

# Quantum Care Limited

# Nevetts

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 26 January 2016 and was unannounced.

Nevetts provides accommodation and personal care for up to 41 people older people, some of whom live with dementia. There were 38 people living at the service on the day of our inspection.

At their last inspection on 5 September 2013, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet the standards.

There was a manager in post who had been at the service since November 2015. The manager had submitted their application to become the registered manager of the service. The previous manager had retired in December 2015. 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 and associated Regulations about how the service is run.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and had submitted DoLS applications which some were pending an outcome.

People's needs were met in a way that they preferred and they felt they were listened to. Staff knew how to identify and monitor risks to people's health and welfare and respond appropriately. People had choice on how they spent their days and there were activities provided with ties to the local community. There was a good choice and variety of food and people's health was monitored with regular contact with health and social care professionals.

People's privacy and dignity was promoted and they were supported to maintain relationships which were important to them. Staff knew people well and they, along with the manager, had a people first approach. There were systems in place to monitor the quality of the service and address any issues that arose and there was effective leadership in the home. There were currently staff vacancies at the home but there was ongoing recruitment to try to resolve the issue. Staff were recruited through a robust recruitment procedure and received regular training and supervision.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to recognise and respond to abuse.

People's individual risks were assessed and mitigated.

There were staff vacancies that the home was recruiting for using a robust recruitment process.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People's ability to make decisions was assessed.

People were supported to enjoy a variety of foods.

There was regular access to health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved in planning their care and expressing preferences.

People's privacy was promoted. .

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were met and care plans gave clear guidance to staff.

People had access to a range of activities that they enjoyed.

People were able to make complaints and have them responded to appropriately.

### Is the service well-led?

Good ●

The service was well led.

People were positive about the management of the home.

There was effective leadership in the home.

There were systems in place to monitor the quality of the service.

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# Nevetts

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and 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 26 January 2016 and was carried out by two inspectors. The inspection was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the Provider Information return (PIR) which sets out how the service is meeting the standards.

During the inspection we spoke with seven people who lived at the service, one relative, six members of staff and the manager. We received feedback from social care professionals and viewed six people's support plans. We also reviewed records relating to the quality and monitoring of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

# Is the service safe?

## Our findings

People felt safe living at Nevetts. One person said, "I feel safe and secure here." Another person said, "I feel very safe here, no concerns about this at all." We saw that there was information displayed about recognising and reporting abuse. Staff had a good understanding of what to look for and were clear on how to report concerns internally and externally. One staff member said, "Residents and their welfare are our priority and if I had any concerns at all I would report them, without hesitation."

People had their individual risks assessed and care plans were developed to ensure that risks to health and welfare were reduced. We saw that staff worked in accordance with these risk assessments. For example, using safe moving and handling techniques and supporting someone to reposition when they were assessed as being at risk of developing a pressure ulcer. Staff were able to confidently describe the risks posed by residents and were able to describe how they mitigated the risks, particularly when moving and handling and in how residents mobilised whilst maintaining independence.

Accidents and incidents were recorded and reviewed to ensure all remedial actions had been taken. The manager sent this information to the provider using a system that analysed it to check for themes and trends. The regional manager then checked during their visits to ensure that all necessary actions had been completed. For example, a referral to the GP or new equipment provided.

The service was experiencing some staffing issues due to vacancies in care assistant posts. However, we noted that the day of the inspection the home was fully staff and people received support in a prompt and timely manner. This included call bells being answered quickly and people received care and support when needed. For example, with support to eat and drink or accessing the toilet. We reviewed the rota and saw that most of the time shifts were covered using permanent staff, casual staff or agency staff. We were told by the manager and staff team that at times shifts were not all able to be covered but this was not a regular occurrence. Staff told us that when they were short staffed, the management team supported the care team by working alongside them. One staff member said, "There's good teamwork here but the staff turnover has made it hard." The manager had arranged for a recruitment day to be held, which was the day of our inspection, to try and recruit new staff members.

People were supported by staff who had been through a robust recruitment process. This included an interview by two managers, written references, full employment history review and a criminal records check. This helped to ensure that staff employed to support people were fit to do so.

People's medicines were managed safely. We observed staff complete medicine rounds and saw that they worked in accordance with safe working practice. Medicine records were completed consistently and there were protocols in place for 'if required' medicines. For example, if a person was prescribed paracetamol on an as needed basis, there were instructions for staff to follow regarding when this was needed. Open bottles and boxes were dated on opening and handwritten entries were countersigned to ensure they were accurate. There were weekly stock checks of boxed medicines to help ensure they were being administered and stored safely and administered in accordance with the prescriber's instructions.

# Is the service effective?

## Our findings

People were supported by staff who had received the appropriate training and supervision for their roles. One person said, "The staff are very skilled at what they do and you can tell that they are well trained." Another person told us, "Oh yes the staff really give me confidence that they know what they are doing." Training included dementia care, moving and handling, food and nutrition, safeguarding people from abuse, the mental capacity act and health and safety. We saw that most training was up to date and those that were due for renewal was scheduled for the near future.

