

# Quantum Care Limited

# Elmhurst

## Inspection report

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Date of inspection visit:  
06 August 2019

Date of publication:  
21 August 2019

## 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

### About the service

Elmhurst is a purpose-built care home providing accommodation and personal care for up to 61 older people. At the time of this inspection 58 people were using the service.

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

People and relatives said the care and support people received was safe. The provider ensured people were protected from the risk of harm or abuse. Risks to people's well-being and health were assessed, and measures put in place to mitigate identified risks. The provider operated safe and effective recruitment practices. People, their relatives and staff told us there were enough staff available to meet people's needs in a timely manner.

People's medicines were managed safely, and people were satisfied with the support provided with their medicines. There were infection control procedures in place and the environment was clean with no lingering malodours. The registered manager demonstrated they took learning opportunities from adverse events and incidents.

Elmhurst is a purpose-built care home arranged over two floors. Equipment was readily available to support people to be as independent as possible. Assessments were completed prior to moving into the home to establish if people's needs could be fully met. Staff received training, support and supervision to enable them to carry out their roles effectively. People said they enjoyed the food provided and were offered choice. Staff knew people well and were able to quickly identify when people's needs changed and seek professional advice.

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.

Staff treated people with kindness and dignity. Relatives appreciated staff's kindness and the attention they showed to people. People were encouraged and supported to be involved with their care choices. People's care plans were person centred and supported staff with understanding people's past, likes, dislikes and preferences. Visitors were made to feel welcome and there were no restrictions on visiting times.

People received care and support as they wished. Staff knew what people liked and offered people meaningful choices throughout the day. There was clear signage throughout the home so that communal areas, bathrooms and people's bedrooms were easily identifiable for people and their visitors. People enjoyed a wide range of opportunities for social interaction. People were comfortable to raise concerns if they needed to and felt they were listened to and issues were resolved. When people were nearing the end of their lives action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.

People said the registered manager was approachable and was seen around the home regularly. People, their relatives, external professionals and staff told us the home was managed well. The registered manager used the provider's robust governance systems to help identify and resolve issues in the home. People had regular meetings to discuss the service and make suggestions about how the home performed. Feedback from people was used to help influence continuous improvement in the home. The registered manager had developed good working relationships with external health professionals ensuring people's social and health needs were promptly met and had developed relationships with local community groups to enhance people's everyday lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good. (published February 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Elmhurst

## 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 was undertaken by two inspectors.

#### Service and service type

Elmhurst 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 used the information the provider sent us in the provider information return. 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 eight people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, regional manager, deputy

manager, senior care workers and care workers. We 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 a range of records. This included two people's care records and multiple medication records. We looked at two 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to make sure people were protected from the risk of harm or abuse. Staff told us they received training and were confident to report their concerns internally and externally to local safeguarding authorities. One staff member said, "I have had safeguarding training recently and we spoke about how to report concerns. I would look for a change in a person's attitude. This might be through emotional and mental health changes or physically."
- People told us they felt safe. Relatives also told us they felt the care and support people received was safe. One person said, "I feel safe living here, I have a pendant if I need someone or a call bell in my room. I might have to wait for someone to come but I have never been put at risk when waiting." A relative said, "We feel [relative] is safe living here and there seems to be enough staff."

Assessing risk, safety monitoring and management

- Risks to people`s well-being and health were assessed, and measures put in place to mitigate identified risks. Risk assessments allowed for positive risk taking and enabled people to stay independent. For example, there were risk assessments for people's mobility to ensure equipment such as walking frames were in place where required.
- Procedures had been developed to ensure staff could deal with emergencies such as fire. People had personal emergency evacuation plans (PEEPs) so that staff were familiar with how to assist people in an evacuation.

Staffing and recruitment

- Staff said there were usually enough staff available to meet people's needs in a timely manner. Some staff said they felt that there could be more staff at times of peak demand. However there had recently been a new staffing structure introduced that was still be established. Staff acknowledged that this could take time to find the balance. On the day of the inspection we saw staff responding to people`s needs and call bells were answered promptly.
- People and their relatives said they felt there were enough staff to meet people`s needs. One person told us, "I feel safe and quite comfortable here, I think there are enough staff here."
- The provider operated safe and effective recruitment practices. All staff had been recruited through procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Using medicines safely

- People's medicines were managed safely, we observed medicine administration was completed in accordance with good practice. Staff received appropriate training and there were protocols in place for

medicines prescribed on an as needed basis.

- The management team had a robust system of audits to help ensure safe administration and storage of medicines.
- People told us they were satisfied with the support provided with their medicines. One person told us, "They [staff] give me my tablets every day and then help me write it in my diary, so I know they have been taken."

