Quest Haven Limited

The Ranch

Inspection report

Well Path
Well Lane, Horsell
Woking
Surrey
GU21 4PJ

Tel: 01483855952
Website: www.quest-haven.com

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 31 May 2016 and was unannounced.

The Ranch is registered to provide accommodation with personal care for up to three people. At the time of our inspection there were three people living at the service all of whom had a Learning Disability. People required minimal support with staff encouragement and prompting as they were able to attend to most of their own personal care needs.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The registered person had not notified the Commission of a safeguarding incident in relation to a person living at the service.

People told us they felt safe living at the service. Staff had received training in safeguarding people and were able to describe how they would report and respond to any concerns.

Staff had received training and supervisions that helped them to perform their duties. New staff received a full induction to the service which included training.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way.

People were positive about the care provided and their consent was sought. People told us that staff treated them with respect and any help with personal care needs were done in private.

People's care and health needs were assessed and they were able to access all healthcare professionals as and when they required.

People were supported by staff to have enough food and drink of their own choice. There were enough staff to ensure that people could undertake their activities and be supported with their assessed needs. Staff encouraged people to be independent and to do things for themselves, such as cooking and cleaning.

Documentation that enabled staff to support people, and to record the care and treatment they had received, was up to date and regularly reviewed. People had signed their care plans and were involved in writing and reviewing them. People's preferences, likes and dislikes were recorded and staff were knowledgeable about the care needs of people.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to spend time on their own in their bedrooms. People told us they would be able to raise concerns and make complaints if they needed to.

Staff at the service worked in line with these provider's values that ensured people received effective care. Staff were also aware of the whistle blowing procedures and would not hesitate to report bad practice.

Quality assurance processes were in place to monitor and improve the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff were aware of how to recognise and report any allegations of abuse.

There were enough staff to meet people's needs. The provider employed staff to work at the home that had been appropriately vetted.

People's medicines were managed safely.

Accidents and incidents were managed and monitored to see how they could be reduced.

Is the service effective?

Good

The service was effective.

People were involved in decisions about their care and they had enough food and drink of their choice.

Staff received appropriate training and were given the opportunity to meet with their line manager for support.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

People told us they felt they were looked after by staff.

People's care, treatment and support was planned and delivered in line with their care plan.

People's privacy and dignity was respected.

Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them.

Is the service responsive?

Good

The service was responsive.

Where people's needs changed staff ensured that people received the correct level of support.

People were able to go out and take part in activities that interested them.

People knew how to make a complaint and a complaints procedure was available at the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered person had not notified the Commission of an allegation of abuse in relation to a service user.

There was a registered manager in place who was registered with the Care Quality Commission.

Staff felt supported by the registered manager.

Quality assurance processes were in place to monitor and improve the service.

The Ranch

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 is 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.

This inspection took place on 31 May 2016 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by Care Quality Commission (CQC) which included notifications, complaints and safeguarding concerns. A notification is information about important events which the service is required to send us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We use this to inform our planning and inspection.

During our inspection we had discussions with three people who used the service, one member of staff and the registered manager. We observed how staff cared for people and worked together. We read care plans for two people, medicine administration records, mental capacity assessments for people and Deprivation of Liberty Safeguards applications. We looked at three staff recruitment files and supervision and training records. We saw some audits that had been undertaken, minutes of staff meetings and a selection of policies and procedures.

At our last inspection of December 2013 we did not identify any concerns at the service.

Good

Is the service safe?

Our findings

People felt safe living at the service. People told us they felt safe with staff who looked after them. One person told us, "I like living here. Staff have treated me with kindness. I have never been mistreated by staff, I would tell the manager if that happened." Another person told us, "I would talk to the manager if staff hurt me."

