

Quantum Care Limited

Meresworth

Inspection report

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Date of inspection visit:
16 July 2019

Date of publication:
05 August 2019

Ratings

Overall rating for this service	Good ●
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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

About the service

Meresworth is a care home providing accommodation and personal care for up to 52 people. At the time of the inspection the service was providing support to 51 people.

The building consisted of two floors. The two floors had living facilities which included people's individual bedrooms with en-suites, dining rooms and lounges.

On the second floor there was hair dressing facilities as well as a day centre. The ground floor had the offices for the management team and the kitchen facilities.

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

People were happy with the support they received and were supported by staff who knew them well. People felt their privacy and dignity was promoted. People were able to choose how to spend their time and encouraged to make decisions about their care.

People's care plans included information that gave staff knowledge on how people wanted to be supported and what their likes and dislikes were.

People enjoyed the activities available. There were communal areas which were well decorated and were used regularly.

The recruitment process and training systems meant people were supported by staff who were suitable to work in a care setting. Staff felt well supported. People felt in most cases there was enough staff to meet their needs. On the day of the inspection people had their needs met with in a timely way.

People had individual risk assessments and staff were aware of these. People received medicines when they needed, and these were managed safely. People and relatives told us they felt happy living at Meresworth.

The registered manager was known throughout the home and people and staff were positive about them. All staff were clear about what was expected of them and any lessons learned were communicated.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 17 July 2018)

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Meresworth

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of two inspectors and an Expert by Experience. 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

Meresworth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We looked at statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care workers and the chef. We spoke with one health professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff provided their care. One person said, "I never thought about safety here, maybe because it's not on my mind at all. I think for me routine make me feel safe. I know what I am about to do and what is going to happen and no surprises. I feel very relaxed here."
- A relative said, "It's one of best homes we visited prior my relative moving in, it's so safe. What is making me say it's safe, the most is the staff are caring."
- Staff had received safeguarding training. The staff knew how to identify and report concerns relating to abuse and they felt comfortable raising concerns and received support for this. One staff member told us, "When I walk around I would be looking at how staff are interacting with residents and staff. If people were acting out of character, I would hand over to managers and record in peoples files. Staff might also find something wrong through doing personal care and we would report immediately."
- The provider had effective systems in place to safeguard people. Where concerns had been raised matters were dealt with in an open and transparent way.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Staff were aware of these risks. We observed staff supporting people safely and patiently. In addition to this people had a personal evacuation plans (PEEP) in the event of a fire. A personal evacuation plan is a plan that details how someone would evacuate the building in the event of an emergency such as a fire. One staff member was able explain about individuals support needs in the event of a fire. "We do fire drills they are quite rare because we don't want to unsettle the residents. We do set the fire panel off every Wednesday. Everyone is aware if the fire alarm goes off you go to the panel and then the staff will be instructed. Everyone had a PEEP it details how to evacuate. Depending where the fire is ring 999 and then you would start horizontal evacuation first."
- People were mostly involved in managing risks and risk assessments were person-centred and reviewed regularly. Restrictions were minimised so that people felt safe but were empowered to have freedom.
- The provider ensured the equipment used in the home was regularly service and well maintained.

Staffing and recruitment

- On the day of the inspection people's need were met with the staff present, however there were views that at certain times of the day more staff would be better. One relative said, "I sometimes think that they do need 3 staff on upper floor. Mornings are busy, and I simply don't know how they manage to support all residents in timely manner. I don't say at all they are rushing but it's possible that somebody is not left out to wait too long."
- At the time of the inspection the service was going through a restructure of staffing model and introducing a level of senior carers for each unit. The registered manager stated this will offer more consistency for the

individual units and give staff further support.

- The registered manager was proactive with recruitment of new staff to meet the needs of the growing business. This meant that there was a regular staff team which gave people continuity of care and support from a consistent staff team who knew them well and understood their support needs and preferences.
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Using medicines safely

- Staff received training to safely administer medicines for people. Staff's competency was checked to ensure they were skilled and confident to administer people's medicines.
- People received their medicines when they needed them. We saw staff administering medicines in a discreet and respectful manner.
- The registered manager ensured regular audits and spot checks of the staff's working practices were completed when administering medication.

Preventing and controlling infection

- People were protected from the risk of infection, staff received training and followed guidance.
- Systems were in place to ensure infection control was managed. The environment was clean.