Staff told us they felt well supported by their care team managers and the manager. Staff had regular supervision and annual appraisals. We saw that these covered all areas of staff performance and training and were reviewed for their progress at the next supervision session. Staff told us they felt supported. One staff member said, "I have plenty of opportunity to say how things are going and I have regular supervision."

People told us staff asked for their consent before supporting them and they did not make decisions without consulting them. One person said, "Staff take their time and always offer me choices, what I want to wear, eat, do with my time." We saw staff always asked people before assuming they wanted support. We noted in one instance that a call bell rang and the staff member asked the person if they wanted to receive personal care then or if they preferred to wait. Throughout the day we saw that staff were patient when offering the people choices and they gave time for them to respond.

We saw that people had their capacity assessed and where they were assessed as lacking the ability to make independent decisions, advocates or relatives were involved. For decisions which may impact on their freedom, such as living at the service or the use of bedrails, a DoLS application was made. However, staff were clear on how they supported people to make day to day decisions and what their role was in relation to ensuring people's rights were promoted. One staff member said, "Just because a person can't decide what they want for breakfast, it doesn't mean they can't decide what they want for lunch." Care plans supported this approach by guiding staff to encourage people to make decisions where possible, including what clothes they wanted to wear.

People enjoyed their food and were supported to eat and drink sufficient amounts. One person said, "We are constantly eating and have a really good choice." Another person told us, "I am a fussy eater but there is always something I fancy eating. Chef comes up to talk with us about food and our preferences." We saw that people were supported well by staff and care was taken throughout the morning and lunchtime period to ensure all residents ate and drank well. Lunch was an enjoyable experience, calm and unrushed. Food was presented to a very high standard. Three choices were available for each meal including a vegetarian option. We saw that desserts and pastries were homemade. One person told us, "The puddings are excellent, I didn't eat them at home but here I can't resist." The home was currently running a 'Desserts through the decades' week to add to the enjoyable mealtime experience. People's weight was monitored and where staff had concerns, the amount people consumed was recorded on a chart and they were referred to a healthcare professional.

People had regular access to health and social care professionals. One person said, "If you're not feeling well, someone comes to see you." We saw in the care records and through talking to residents and staff that a variety of health and social care professionals were involved in ensuring new or ongoing health or social care needs were met. GPs visited every week, and that district nurses and social workers were regularly involved.



# Is the service caring?

## Our findings

People were treated with dignity and respect. One person told us, "Staff treat us like a member of their family, how lovely is that." Another person said, "The staff here really care for me, they could not do any more." The home had a dignity champion who told us that they raised awareness of promoting dignity around the home and in the staff room. They told us the staff team considered what clothing people were wearing if they required the use of a hoist for transferring, for example, trousers rather than a skirt to preserve a person's dignity. Staff also told us it was about listening to people and making sure they had a voice.

All our observations were positive. Staff spoke with people as individuals and were kind and attentive. We noted that staff noticed when a person's nose was running and supported them to wipe it and we heard a staff member say, "The residents feel a bit dry sitting there so I'm going to get them some sweets to suck."

Bedroom doors were closed while care was delivered and only those who requested they were open, had their doors open while they were in bed. We noted that staff had been reminded to check this during a recent meeting. Care notes were stored securely to promote confidentiality and staff had been reminded that discussions, including handovers were to be carried out where they could not be overheard. This helped to promote people's privacy.

Most people were formally involved in planning and reviewing their care. However, two people told us they hadn't been involved. We noted that staff knew everything about these people and it was the formality of sitting with people, going through the plan and asking that they sign it that had been missed rather than the involvement itself. We saw a staff member sat with a person and review their care plan, asking them and showing them each section, checking if they were still happy with it. One person told us, "I was involved, they asked my preferences and what I wanted." We noted that in most cases, where appropriate, relatives were also invited to participate in the planning and reviewing of care and had signed the plan in agreement.

People had developed positive relationships with the staff that supported them. It was evident from our observations, and discussions with staff, that staff knew people well. One staff member said, "We are encouraged to develop really positive relationships with our residents." Relationships with friends and family were also encouraged. We noted that there were plenty of opportunities for relatives to feel welcomed into the home. For example, on the day of our inspection there was a weekly coffee afternoon which was attended by several relatives and visitors. One staff member told us, "I think we're really good at keeping people in touch with their family and involving them." They went on to tell us that they did this through phone calls and meetings. This helped to ensure that when people were unable to contact family members themselves, there was someone who was able to do so on their behalf.

## Is the service responsive?

### Our findings

People's care needs were met in a way they preferred. One person told us, "Fantastic support, I am very pleased with the standard of care. Yes my needs are being met very well." Another person said, "I cannot think of anything else I need. I have it all here." We noted that staff were attentive and reacted to requests for support efficiently and recognised where assistance was needed. For example, we noted that one person's feet were slightly swollen and they were touching them. A staff member quickly returned with a footstool to elevate the legs to help reduce the swelling. We saw that people were assisted to go outside for a cigarette and there was prompt support to access toilet facilities. This demonstrated that staff had a good knowledge of people's individual needs and were able to respond appropriately.