People benefitted from a service where staff understood their safeguarding responsibilities. Staff records confirmed they had received training in relation to safeguarding that included whistle blowing. Staff knew the different types of abuse and what to do if they suspected or witnessed abuse. One member of staff told us, "I would report any safeguarding incident to the manager or police." The home had a safeguarding policy that was reviewed in January 2015. This included the different types of abuse and the processes for reporting, and directed staff to the local authority safeguarding procedures.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. One person's condition meant that certain situations in the community could cause them to become upset or agitated. Care records contained a risk assessment that identified triggers to this behaviour and information on how staff could support this person. The risk assessment had input from healthcare professionals. We observed this person being supported to go out throughout the day with a staff member and they were being supported in line with their assessment. This showed that the member of staff understood the risk assessment and what action to take to minimise the risk for this person.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. Accidents and incidents were being documented and outcomes were identified. For example, one person became distressed on two occasions which resulted in verbal aggression towards staff. Care records contained information on how best to interact with this person when they were agitated and how staff could identify changes in behaviour.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. The provider had a contingency plan which guided staff in the action to take should they need to evacuate the home. For example, extreme weather, fire or flood. People would be evacuated to another service owned by the provider that was very close by. This meant people's care would continue with the least disruption possible in the event of an emergency.

There were sufficient numbers of staff deployed at the service to meet the needs of people. The PIR informed that there were two members of staff on duty when all people were in residence and one waking night staff. People living at the service required minimal support with staff encouragement and prompting as they were able to attend to most of their care needs independently. Staffing numbers were increased as and when required. For example, when people required transport to day centres, external appointments and some external activities. The duty rota recorded times when extra staff were required. People told us that staff were always available if they needed them. The registered manager told us that they were

supernumerary to the duty rota and they were present at both services they managed every day. They also told us that they and the deputy manager covered the on-call duties. Staff told us they never use agency staff as they cover any staff absences between the staff team.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character which included two written references, proof of the person's identification, employment history and a check with the Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support service.

People's medicines were stored administered and disposed of appropriately and securely. One person told us, "I always get my medicines when I need them. Staff told us that they had been trained in relation to the safe administration of medicines; training records confirmed this training had taken place. Where people had, 'as required (PRN) medicines, protocols were in place which contained information on the PRN medicines they required, what may trigger the need for it and the maximum dosage they could take.

The service had a medicines returns book. This was used to return unused and out of date medicines to the dispensing pharmacy so they could be safely destroyed. The pharmacist had signed the book for each return.

Good

Is the service effective?

Our findings

People spoke positively about the care provided by the staff. People told us, "Staff are good here and they help me when I need it." Another person told us, "I do everything for myself but staff would help me when I wanted them to."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that they had received all the mandatory training. The staff records we looked at confirmed this. NVQ levels 2 and 3 had been undertaken by some staff. This showed us that staff received guidance and training that helped them to carry out their roles. Staff were applying their training by delivering the effective care that people needed. Staff told us that training provided at the service was good and they were provided with regular updates.

Staff told us they had undertaken induction training when they commenced working at the service. A new member of staff told us, "They showed me the area and I did the medicines online training. I read all the policies and procedures. They asked me to do training arranged by the company. I did food hygiene training and also fire and safeguarding." This member of staff had completed their Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Certificated workbooks covered subjects such as safeguarding adults, basic life support, working in a person centred way and health and safety. A member of staff had put into practice what they had learnt from their food hygiene training into practice. For example, using different coloured boards for different foods and supporting people to cook the evening meal.

People were supported by staff that had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "I have supervisions with the registered manager, usually every three months." We saw records of supervisions in staff files. Topics discussed included staff training and development, quality of their work, their professional conduct and discussions about their work with people at the service.

Decisions were made in people's best interest and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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. 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 were being met.

The registered manager ensured that mental capacity assessments were carried out to determine if a

person had capacity to make a specific decision. If they did not have that capacity then best interests meetings took place. If people were being restricted in their best interests for example by being unable to leave the home unaccompanied then DoLS authorisation applications had been submitted and received by the local authority. The manager told us, "We have a training matrix to see who has completed MCA training and I am arranging training for those who need it." We saw that some staff had received MCA training. Staff were aware that people could make their own decisions and who had a restriction placed upon them. We observed one person who had a specific restriction being supported by staff to access the community safely in line with the guidance as recorded by the local authority.

