

# Quantum Care Limited

# Heath House

## 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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 23 and 28th February 2017 and was unannounced. The inspection was undertaken by one inspector.

Heath House provides accommodation for up to 62 people with residential and dementia needs. It does not provide nursing care. At the time of the inspection 53 people were living at Heath House.

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.

When we last inspected the service on 30/06/2016. We found the provider was not meeting the regulations and the overall rating was requires improvement, with a breach of regulation 17. At this inspection we found that the provider had made the required improvements and was now meeting the regulations.

People told us they felt safe living at Heath House and we saw staff worked as a team to help keep people safe. Staff demonstrated they understood how to keep people safe and risks to people's safety and well-being were assessed and kept under regular review to help to keep them safe. People's medicines were managed safely, by staff who had received training.

In most cases people had their needs met in a timely way and we observed there were sufficient numbers of staff who had the right skills and experience to support people safely. However we found on one unit in the communal lounge people looked 'unkempt', and we brought this to the registered manager's attention, who took immediate action to address the issue.

There was a robust recruitment process in place, and we saw from records that all the appropriate pre-employment checks had been completed. Staff were well supported by the management team and received regular one to one supervision and attended bi-monthly team meetings. Staff told us they felt well supported by the registered manager and deputy.

People received the assistance they needed to eat and drink sufficient amounts to help keep them healthy. People were supported to maintain their physical and mental health and staff made referrals to healthcare professionals when required.

We observed staff to be kind and caring overall. And staff knew people's individual requirements in relation to their care and support needs and preferences. People and or their relatives had been involved in the planning of their care where they were able to and where this was appropriate.

Visitors were welcomed to the home at all times and were involved in events at the home. There was a cheerful atmosphere in particular in the main activities lounge where people were engaged in a range of

activities. People who were unable to participate due to reduced mobility were engaged in conversation and reminiscence.

There were arrangements in place to receive feedback from people and their relatives. People felt they were able to raise any issues or concerns they had and told us that they were confident they would be listened to and any concerns raised would be addressed.

People and their relatives were positive about the staff and management at the service. There were systems and processes in place to regularly monitor the quality of the care and support provided for people who used the service. Where shortfalls were identified an action plan was developed to make the required improvements.

## 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 

This service was safe.

Staff understood how to recognise potential abuse, and knew the process for reporting concerns.

Risk assessments were completed to help keep people safe.

People's care was provided by appropriate numbers of staff who had been through a robust recruitment process.

People's medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

People were cared for by staff who had been appropriately trained and were supported in their roles.

People's consent was obtained and they had had their capacity assessed in line with MCA guidance.

People were supported to eat and drink sufficient amounts to maintain a balanced and varied diet.

People were assisted to access health care professionals to ensure that their health and wellbeing was maintained.

### Is the service caring?

Requires Improvement 

The service was not consistently caring.

People were mostly supported in a kind and caring way.

People's privacy was respected and maintained.

Staff demonstrated a good understanding of people's needs and wishes and mostly responded accordingly.

Staff had developed positive and caring relationships with people they clearly knew well.

### **Is the service responsive?**

The service was responsive.

The provider demonstrated they were responsive to people's changing needs.

People were supported to participate in a range of activities.

There was a complaints process in place and we saw that complaints were investigated and responded to in line with the complaints policy.

People and their relatives felt that they could raise concerns and that that they would be addressed.

**Good** ●

### **Is the service well-led?**

The service was well led.

People, their relatives, and staff felt the home was well managed and they had confidence in the management team.

The provider had robust systems in place to monitor and effectively manage the quality and safety of the service.

There were systems in place to make continual improvements.

People and their relatives felt the managers worked in an open and transparent way, and that they were approachable and supportive.

**Good** ●

# Heath House

## 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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 and 28 February 2017 and was unannounced. The inspection was undertaken by one inspector.

During the inspection we observed staff supporting people who used the service, we spoke with four people who used the service, five care staff, and activities staff the deputy manager and the home manager. We also spoke with a representative of the provider and a member of the quality monitoring team. We spoke with relatives of five people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from commissioning staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service, four staff recruitment records and other documents relating to people's health and well-being. These included staff training records, medication records and quality monitoring audits.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff supporting people who used the service, we spoke with three people who used the service, four care staff, and activities' staff the deputy manager and the home

manager. We spoke with relatives of five people who used the service to obtain their feedback on how people were supported to live their lives. We received feedback from commissioning staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service, three staff recruitment records and other documents relating to people's health and well-being. These included staff training records, medication records and quality monitoring audits and meeting minutes.

