Quantum Care Limited

# Margaret 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? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

The inspection took place 05 November 2015 and was unannounced. At our last inspection on 15 October 2013, the service was found to be meeting the required standards in the areas we looked at. Margaret House provides accommodation and personal care for up to 51 people. At the time of our inspection 45 people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others At the time of the

# Summary of findings

inspection we found that where people lacked capacity to make their own decisions, consent had been obtained in line with the MCA 2005. The manager had submitted DoLS applications to the local authority for people who needed these safeguards.

People told us that they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff obtained people's wishes and consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family's access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to take part in meaningful activities relevant to their needs. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders very were complimentary about the manager, deputy manager and how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

# Summary of findings

## 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.

Good

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

**Is the service effective?**
The service was effective.

Good

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions had been recently improved and formalised in a way that met the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

**Is the service caring?**
The service was caring.

Good

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

**Is the service responsive?**
The service was responsive.

Good

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

Opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

# Summary of findings

People and their relatives were confident to raise concerns which were dealt with promptly.

**Is the service well-led?**
The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

Good

# Margaret 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 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 05 November 2015 by two inspectors and was unannounced. Before the inspection, the provider to completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 8 people who lived at the home, three relatives, five staff members, the manager and deputy manager. We also received feedback from health and social care professionals and reviewed the commissioner's report of their most recent inspection by the local authority. We looked at care plans relating to four people and two staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, "Living here I feel safe because I don't have to worry about anything." A relative said, "It is knowing they will be safe because there is always someone there that helps them."

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns and report potential abuse. Staff were able to talk about the various forms of abuse and how to recognise the signs of abuse. They were confident that if they reported suspected abuse it would be dealt with appropriately by the management. A care worker said, "I would not hesitate to report any abuse, it is my responsibility." A senior member of staff was clear about their role in reporting any abuse and protecting people in When they deputised for the registered manager in their absence.

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was prominently displayed throughout the home. Staff we spoke with were aware of the whistle-blowers policy. One staff member said, "I have whistle blown in a previous role and would do so again if it was necessary. People must be kept safe."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as pressure care, where people were at risk of developing pressure ulcers, nutrition, medicines, mobility, health and welfare. The manager adopted a positive approach to risk management. This meant that staff were able to provide care and support safely.

For example, We saw where one person was refusing to take their medicine, this had been reviewed. There had been capacity assessments and best interest meeting held. Meetings were attended by a family member and the decision had been to give the medication covertly. This means to disguise the medication for example, by crushing up with food. The pharmacist was consulted to ensure the best methods were employed and that the effectiveness of the medication was not compromised.

Accident and incidents were regularly audited and reviewed by the manager. For example, one person who was having falls due to weakness in their legs had been reviewed and assessed and their care plan updated. The manager purchased a low profiling bed and staff were aware that this should be used in conjunction with a crash mat for the person. This was to ensure the person's risks were safely managed.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. Staff records confirmed that staff had been checked to ensure they were safe to work with vulnerable adults before a position was offered to them, other pre-employment checks had been undertaken. Staff records also included interview notes. We also saw records that demonstrated that the manager had followed the home's employment processes in disciplining staff as necessary.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. One person said, "They (staff) are always about. There is always someone keeping an eye on me." Another person said, "If I need something I just have to ask and it is done because someone is always close by." Although staff were close by people were afforded their independence. We observed that throughout the day there were staff to meet people's needs and we observed call bells answered in a timely fashion.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way.

The manager had recently introduced an electronic system to support the administration of medication. The system read bar codes on each individuals packaged medication to ensure the correct medication was dispensed to the right person at the right time. We followed the process through in one of the bungalows and observed how staff could not override it in order to give medication that was

Good

# Is the service safe?

not prescribed ensuring it to be as safe as possible. Staff wore a tabard when administering medication reminding other staff they should not be disturbed. This was adhered to in order to enhance safety.

The senior staff responsible for the administration of medication confirmed that despite early reservations to the new systems they were now very confident with it and appreciated it. One member of staff said, "I like the system it keeps people safe because it prevents possible errors and warns when medication is running out." Another said, "I would hate to go back to the paper system now." As an additional precaution the duty manager was responsible for checking the system daily. One person said, "They bring me my tablets and give them to me to take so I don't have to worry". We observed a person having their 'as required' medication administered outside of the planned medication times which confirmed that people could have their medication as and when they needed them.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms were tested every Wednesday and staff we spoke with knew what to do should there be a fire.

Good

# Is the service effective?

## Our findings

People who lived at the home, their relatives and social care professionals were very positive about the skills, experience and abilities of the staff. One district nurse said, "I come to the home every morning to attend to [Person's] needs. I have a fantastic relationship with the manager and staff. The staff are good and I am happy with the care people receive. I am really happy with the home."

Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines, first aid, nutrition and hydration and infection control. Staff told us they received appropriate training to do their job. One member of staff said, "We have good training here." A senior member of staff was preparing to complete a train the trainer course in order to provide in house training and make it relevant to the people living at the home.

We saw a person that was completing a two week work placement. They confirmed they had been shown around the home and their duties had been clearly explained to them in advance of taking up the placement to ensure they did not do anything outside of their remit. Staff ensured this person was not compromised by being left alone at any time. New staff were required to complete an induction programme, during which they received training. One person said of the staff, "They are all good and know what they are doing." A visitor said, "I am confident that the staff know [Person] and what [Person] needs."

Staff felt supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them; they had regular supervisions with a manager where their performance and development was reviewed. One staff member commented, "I feel supported by my manager to gain further qualifications. I will be doing my level two in health and social care; my manager said I would be good at this. One staff member we spoke with had completed their national vocational qualification level two. Staff confirmed they received regular supervisions, one commented. "I have regular supervisions with my manager."

Staff received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about how these principals applied in practice together with the circumstances in which DoLS authorities would be necessary. Where people were unable to make their own decisions, a capacity assessment had been completed. People's families were involved and the manager was aware of the role of the independent mental capacity advocate's (IMCA) service if required. The manager had made applications for Deprivation of Liberty Safeguards (DoLS) as appropriate.

We observed people being served in two communal dining areas and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. We saw that people chose where they sat, who they socialised with and clearly enjoyed their meals in a pleasant environment with a relaxed, warm and homely atmosphere. We saw people help lay the tables and clear away after the meal. The person said, "I like to do it, why shouldn't I if I can." Another person said, "The food is always good". A visitor confirmed they had noted that the food looked appetising. We saw that the menus displayed allergens and there were systems used by the kitchen staff that Identified people's dietary requirements and preferences. We observed that although people had chosen there meal they were still offered a different choice, one person who did not want to eat the dinners on offer asked for an alternative choice and this was arranged.

The chef was a visible and positive presence during lunch, they spoke with people about their food and knew people by name. They confirmed that they regularly get feedback and listen to what people would like. One person commented that, "I have to make a lot of choices, what to eat, what to wear what to do." Food and drink was on offer continually throughout the day. People were encouraged to make their own drinks and snacks if they could in the small kitchenette attached to each dining area. One person said, "We eat three meals a day and the food is always good."

People were supported to access appropriate health and social care services in a timely way and received the ongoing care they needed. The GP visited weekly and would visit at any other time if needed. We saw that the GP regularly reviewed people's medication to ensure they were prescribed and administered appropriately. Other health

Good

# Is the service effective?

professionals visited regularly. One person said, “The GP comes here a lot. I only have to ask and I can see them. “We observed during the medication round that one person commented to the staff member that they had a tooth ache. The person was given pain relief to help and was told by the staff that they would make a dentist appointment for them. We later saw in the referral book that an appointment had been made and the dentist had arranged to visit.

Good

# Is the service caring?

## Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I am looked after very well." A relative commented, "I am very happy with the care here."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. We observed staff treated people with dignity and respect in relation to personal care needs. People were appropriately dressed. We asked the staff about promoting people's privacy and dignity. They spoke about offering choices and respecting people's decisions.

We observed one person whose mobility can fluctuate from day to day, being supported by staff. The person normally mobilises with the use of their walking frame. They were being assisted by a staff member to mobilise to another room. The interaction from the staff towards the person was patient and caring. They could see that the person was not able on this occasion to be able to use the walking frame. They suggested the use of a wheelchair to support the person and they agreed. This helped ensure the person needs were met.

We saw people being supported to go into the garden or a designated smoking room to smoke if this was their wish. People were free to go into all areas of the home. Where people needed to be cared for in bed staff had ensured that people were visited regularly. There was documentation in a person's room to confirm staff visited at least every half an hour. One person told us, "I have lived here quite a long time and its run very well. The staff care and are very polite. They come quickly when you need them, but I'm quiet independent."

Throughout our visit we saw positive interaction between the staff and the people using the service. Staff engaged with people while caring for them. People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One person said, "They (staff) spend time listening to me. If I suggest a change they try and do it. I asked for a fan and one was found immediately."

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided. One relative said, "I was involved with my [Relative's] care planning." People had recorded their end of life wishes and these had been incorporated into their care plans and signed by their GP. This meant that people had the opportunity to state their wishes and what interventions they would like in the case of an emergency situation. One person said, "The manager has gone through my care plan with me."

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice was prominently displayed and made available to people and their relatives.

Good

# Is the service responsive?

## Our findings

People told us that they received care in a way that met their needs and that they preferred. One person said, "I can't grumble about anything everyone is so kind." Relatives we spoke with confirmed that they had been involved with the care. One person said, "I am sure the staff know all about me."