People were always able to make their own choices and decisions about their care. People told us they were able to do things for themselves. For example, one person told us they buy the coffee they want to drink. This was because they liked to buy the things they wanted and they could independently make decisions for themselves. Another person told us, "I choose what I want to eat and I help staff with the cooking."

People were supported to have sufficient to eat and drink. One person told us that the food was nice. They told us, "We cook food with the staff and we choose all the food we want to have." Staff told us they monitored the food people ate and monthly weights were undertaken. If there were any concerns then appointments would be made with the person's GP.

During our inspection people prepared the evening meal together. Staff provided supervision that ensured people were safe whilst people were encouraged to maintain their independence by cooking. Staff informed us that this was how they always prepared meals at the service. One person told us, "We can make anything we want at any time."

Staff supported people who could become anxious and exhibit behaviours which may challenge others. Staff told us they had received training in Non-abusive psychological and physical intervention (NAPPI). This is accredited training with the British Institute of Learning Disabilities (BILD). Staff stated that they would talk to the person in a calm manner when they become agitated and they would follow the guidance recorded in people's care plans for their individual behaviours. Staff told us that physical restraint was never used and currently no one was exhibiting any behaviour that challenged.

The PIR informed that people had access to all healthcare professionals that included psychiatrists, community psychiatric nurses and GP. One person told us, "I see the GP and the dentist when I need to." Care records contained input from healthcare professionals that informed the care plans of people. For example, one person was being supported by a behavioural specialist. Care records contained details of the person's appointments and professional advice on the best approach for staff to take. During our inspection, we observed staff interacting with this person in line with professional advice.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and that the staff were always kind and they helped them. One person told us, "Staff are always around and they help us to cook and go out."

People appeared happy and contented. Throughout our visit we saw staff and people interacting with each other in a kind and relaxed way. People had access to all communal parts of the home including the kitchen. We saw people in the kitchen making meals and drinks. Staff supported people as and when required. People told us they did most things themselves. For example, household tasks and cooking meals.

People were treated with kindness and compassion in their day-to-day care and staff communicated with them effectively. We observed staff and people interacting in a way that showed they were comfortable around each other. People looked relaxed and comfortable. Staff engaged in conversations with people and waited for them to respond to their questions. For example, one person told us they could have talks with staff.

People's individuality was recognised by staff. Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them. They were aware of people's likes and dislikes and how to attend to each person's needs. A member of staff told us, "We study the profiles (care plans) before we work with people. Some of them are able to make decisions themselves and some of them can't make more difficult decisions." Staff also told us, "We help them to make decisions like what they want to eat or where they want to go that day. If they make a wrong decision we will try to tell them it's not the best thing but they can make their own choices." Staff told us, and we saw, that people were able to act independently of staff, however, staff were present to support as and when required.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. People's individuality was recognised by staff. Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them. They were aware of people's likes and dislikes and how to attend to each person's needs. Staff told us they regularly reviewed people's care plans and they involved people in this process. We saw people had signed their care plans that indicated their involvement in the planning process.

People's privacy and dignity was promoted. Staff told us they always knocked on people's bedroom doors and waited for a response before entering, we saw this happened in practice. Staff told us that people were only required the minimum of support as they were all very independent with their personal care needs, however, if support was required then this would be attended to in the privacy of people's bedrooms and bathrooms. This confirmed the information provided in the PIR that people have the right to privacy and dignity and this was respected at all times. We observed this throughout our visit.

We asked people if they had a particular religion they practised, they told us they could go to church

whenever they wanted to and staff would go with them.

Two people showed us their bedrooms. They told us they liked it because they chose the colours for it and had their own belongings with them. People were able to move freely throughout the communal areas of the service and spend time on their own. One person chose to put some music on in the conservatory to listen to.