Learning lessons when things go wrong

- The management team reviewed incidents that happened and used a shared learning tool which had a summary and lessons learnt from each incident, this was then used to feedback to staff to make improvements across the service. For example, the registered manager reviewed other CQC inspectors around the area and used this as a lesson learnt for their service.
- Staff said they felt comfortable in speaking up when things may have gone wrong and this would be discussed with the staff and how they could learn from it.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's voice was clear throughout the care plans. This identified what the person wanted, what they could do for themselves to maintain their independence and how this made them feel.
- The registered manager kept up to date with current care standards and guidance. This was reflected in how people were receiving their support.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in areas which the provider had identified as relevant to their role. One person said, "they are all very knowledgeable how to move me and help me with hoist, they would not know how to use it if they are not well trained, I trust them totally."
- One relative said, "Staff are very skilled, they noticed my relative had sore gums because the dentures collapsed. They called the dentist immediately. Then they called me to tell me that, very efficient."
- Staff felt supported by their manager and had opportunities to discuss their professional development and wellbeing through individual supervisions and appraisals. One staff member said, "I am good with my training, I have been nominated for a care awarded for my training and development. I have done train the trainer for some courses, I enjoy learning."

Supporting people to live healthier lives, access healthcare services and support, supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good. One relative said, "Food is lovely, we often eat together, their dinner is better than mine, lovely tender meat. There is a good variety and plenty of it, people can always ask for extra's."
- Food choices were taken the day before, however the staff then gave each person the option to change their meal if they wanted to. Where people were living with dementia staff showed them the plates of food to choose from.
- Tables were set ahead of the meal with menus on display, as well as condiments and a range of drink choices, where people ate in their rooms condiments were not offered to them. This was something that we spoke about with the registered manager and the manager said they will resolve this.
- The dining experience was calm and relaxed. Staff offered assistance with the meals if the person wanted.
- The chef was aware of people's allergies and dietary requirements. The chef said he took time to get feedback from people about the food and adapted the menu's for people accordingly. The chef said, "A lot of dishes have fancy names, so we change them to make it clear to people about what they are eating. We get feedback from people once a month."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well and this helped to ensure care delivered met people's needs consistently and encouraged independence.
- The staff team have worked together with other health professional to provide person centred care. On the day of the inspection a doctor was present to visit people as well as a health professional providing physio for people.

Adapting service, design, decoration to meet people's needs

- Peoples bedrooms were personalised and had their own belongings.
- People has access to the garden outside which was well maintained and had wheelchair access.
- There was signage around the home for people living with dementia to help them navigate around the home.
- The overall environment needed some changes to decoration and in parts decluttering. The registered manager said that works in the home to improve the environment was part of their service improvement plan.

Ensuring consent to care and treatment in line with law and guidance

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed in relation to their care and best interest decisions were recorded. At the time of the inspection we observed staff were making sure they gave people choice and control.
- DoLS applications were made appropriately to ensure peoples safety, the manager kept a tracker to ensure they were able to chase up outstanding applications.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity, Respecting and promoting people's privacy, dignity and independence

- People we spoke to were positive about the care they received. People were being treated with kindness and respect. One person said, "What really gives me happiness is warmth and kindness I have from people who are around me. All the staff have been trained well, but nobody can fake kindness and all staff are like that."
- Another person said, "I can say that carers here are the best I have seen, and I spent quite a bit of time in the hospital and people here are the best. Always cheerful, happy to help and listen, and we have a laugh often."
- Staff were attentive to people and we could see staff were passionate about caring for people. One staff member told us "I like to make people happy, laugh and feel safe and this is the best reward you can get."
- Staff knocked on doors and were discreet when supporting people.
- People who needed support by staff were dressed appropriately.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make choices about the care they received. Staff were heard asking people for their choices throughout the inspection.
- People and relatives were involved in reviews of their care. One relative said, "I think they take on board whatever we say, I could see that my relative is dressed the same way they were dressing all their life. We told them some time ago we were seeing them dressed in funny colours, and they corrected it very quickly. They were always nicely dressed lady and I am sure she would mind a great deal if this is not followed."
- Another relative said, "I am very much involved in all annual reviews as my [Relative] appointee, they are present when we talk, and they contributed mainly about how they feel staying here or if there is anything else they can do better, but as we are happy there are no changes this year."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The service had an activity coordinator and day centre that people could visit throughout the week, as well as having in house activities for people. On the day of the inspection, activities were planned and adapted due to the good weather. "I love all activities, I never believed that life in a care home could be so busy and lively, so much more than at home doing absolutely nothing, people are constantly talking, I like even just to sit and watch. There is always somebody to make me a nice cup of coffee and biscuit."
- Peoples care plans were personalised and set out how people liked to be supported to meet their individual needs and preferences. A relative said, "Staff have a very personal approach, from things my [relative] likes to do, tv programs they like to watch, staff will remind them to turn TV on when it is on, so they will not miss it. And they know they loves endless cups of tea and snack from her box. We never had a reason for complain."
- People told us they felt like an individual. A relative said, "Coming from [relatives] own home, for my [relative] the most important thing was that [relative] had their own room key, they agreed for them to carry the keys, [relative] did lose it couple times, but I think they made few spares so one is always available. This made a huge difference in positive way that [relative] likes staying here and they feel safe."
- One person said, "If you got to come into a home this is a home that you should come to. You are not just another thing sitting in the chair you are an individual."
- People were supported to maintain control and independence, one person said, "I am trying to be as independent as possible, so most of days I dress myself up and I tidy my room: I put a bedcover back. I leave cleaning and hoovering to cleaners."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information around the home for people. Where there were people were living with dementia there was signage to help them navigate around the home. People where shown objects of things for them to make an informed choices for example, people were shown a plate of each food so they could choose what they wanted to eat.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately and actions were clearly documented and highlighted once