## Is the service safe?

### Our findings

People told us they felt safe living at Heath House. One visiting relative told us, "I think it's safe here and I do not worry about (relative) when I am at home. The staff are very good and always keep us informed if there are any problems". Another person told us, "I only have to press my call bell and the care staff comes straight away." Relatives also confirmed that they felt the staff kept people safe, for example when hoisting or assisting people.

Staff were able to demonstrate they knew how to safeguard people from abuse and knew how to raise any concerns if they needed to. Staff told us they would report any concerns immediately to their line manager and were confident they would be dealt with as a matter of priority. One staff member told us, "I would have no hesitation in reporting anything I was worried about". We saw that information relating to reporting safeguarding matter was displayed on various notice boards so that staff, people and visitors had a constant reminder, along with the relevant contact numbers. Staff were also aware of how to elevate concerns both internally and externally if required.

Risks to people's wellbeing were appropriately assessed, managed and kept under regular review. Where risks were identified actions were put in place to mitigate these risks. For example, people who were at risk of falls, staff had to make sure they had their walking equipment beside them and staff checked they had access to a call bell. People at risk of developing pressure sores were repositioned regularly and had pressure relieving equipment in place.

People were supported by sufficient numbers of staff. We observed people were assisted in a timely way. Rotas confirmed there were adequate staff on duty at all times. People told us that staff responded promptly when they required help. We saw that there were some agency staff on duty and found they worked well with other staff members to keep people safe. The manager told us they used a dependency tool to establish staffing levels and this was kept under regular review.

There was a robust recruitment process in place and we saw that all required pre-employment checks had been completed. These included a criminal record check, the taking up of a minimum of two references and identification and address checks. This helped to ensure that staff employed at the service were of good character and were suited to work in a care environment.

People were supported to take their medicines safely by staff who had been appropriately trained in the safe administration of medicines. Medicines were ordered, stored and disposed of safely when it was no longer required. Medication administration records had been completed in a timely way. Medicines prescribed on an 'as needed' basis and topical medicines were recorded and stored separately to reduce the risk of an error occurring. Regular audits were completed and staff completed regular stock balance audits to help ensure any errors were identified and rectified quickly.



## Is the service effective?

### Our findings

People told us that staff had the appropriate skills to support them effectively. Staff also demonstrated that they knew how to support people because they had the right training and support to enable them to work effectively. One relative told us, "I have no concerns about the abilities of the staff, I visit regularly and see how they assist people. They are very capable and seem to work well as a team". Another person told us, "Staff are very knowledgeable and know exactly how I like to be supported".

Staff spoken with confirmed they had received an induction when they started to work at Heath House, and were provided with regular training updates as required. Staff told us they were well supported by the management team. One member of staff told us, "I think the training was very good and appropriate for my role". Another staff member told us, "I have regular supervisions and we have team meetings every few weeks". Another staff member told us, "I feel well supported (Manager) and deputy manager are very supportive and approachable".

Records reviewed confirmed that staff had regular supervision with their line manager. They also had an opportunity to attend team meetings. Staff told us that they were able to discuss all work related topics as well as any training or development needs.

There was a training plan which detailed all the training that was planned and also a record of what training staff had completed and when they were due for refresher training in topics such as safeguarding and moving and handling. In addition to mandatory training staff received specific training to support people at the end of their lives.

Throughout our inspection we saw that staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "I can do as I please I am not under pressure to do anything I don't want to do. I am given plenty of choices". Another person commented, "It is very good here. They (staff) are respectful and always check what I want and respect my wishes." We found that consent to care had been obtained from people in line with the Mental Capacity Act (MCA) 2005. People's capacity to make decisions had been properly assessed, and was reviewed where necessary. For people who lacked capacity to take decisions these were made following best interest processes involving health and social care professionals and people's family members when this was appropriate. This ensured any decisions were made in the best interest of the person concerned.

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). The manager had submitted deprivation of liberty applications to the local authorities for people whose liberty was in some way deprived in order to keep them safe. Some authorisations had been approved and some were still awaiting an outcome. Staff told us that they would ensure that any deprivation of a person's liberty were at least restrictive as possible.