We observed positive interactions between people and staff. It was clear that the people who lived at the service got on well with the staff who supported them. For example, we observed people sitting in the lounge talking to each other and staff. People were being listened to and staff responded appropriately to their questions and requests. People told us that staff listened to them and helped them with things they asked for help with. People freely engaged with us and were very relaxed in our and staff's company.

Staff told us that family and relatives could visit at any time. This was confirmed during discussions with people. One person told us they had regular contact with their families.

Good

Is the service responsive?

Our findings

People told us they knew about their care plans, but they called them 'protocols.' One person told us they look at their protocols and staff asked them if they wanted to write anything in them.

People's needs had been assessed before they moved into the service to make sure their needs could be met. Care records showed that detailed assessments were carried out before people came to live at the home. Care plans had been written from the information in the pre-admission assessment. Care plans reflected what care people needed. This meant that staff had access to the detailed personal information they required to support people in a way that they need or preferred. The assessments we saw covered health needs and daily living activities along with people's likes and dislikes. Care plans had been written from the information in the pre-admission assessment.

The PIR informed that people were treated as individuals, promoting their independence and people were supported through the use of individualised person centred care plans. This was confirmed during our visit.

People were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. For example, one person had worked through a plan of their needs and aspirations and these had been recorded and signed by the person. Care plans included a 'How to Help Me' page which contained condensed information for staff on what people liked and didn't like. This meant that staff could learn the most important things about people before supporting them.

People told us that staff discussed their care plans with them every month. Speaking with staff they were able to explain people's needs and how they supported people. Care plans were thorough and reflected people's needs and choices. An example of this was one person who enjoyed horse riding. They showed us a photo of them horse riding on the wall. We could see this listed as one of their interests in their care plan along with their other likes and dislikes.

Where people's needs changed staff updated care plans appropriately. For example, one person who had a change in their needs and the registered manager was working alongside healthcare professionals to update the person's care plan.

Care plans contained pictures and every care plan had an Easy-Read contract that had been signed by people. We also saw easy read versions of activity timetables and care plans. This meant that people could be involved in planning their own support because they had access to information in a way that suited their communication needs. It also meant people were assisted to understand their routines.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. For example, one person chose a holiday venue they wanted to go on. This person told us they went on this holiday and enjoyed it. One person told us, "We go to a day centre where we do different activities." They showed us what they had done on the day of our visit. They said they enjoyed going to the day centre. Another person told us, "I can

choose what I want do. We often go out shopping, especially at weekends. I like to buy my own clothes." There were photographs of people taking part in different actives displayed at the service. For example, horse riding and parties. People told us they go away on holiday every year which they always enjoyed. The PIR informed that people's presence was felt in the community through enabling people to attend local colleges, visit the local pub, cinemas, restaurants and leisure centres. People were supported to use community facilities and participate in community events. This was confirmed during our visit.

We saw activity timetables which detailed outings and hobbies people were engaging in. Timetables contained pictures and reflected the hobbies of the people that we spoke to. The timetables included cleaning tasks so that all people were contributing to maintaining the home environment. This empowered people and gave them ownership over their home.

People told us their family members visited them when they wanted to. There were no restrictions when relatives or friends could visit the service.

People knew how to raise a concern or make a complaint. People told us they would talk to the manager if they wanted to make a complaint, but they stated they had never had to. Staff also demonstrated understanding of supporting people to raise concerns. One member of staff told us, "If people are unhappy we talk to them. We report concerns to the deputy or the manager." Staff told us they would report concerns to the registered manager and would follow the whistle blowing policy if they had concerns about bad practice.

The provider had a complaints procedure that was available to people and visitors to the service. It also included the timescale for responding to complaints and the contact details for the local ombudsman. The registered manage had a book for the recording and monitoring of complaints, however, no complaints had been made.

Requires Improvement

Is the service well-led?

Our findings

There was a risk to people's health, safety and welfare as the provider had not submitted Notifications of incidents to the Care Quality Commission (CQC) as required. By law, the registered provider must inform the CQC of any event or incidents that have an impact on people who use the service and events that would prevent the service from operating.