People's care plans were person centred and gave clear guidance to staff on how to support them. We noted that some plans, in particular those on the second floor, did have some gaps in information, however, staff were able to tell us all about people and what support they required and how they liked to spend their time. We discussed the gaps with the manager who already had a plan to address it. We also saw that staff provided care in a way that was recorded in the care plan. For example, when supporting people to mobilise.

People were encouraged to get involved in activities that were going on and were supported to maintain ties with the community. People told us there was enough to do and that they were always asked what they wanted to do and that there was no pressure to participate. One person told us, "Local school children come in to see us which I love." Another person told us, "The staff did a pantomime for us at Christmas which was great entertainment." We also saw that the home had two pet cats, a fish tank and a visiting pat dog which were all enjoyed. One person said, "I had a lovely wake up visitor when the dog came in to say good morning to me today." Another person said, "I just love animals and appreciate it when I can stroke the cats." Some people were enjoying reading their newspapers and doing the crossword, others were spending time in the sensory room. We noted that one person who had been a bit unsettled earlier in the day was tasked by a staff member to sort out a box that had different pieces of jewellery in. The items were in a muddle and the person was engrossed in untangling them. When we spoke with this person later on, their mood had lifted and they joked about taking their lunchbreak. This showed that staff knew how to engage people as individuals and help them participate in purposeful activities that benefitted them. We saw that there were various entertainers that visited the home and on the day of our inspection it was the weekly coffee afternoon. This was set up with lace tablecloths and a tea set with staff wearing aprons fitting of the theme. We saw that this was attended by several people who lived at the home and their relatives and there was a jovial atmosphere in the home. One person told us earlier in the day, "Today we have a tea and cake event downstairs which I will go to as the homemade cakes are gorgeous."

People were encouraged to make complaints when needed and these were responded to appropriately. One person said, "I would say if I was not happy with anything." We saw that there was a complaints system in place which was easy to recognise and carry out for people and their relatives. For example, pictures of a smiley and sad face with complaint cards next to a box. We also saw that people were encouraged to give feedback through surveys and meetings. Where any issues arose as a result of these, an action plan was

developed and signed when completed. For example, where issues with laundry had been a reoccurring them, additional laundry hours were allocated with a care team manager's oversight.

## Is the service well-led?

### Our findings

People were positive about the management of the home. We saw that the home had a manager, deputy manager and care team managers (CTMs) who were responsible for different areas of the home. However, people were not clear who the manager of the service was and referred to the care team managers as the manager. We discussed this with manager about the possibility of raising their profile. For example, attendance at resident meetings and displaying of their photo at key areas of the home. Staff were also positive about the leadership in the home. One staff member said, "If I'm not sure of how to do something, they come and show me."

There were daily meetings each weekday with the manager and senior staff team. These meetings had key topics discussed such as promoting dignity, monitoring paperwork and task for the upcoming day. The manager told us, "I have started walking round with the CTM's to help them see things and address things."

There were quality assurance systems in place. This included audits and regional manager visits. Where issues were identified, an action plan was developed. For example, gaps in care plans. The manager told us that this was an area they had identified as an issue and had a plan in place to address it. We also found as part of our inspection that gaps in some care plans was an issue and staff did not always record all support given. We noted that although a professional had visited on one occasion this was not recorded in the external health and/or social care professional visits log. However, this confirmed that the manager was able to identify shortfalls and put a plan in place to ensure these were addressed. We saw that any issues or shortfalls were discussed at the daily senior meetings and again during staff meetings. Staff also told us that things they needed to be aware of, such as lessons learned from complaints, accidents or change to policy were also discussed at handovers. One staff member said, "They [manager] sit down and discuss it with you and we come up with a plan." They went on to say, "I feel listened to."

The care team managers lead the shifts on the floor ensuring the staff were working safely and people's needs were being met. As part of their role they completed a monthly audit which showed the manager what had been completed or any issues. For example, one to one supervisions, or if a person developed an infection and any health and safety concerns. This information was reported by the manager to the provider who monitored the information for themes and trends and then part of the regional manager visits reviewed the required actions, if needed.

The service had a people first ethos. The provider had displayed posters which stated their values around the building to help raise awareness of them. We found that staff were clear on what their roles were and what was expected of them and worked in partnership with the manager. Both the manager and staff shared the view that this was people's home and that they came first. One staff member said, "We are all working here because we really care for residents, as if they were our own relatives, nothing less would be acceptable. Residents come first." Another staff member told us, "The culture here is all about what the residents want. I have never worked anywhere like it. Residents can get up when they want, choose their bedtime and do what they want to do and have care supported in the way they chose. It is a fantastic place to work, I love it." The manager was very positive about the staff team and told us, "The staff are brilliant,

they know everyone so well, they really do care and are passionate about what they do." They went on to say that the service had good community connections and this combined with the staff team made the service, "Like home from home." This was something they were proud of and told us this was what helped them strive for continuous improvement.