#### Preventing and controlling infection

- There were infection control procedures in place and regular cleaning undertaken throughout the home. Staff used personal protective equipment appropriately when delivering personal care to people. The environment was clean and there were no lingering malodours. A person told us, "The place is always clean and there are never any bad smells."

#### Learning lessons when things go wrong

- The registered manager demonstrated how they took learning from events and incidents. For example, staff wore red tabards to indicate when they were administering medicines and should not be disturbed. The registered manager shared a situation where they had approached a staff member wearing a red tabard to share some information with them. As a direct result of the staff member being disturbed a medicine error occurred. The registered said they were horrified they had caused this error and had promptly reminded the whole team of the importance of not disturbing staff when they were administering medicines.



# 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 Good. At this inspection this key question has remained the same. 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

- Assessments were completed prior to moving into the home to establish if people's needs could be fully met at Elmhurst.
- Care plans were developed for identified needs and staff had guidance on how to meet those needs.
- Care and support plans were regularly reviewed. This helped to ensure people's changing needs were identified and managed.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to carry out their roles effectively. Staff were observed being attentive to the needs of individual people. People said they felt the staff had the right skills and experience.
- Staff received regular supervision where they received feedback about their performance. Staff were encouraged to develop their skills and take on further training. Newly employed staff received induction training at the end of which they achieved the nationally recognised Care Certificate qualification.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food served to them. One person said, "The food is nice, I am a vegetarian. I haven't got anything to worry about, there is always a veggie option for me." Another person told us, "They didn't have anything I liked for dinner yesterday but when I said I wanted something else they made sure I had it. I can ask for anything that I want they will give it to you."
- People were offered choices of food and drinks and specialist diets were catered for. Where people were identified at risk of malnutrition or dehydration their foods were fortified and the person was referred to their GP or dietician.

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

- Staff demonstrated they knew people well. Staff were able to promptly identify when people's needs changed and seek professional advice.
- Staff worked in partnership with health and social care organisations and shared information about people to ensure that the care and support provided was effective and in people's best interest.

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

- Elmhurst is a purpose-built care home arranged over two floors. Equipment was readily available to enable people to be independent where possible.
- There were comfortable lounges and dining rooms with ample seating for everyone. People's individual

bedrooms included personal items to help create a homely feel.

- People had their bedroom doors designed how they liked, and each door was decorated as a front door with people able to have their own front door key, this gave a sense of ownership and privacy for each person.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. One person said, "They definitely help with my health, I have a lot of visits from the GP, nurses and the paramedics have come out when I need them. I think I get a faster response to seeing people whilst I have been living here." One relative said, "The staff are very good at involving external people if its needed. They are always very quick to respond. This is the care home and not nursing home, so they do well to address things. The doctor comes ones a week."
- We saw evidence of external professional involvement in people`s care as well as physiotherapists, speech and language therapists and opticians. Information was shared with other agencies if people needed to access other services such as hospitals.

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.

- Staff asked for people`s consent before they delivered any aspects of care. People were offered choices and encouraged to express their wishes.
- Assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Where people lacked capacity to make certain decisions these were taken following a best interest process. The registered manager submitted DoLS applications to the local authority to ensure that any restrictions to people`s freedom to keep them safe was done lawfully.

# 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

- People said they felt the staff supporting them were nice and treated them with kindness and dignity. One person said, "The staff are kind, they work jolly hard, I cannot find fault. They are very patient with people living here." Another person said, "Staff are caring, and kind and I know staff are always there if I need them."
- Relatives told us they appreciated staff`s kindness and the attention they showed to people. One relative said, "The staff are kind and considerate. The love and care from the staff are exceptional, all of the regular staff are diamonds."
- The registered manager and staff demonstrated a passion about the care they provided for people. One staff member said, "I think I show I care, I smile and do not bring any problems into work. I am interested in what people have to say. I try to give them time, your time shows you care. Sometimes people do not have visitors and I think it's important that we are there for them. I feel like it's a family here."

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

- People were encouraged and supported to be involved with their care choices. Where people were not able to express their views and could not be involved in decisions about their care their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- Care plans were person centred and supported staff with understanding about people`s past, likes, dislikes and preferences.
- People felt they were in charge of their lives. One person said, "I like to have one carer as I like to build up a good relationship with them. I have been able to do this, and it means a lot." Another person said, "They give you choices of different activities and how you would like your care. You can go where ever you like here. I have friends everywhere in the home, so I will go and have a chat with them."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy. People looked smart and were dressed appropriately based on their choices. We saw staff supporting people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care.
- Personal relationships were encouraged and supported. People told us their visitors were made to feel welcome and there were no restrictions on visiting times.
- Staff supported people to feel their best. For example, a person was excited to be attending a family wedding. Staff took great care in helping the person prepare for the big day with a pampering session so that they would feel special on the day.