A safeguarding concern had been reported to the local authority in relation to an allegation of abuse. Although this was reported by an external body, the provider had not notified the CQC.

The registered person had not notified the Commission of a safeguarding incident in relation to a service user and this was in breach of Regulation 18 (1) (2) (e) of the Care Quality Commission (Registration) Regulations 2009 (Part 4)

The service had a whistle blowing policy and procedure that was available to staff. Staff told us they had read this policy and they would report any concerns they had about inappropriate staff behaviours to the registered manager.

People, relatives and stakeholders were encouraged to give feedback about the service. The registered manager told us that a survey was undertaken last year but only one was returned for the whole service. Comments in the returned survey were positive and no concerns or issues had been raised.

One person told us they had residents' meetings every week where they talked about food and the things they wanted to do. For example, people's meals requests had been recorded. On the day of the inspection people had the meal as recorded and one person told us that this was their favourite meal.

There was an open culture at the service. Staff told us they felt supported by the registered manager. Staff stated they had daily handover meetings and regular staff meetings. This provided opportunities for staff to discuss the service and provide update on individual people's needs. For example, healthcare appointments. Staff told us that they had regular supervisions where they could discuss ideas about the home. We saw minutes of these meetings that included discussions about the service, for example, staffing, people living at the service and staff training. We observed staff and people talking to the registered manager throughout the day.

The provider had a set of values and vision for the service and these were on display. Staff were working within the values for the service. For example, choice, compassion and inclusion into the community. We observed staff interacting with people in a quiet and respectful manner, asking them for their views, offering choices and attending to the requests made by people. People accessed the community every day and the house did not stand out as a care home within the community.

The manager is registered to manage two services belonging to the provider which are very close to each other. The registered manager was aware of and kept under review the day to day culture of the service. The

registered manager told us that they monitored the professional behaviours of staff to ensure they were working in a professional way. The registered manager told us that they were currently focussing on recording and the importance of recording. The care records we looked at were clear and up to date. The registered manager told us they were at the both services each week and shared the on call duties with the deputy manager. This meant that senior staff were always available to provide support as and when required.

The environment was clean and tidy and checks had been undertaken to ensure the safety of the premises and equipment used. For example, electrical equipment (PAT) and annual testing of fire extinguishers.

The service was quality assured to check that a good quality of care was being provided. We saw regular audits had been undertaken. The quality audits we looked at had no issues identified. However, the registered manager told us, and it was recorded in the audits, that they were still waiting for planning permission to extend the property. This would include all bedrooms having en-suite bathrooms to improve the facilities for people. The PIR informed that monthly inspection visits were conducted by the directors. Any identified issues were addressed that ensured people continued to receive effective care at the service. For example, the environment had been redecorated and this was monitored during the monthly visits to make sure the home was kept clean. A sample of audits we looked at included care plans, risk assessments, MARs, maintenance records, fire alarms, emergency lighting and monthly fire evacuation practices. We noted that daily records were well written and had been audited. These audits extended to checking records of visits by healthcare professionals and maintenance records of work identified and carried out at the service. No issues had been identified in the provider audits we looked at. However, the PIR informed that the provider was to invest in a Care Management Software that would enhance the ongoing monitoring of the quality of service being delivered, and improve communication between management, staff and people living at the service.

Staff knew the procedures for reporting accidents and incidents. Staff told us they reported all incidents and accidents to the registered manager and these would be discussed during staff meetings. Staff told us this helped them to reduce the risk of repeated accidents. Records of accidents and incidents were maintained at the service.

Policies and procedures were in place to support staff. We saw a number of policies and procedures that were available to staff. These include medication, safeguarding, Mental Capacity Act 2005, deprivation of liberty and nutrition and hydration. Staff told us they had read the policies and procedures that provided guidance to them. For example, procedures to be followed when administering medicines to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission without delay of any abuse or allegation of abuse in relation to a service user.