People gave us mixed feedback in relation to food provision. Some were happy and said food was plentiful. One person told us, "The food is very good most of the time but sometimes it's not as tasty", Another person said, "It's not like home cooking, I suppose it's because they have to cook for so many people". We spoke to the chef about food and people's likes and dislikes and preferences. They told us they visited the units on a daily basis to check that people were happy with the food on offer. We observed people being supported over lunch time and saw that they were offered choices and where they did not like the main choice they were offered alternatives such as a jacket potato or omelette.

We saw that people were provided with sufficient drinks and snacks throughout the day. There were jugs of juice in all communal areas and in people's individual bedrooms. Fluid charts were completed where required and were totalled and signed off by a care team manager. This process ensured that people were receiving adequate fluids to help maintain their health and wellbeing.

People were able to choose where they ate their meal, and given a visual choice of what they wanted to eat. This was helpful for people who lived with dementia to help them make their choice more effectively. People who did not eat their meal or who ate very little were assisted to make further choices by staff. Specialist diets were available such as vegetarian, culturally appropriate meals for example for people who did not eat pork and soft or pureed meals were available. Where people had been assessed as having a food or product intolerance, this was recorded by the chef to ensure people received the correct diet and menu choices.

People's weight was monitored to ensure they maintained a healthy weight. Where concerns were identified these were referred to an appropriate healthcare professional such as the speech and language therapy (SALT) team or a dietician which ensured they had specialist advice to help them meet people`s nutritional needs.

People were supported by a range of health professionals, including the GP, dentist, dieticians and speech and language therapists. The manager told us they were well supported by GP's and nursing staff visited the home regularly when required. One visiting professional told us, "I have only been here on a couple of occasions, but did not have any concerns. I think they take any advice on board and when required they contact us. They are good at following any advice we give them". We saw that where people attended healthcare or hospital appointments these were recorded in their support plan so there was an ongoing record of their health needs appointments and any issues that were currently under investigation.

# Is the service caring?

## Our findings

People were cared for in a kind and caring way overall. We observed staff to be compassionate in the way they addressed and supported people.

However we noted on one unit that three people in a communal room looked 'unkempt' and it was clear that they had not been assisted with their personal care needs in a way that respected and promoted their dignity. We saw one person sitting in a chair which was badly soiled on both arms and the person's clothing was also soiled with residual food of some sort. Another person had wet clothing and had several days of hair growth on their face a third person had not had their hair combed and looked dishevelled. We also saw a large stain on the floor beside where a person was sitting. At the time of our observations there were no staff present in the communal lounge and one person was shouting out which was causing some anxiety for the other people present in the lounge.

We spoke to the manager about our concerns and they took immediate remedial action, discussed the concerns with staff and people were immediately assisted. The manager was extremely concerned about the situation and undertook to investigate why people had not been assisted appropriately and why they had clearly not paid attention to detail. We saw on the other three units people had been assisted with personal care in a timely way. People were observed to be well dressed and groomed and the environment was clean and staff were present during our observation.

We saw that staff knew people well and were familiar with their needs, and routines. One staff member explained to us why a person was not yet up saying, "(Person) likes to have a lie in and have their breakfast a bit later". One person told us, "They are all lovely here, I like all the staff and they do their best for you". A visiting relative told us, "Most of them are lovely, but occasionally you get one that has a different approach but then I suppose we get used to the same staff".

Staff were able to demonstrate that they understood how to protect people's dignity and privacy for example when supporting people with personal care they kept people covered with a towel, made sure curtains or doors were closed, and chatted with people to help keep them engaged and take their mind off the task in hand. We saw staff knocking on people's doors and waiting to be invited in before proceeding. A staff member told us, "I always let people know what I am proposing to do so that they are involved and agreeable to me helping them."

We saw that staff had developed relationships with people they supported and their relatives and family members. One relative we spoke with told us, "I think the staff not only care for (relative) but they also care for us, always a friendly smile and an offer or a cup of tea, the manager is visible as well and all are approachable". We observed that staff had time to stop and listen to the people they supported.

People, and their relatives where appropriate, had been involved in the planning and reviews of the care and support provided. One relative said, "We are always invited to contribute but don't always attend as often there are no changes. We would not wait for a review anyway if we had any concerns we just talk to the manager or a member of staff". Another relative said, "They keep us informed and we have regular contact".