improvements had been made.

- People and their relatives told us they knew how to make a complaint and that they felt they would be listened to. One person said, "[Registered manager] is about when I need them. [Registered manager] listens and we can tell them anything. You get feedback."

End of life care and support

- The service was not currently supporting anyone with end of life care. Although they had supported people in the past. One the day of the inspection a visitor came as volunteers and explained how the service had supported their relative at the end of their life. "My [relative] passed away in this home, but because we feel so grateful to all carers about the fantastic care we come very often. For me coming here and seeing all their friendly faces is so soothing. We cannot praise the staff enough how much they did for them and us, from the start my [relative] was here for only 18 months. The kindness and help [relative] received from every single person helped [relative] to settle quickly even if [relative] was very old and frail. [relative] became totally different, better person. They would do all activities, singing, card making. It was like they opened up. It was so nice to see them enjoying everything here."
- The registered manager told us staff were aware of advanced directives for example, for resuscitation. These decisions were recorded in the people's care plans.
- Peoples wishes were recorded for when they had passed away. However, their end of life care wishes were not recorded which meant staff may not know how best to support them for example, would they wish to remain at the home to be cared for, or go into hospital when they became terminal.

We recommended that this was developed with the details of peoples wishes and wants of they were to fall ill which then resulted in palliative care.

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the registered manager was approachable and was seen around the home. One person said, "I know the manager and their deputy, they are very nice, active people and seem to work well together, nothing is hard for them if they can help with sorting issue. I would strongly recommend this place, they certainly meet all my expectations."
- A relative told us, "We know who the manager is. They are very present on the ground and their doors are always open. Very approachable."
- Staff told us, and we also saw, that the registered manager was visible in the home and was available if anyone needed to speak with them. One staff member said, "I get good support from the manager and they have been really brilliant and have shown me how things work here."
- The provider and registered manager had a clear passion for ensuring the care and the home was of high quality. This came across in the discussions we had throughout the inspection.

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

- The registered manager was organised, open and knowledgeable about the service and the needs of the people living there.
- Staff told us they work together as one team. One staff member said "Staff changes moral goes up and down, but we are a team and family orientated. If there is lots going on the manager will always ring to check you are ok. I think there is a lot of support."
- The registered manager used their governance system to help them identify and resolve and issues in the home. These included audits, observations and spot checks.
- The provider carried out regular quality checks. Both registered manager and provider had an open and honest relationship which meant that the service received the dedication from all management involved.

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

- People and their relatives were asked for feedback about the service through reviews.
- People had the opportunity to give feedback with resident meetings.
- Staff told us they take part in team meetings and could feedback about the service.

Continuous learning and improving care. 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 registered manager ensured the service was continuously improving and was involved in a quality audits completed in house and from external agencies.
- The registered manager had service improvement plans, goals and action plans in place to ensure the service is constantly improving and reflecting on the support they are giving.

Working in partnership with others

- The registered manager had links with various agencies which included local authority and the local care providers association.
- The registered manager and staff team had strong links with other health professionals to make sure people had positive health and well-being outcomes.