what moving and handling support was required. We found no evidence of harm, and when informed the registered managers confirmed they would review and update the person's records.
- The provider completed regular health and safety checks to ensure the building and environment was safe.
- Staff were aware of people's risks and needs and how to support people in line with their preferences. One person told us, "I feel very, very safe here. Staff are very careful in what they do, they definitely know how to support me, I feel safe with them."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- The provider had made improvements to the management of people's medicines since our last inspection.
- People's medicines were stored safely, and this was effectively monitored.
- Where people were prescribed 'as required' medicine, protocols were in place. These were personalised and provided staff with specific instructions. We found some protocols in relation to constipation were not

always clear and required reviewing.

- People's medicine stock levels matched the stock levels recorded overall, however, we found 2 medicines did not match with no clear explanation. Following the site visit, the registered managers investigated this and informed us of required action.
- People we spoke with confirmed they received their medicines as required and had no concerns. One person told us, "They [Staff] bring my medicines regularly, I never miss them. Staff also take me to any medical appointments."

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Staff confirmed the process they followed if they had any concerns. This included reporting to a senior member of staff or a registered manager. The registered managers took action to investigate and submitted safeguarding referrals when required.
- People and relatives spoken with felt people were safe. One person told us, "I feel very safe here."

Staffing and recruitment

- The provider ensured there were enough suitable staff. This included the use of some agency staff supporting people with 1:1 care.
- People were supported by staff who were safely recruited to work at the service. The provider completed Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff completed an induction process when first employed and regular training to keep them up to date with current practices. One relative told us, "The staff are trained I have confidence in them."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff kept the premises clean and tidy and wore personal protective equipment as and when required when supporting people.
- The registered managers completed environmental checks on the home and carried out a regular infection prevention and control audit to identify and address any actions or required improvements.
- The provider had made improvements to the environment since our last inspection and had an ongoing refurbishment plan in place to address any areas in the home where effective cleaning could be compromised.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The registered managers investigated and acted when any concerns were identified, or incidents took place to mitigate the risk of them happening again.
- Staff shared a positive culture of raising any concerns and the provider ensured learning was identified and disseminated to staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection systems were not robust enough to ensure the effective oversight to ensure areas for improvement were identified and rectified. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had made improvements since our last inspection; however, the quality assurance systems in place were still not robust enough to ensure improvements were identified and made.
- The provider had reviewed and updated people's risk assessments and care plans, however, we found some still contained conflicting information. The current systems in place had not identified this.
- Improvements were made to the management of people's medicines, including recording, and acting when fridge temperatures reached their maximum recommended temperature. However, audits were still not effective at identifying gaps in records. For example, where people were prescribed insulin, this was not always labelled when it had been opened and taken out of the fridge, despite the person's care plan informing staff to do this. We also found staff were not always recording the detail of where people had received their insulin injections.
- The registered managers acted on any quality performance concerns and took action following any investigation outcomes.
- Staff were supported and valued by the registered managers, and this was demonstrated through different incentives. For example, staff were awarded for their completion of training by a certain date. Staff members had the opportunity to nominate a team member for their work where they received a hamper reward.
- The provider displayed their rating in the home and on their website in line with their requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- We found permanent staff members and the management team shared a positive approach to raising

concerns and we observed positive interactions with staff and people. However, some agency members of staff did not always support people to ensure they received good outcomes. We observed some instances where staff did not spend time engaging people in activities of interest to them.

- People and relatives spoken with were complimentary of the staff team. One person told us, "I cannot praise the staff enough, they work very well as a team, they have always got your interests at heart."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- Staff were encouraged to be open and honest when things went wrong. Staff spoken with confirmed the registered managers were approachable and supportive and acted when something was wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People and relatives spoken with felt able to raise concerns or suggestions to make improvements to the service. One person told us, "You can tell the staff and report to the management, and they sort it."
- People were supported to follow their interests and engage in things of importance to them. One person told us how a member of staff supported them to attend church services at their request.
- The provider was in the process of implementing a key worker role and they had created a form which guided staff on the responsibilities of the role. The registered manager informed us the aim was to encourage people and relatives to be involved in the running of the home. Staff were prompted to discuss what would make people's lives better and how they could achieve this.

Continuous learning and improving care

- The provider had created a learning culture at the service to help improve the care people received.
- The registered managers had joined a number of associations and care forums to ensure they kept themselves up to date with best practice. The registered managers used information gathered to explore new ways of working and drive improvements.
- The provider was familiarising themselves with information regarding our (CQC) new ways of working and how this will impact on their regulatory requirements. The registered managers were reviewing updates and attending webinars to ensure they accessed all information available to them to continuously learn.

Working in partnership with others

- The provider worked in partnership with others to meet people's needs.
- Staff made referrals and sought guidance from health and social care professionals as and when required. These included, General Practitioners (GP's), speech and language therapists, dentists, and opticians. People's care records detailed where guidance was provided for staff to follow.
- We spoke with an external professional from the local General Practice, who confirmed the provider worked well with them to meet people's needs. This included making referrals to them when required and acting on advice given. The professional informed us, "Continuity of staff members could improve, but overall, it all works well. Staff are also going above and beyond for 1 person who requires complex support."