Confidentiality of people's personal records was maintained throughout the home and information was kept secure. Where required people and or their relatives were supported to access advocacy services which is a service that offers independent information and support for people about a range of topics.

## Is the service responsive?

### Our findings

The registered manager and staff gave us several examples of how the service was responsive to people's changing needs. For example, when people's mobility decreased staff assisted people to use mobility aids or where a person needed specific care or support staffing levels were kept under review to make sure the service could respond to people's changing needs.

The home was appropriately decorated to help engage and stimulate people who lived with dementia. We found there were many items to stimulate people's interest such as murals and pictures on the walls, bright colours and people had memory boxes outside their rooms with photos and family tokens from their past. These items helped people to identify where their rooms were. On other units we found they were also appropriately decorated and people's bedrooms were decorated in a personalised way. There were photos, small pieces of furniture, soft furnishings and hobby items such as books, games and crossword and quiz books. This helped people identify their personal space and made it interesting for them to be able to engage with items and other themes when they wanted to.

There was a range of hobbies available for people to participate in and these were being further developed by the registered manager as part of getting a more detailed 'personal history' for people who lived at Heath House. We saw a quiz in progress and on another unit there was a flower arranging group who were making lovely flower arrangements for the home. In addition there were regular entertainers who came to the home and outings to community events such as garden centres and local places of interest and eating out.

Where people remained in their bedrooms activities staff engaged with them in a range of ways which included one to one time, reminiscence and pampering such as hand massages and getting their nails done. Staff had been trained in the provider's rhythm of life programme and we noted that people who were at end of life were cared for in an appropriate environment which stimulated their sensory perceptions. Staff were in close proximity and kept people comfortable throughout the end stages of their lives.

People and their relatives told us they found the management team approachable and helpful and one person told us, "I have raised an issue in the past and (manager) dealt with it there and then". People told us their concerns were managed well, and they were resolved without having to elevate to a formal complaint. People told us they were aware of how to make a complaint. We saw that compliments too were recorded and that the registered manager and staff team had received many lovely compliments which had included comments about how caring staff were, how well supported family members were and how well managed the service was.

Residents and relatives meetings were held for people to discuss all aspects of the service, to discuss any concerns or talk about how to make improvements to the service. We saw that meetings were minuted and actions or comments recorded about what was being done, by whom and a date by which when they expected to make the required improvements.

## Is the service well-led?

### Our findings

At the previous inspection we found the service was in breach of regulation 17 as the governance systems that were in place were ineffective in identifying many of the issues and concerns that we observed at our previous inspection. However since the new manager arrived at the service improvements have been made and the service was found to be meeting the regulations.

The service was well managed. People and their relatives told us they were confident with the approach and abilities of the management team at Heath House. We saw many examples of how the management team were open and transparent and how they worked well as a team to provide a good quality service. For example, good communication and keeping people informed. The registered manager told us, "We do our best; sometimes it is not good enough for people's family members who do not always understand the challenges".

We saw that they had worked tirelessly to make the required improvements and had introduced many new aspects to drive continual improvements. Staff told us, "I feel motivated and involved now and (manager) is much better". We saw that there were regular audits and record keeping was now much improved. Care team managers were completing checks, which encouraged staff to complete records at the time of giving support so that they would not forget or get overlooked, which in turn meant that people's care was delivered when it should be and was properly documented.

People and their relatives knew who the manager was and one family member told us, "They (manager) have a presence, we see them walking round the home at various times". Another person told us, "They run a tight ship here, it is definitely much better than it was this time last year." We were able to see from the audits, and the detailed action plan that things were moving in the right direction. The registered manager was realistic about things that required future improvement such as the development of people's personal life histories.

Senior representatives of the provider's quality monitoring team also carried out unannounced visits and spot checks to make sure that the service was being managed effectively. The registered manager and deputy manager carried out regular checks and audits in a range of key areas in order to identify, monitor and reduce potential risks to the service and the people who used it. This included in areas such as medicines, infection control, care planning and staffing. The management team had reviewed accidents and incidents to help them identify possible trends.

People's care and support records were accurately maintained. For example those people who were on hourly checks or those who were being repositioned to support and maintain their skin integrity.

Overall people were much happier living at Heath House and were positive about the changes that had been implemented.