# 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

- People told us they received care and support as they liked it. People said they were involved in their care and were given lots of encouragement to express their interests. For example, one person had moved into Elmhurst with little self-confidence and said they would like to work in the kitchen. The registered manager provided them with appropriate training and they had a job in the kitchen. The person said, "I will cook, wash up the pots and pans. Cooking has been an interest of mine." The person went on to say, "I have a tutor that comes in to go through history with me. I am learning things I didn't know before."
- Staff knew what people liked and we noted people were offered meaningful choices throughout the day.

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.

- Staff communicated with each person in the manner that best suited the person's needs. For example, some people needed staff to speak clearly directly into their ears whereas others needed staff to position themselves directly in front of them, so they could clearly read the lips and facial expressions of staff.
- There was clear signage throughout the building so that communal areas, bathrooms and people's bedrooms were easily identifiable for people and their visitors.

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

- People enjoyed opportunities for social interaction. One person said, "I do not feel isolated, I am one of the lucky ones. I will see people and there is always someone to talk to." A relative told us, "We are able to visit when we want to, our [relative] gets to see us very regularly as well as seeing their grandchildren and friends in the home. [Relative] is encouraged to go to the other units to chat to people which they do. [Relative] will receive a newsletter to say what is happening in the home."
- People were provided with a wide choice of activities including crochet and knitting, chair-based exercises, movie nights, baking sessions and music therapy.
- People said they enjoyed visits from small animals such as pigmy goats, baby chicks and dogs that were brought into the home to offer people comfort. This was especially appreciated by people who were cared for in bed and were able to interact with the animals.

Improving care quality in response to complaints or concerns

- People were comfortable in raising concerns if they needed to and felt they were listened to and things were resolved. One person told us, "I have been told by the manager, if you are not happy to report it which I have done, and they have listened." One relative said, "When there has been a problem it has been resolved quickly. We are involved in reviews with our [relative] which is around every 6 months."
- The registered manager had a complaints policy that was accessible to people.

#### End of life care and support

- The service offered end of life care. People had their wishes documented in their care plans.
- When people were nearing the end of their lives, care plans were put in place. Action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.
- The staff team demonstrated empathy and understanding of end of life care. The registered manager told us of a person who had reached end of life and had no family members to comfort them in their final hours. Two staff members stayed with the person once they had finished their shift, reading to them, massaging their hands and talking with them so that they would not feel alone.

# 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 remained the same. 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 that the registered manager was approachable and was seen around the home regularly.
- People, their relatives and staff told us they felt the care service was managed well. One person said, "They [management] manage the care home well and they are very helpful. They are excellent. I have recommended it to a person already, and they moved in here." A relative said, "We have no problems with how the place is managed. They all seem to care and [relative] is looked after." A staff member said, "I think the place is managed well. We have manager who I can chat to and they always listen. I have settled in well. The [registered] manager has offered me flexibility when I need it and if I needed time off they have helped me with this and made sure I was ok. I go home feeling that people are happy and getting good care."
- A community health professional told us, "In my experience, I have found Elmhurst staff to communicate well with me, they are open and transparent. It's a well led home, the home manager is a good advocate of the residents in her 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

- People were aware of who to speak to if they had any concerns and felt the home was managed well. A person told us, "I am happy here, I think it is run well. I know who to speak to if I wasn't happy and I know who the [registered] manager is."

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

- The registered manager used the provider's robust governance systems to help them identify and resolve issues in the home. These systems included audits, observations and checks. The registered manager reviewed this information to ensure it was accurate and where needed, additional actions were taken.
- Audits were also completed by the regional management with regular governance meetings to put strategies in place for improvements. Action plans were developed following these checks and we saw the actions were signed off when completed.
- Staff received daily handovers detailing updates or changes to people's needs.

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

- People had meetings regularly to discuss the service and make any suggestions in relation to how the

home was managed.

- The service involved people and their relatives about their care. One person told us, "[Registered manager] is really nice to talk with, if I am not happy I will stand up for myself and talk to someone."

Continuous learning and improving care

- The registered manager had systems to gather feedback from people to help influence continuous improvement.
- The provider had an oversight of the service with regular governance meetings.
- There were monitoring systems in place to identify themes and trends from accidents or incidents and learning was shared with staff in meetings and one to ones.

Working in partnership with others

- The registered manager had developed good working relationships with external health professionals ensuring people's social and health needs were promptly met. This included the GP, district nurses, occupational therapists and social workers.
- The registered manager had developed relationships with local community groups to enhance people's everyday lives. For example, an arrangement with a local children's club meant children visited the home to read, sing, play games and talk with people.