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way. Care plans confirmed that people's needs had been assessed and were kept under review and that where a risk assessment indicated the use of equipment this had been sourced and was being used correctly. For example a person at risk of developing pressure ulcers had been provided with a pressure relieving mattress and this was set correctly. We also saw that the people who needed the regular use of a sling and hoist for transferring had their own personal slings. People who used mobility aids such as walking frames had these in line with their care plans and we heard staff supporting and reminding people how to use these effectively.

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements. One person told us, "I enjoy the bingo." There were morning, afternoon and evening activities planned through the week. There were two activity co-ordinators; this enabled the activities to be supported seven days a week. Activities included, hand and nail care, exercises, games and reminiscing boards. The activity person told us that the reminiscing works really well and gave an example, they said, "Yesterday we started reminiscing and we covered topics across the different eras and ended up in sing song." It was clear to see that the activity person enjoyed their work and was very enthusiastic; they told us that they make sure they get to speak with everyone.

We saw people being invited to help prepare for the Victory in Europe Day celebrations, this included preparing sand bags and painting poppies. We saw people had enjoyed being involved. The activity person called people by their preferred name and when talking with one person about the war, they said to the person, "[Name] you used to work in a factory. "This engaged the person further and demonstrated that the activities person knew people well. We were told that they hold at least one party a month for people and go out for walks with people. One person said, "I can do the gardening when I want." We saw that people were encouraged to participate in everyday living for example, setting the dinner tables."

Relatives told us that staff and management were responsive and acted quickly if any concerns were raised. One relative said I know how to complain but have not had any reason to." People told us that if they had any concerns they would speak with the manager. There were regular residents and relatives meetings where issues and concerns were discussed. For example we saw minutes from meetings that covered areas such as: food, complaints, care plans and safety. We saw the manager had a system in place where people could raise concerns anonymously if required. One resident said, "If I had a complaint I would tell the manager. [Manager] would make sure it was sorted." Another commented, "I said I would prefer it if the vegetables were softer and this was done." We saw that the recent complaint received had been dealt with in line with the complaints policy. This helped to ensure that people were listened to and the manager responded appropriately to their concerns.

Good

# Is the service well-led?

## Our findings

People who lived at the home, relatives, staff and professional stakeholders were all very positive about how the home was run. They were complimentary about the manager who they described as being approachable and supportive One person told us, "The manager seems very nice she comes to see us and we have a chat every morning. "Another commented, "The manager is always laughing."

The manager carried out daily "walkabouts" where they toured the service and spoke with people and staff. We saw that the manager also conducted environmental checks at the same time to ensure standards were maintained and people kept safe. The manager told us that they have an open door policy and made themselves available to residents, relatives and staff. The manager said, "I live on the floor and spot check every day." The manager is supported by their area manager and they have regular monthly meetings. These are also used as learning events, to discuss any relevant changes. There is sharing of information from the providers other services to support learning. The manager told us that they can just pick up the phone day or night for support.

Staff told us, and our observations confirmed that managers led by example and demonstrated strong and visible leadership. The manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. One staff member said, [Manager] is always around and very approachable and I have good relationships with the care team managers. I feel supported."

The manager told us about changes they had made to improve the service. They had changed the staff rota system because the old rota did not meet people's needs due to start times. The manager told us, "I introduced the electrical medication system. It has provided an excellent audit trail and transparency in the whole medication management system. "They also commented that I am very proud of the GP rounds here at Margaret House. I requested an improved Wi-Fi system so the GP could access the files from their office. Our GP round is seamless as GP readily accesses files. They can access falls report, x-ray results, and blood test results directly from Margaret House.

The manager and care team managers were knowledgeable about the people who lived at the home, their needs, personal circumstances and relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them. All staff had hand overs at the start of their shifts and were allocated their duties and responsibilities for the shift. One staff member said, "We are made aware of changes to people's needs."

The manager was proactive in ensuring people received care that was based on best practice. For example the home was working with a university college on a double blind placebo control- led study to examine the effects of a drug used in Alzheimer disease. This had the potential to help people living in the home and people developing the disease in the future. Another member of staff was compiling a study on fluid intake in the care home and developed documentation in association with the home's GP. Again this would benefit the people living at the home now and in the future. This demonstrated that the staff were interested in current research. The manager had been put forward for an award in dementia care and was also involved with the local health trust in an initiative to prevent re-admission to hospital of people discharged to a care home.

We found that the views, experiences and feedback obtained from people who lived at the home, their relatives, professional stakeholders and staff had been actively sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve services in the home. For example, the manager had taken steps to increase the length of a person's bed due to feedback received from a relative. Another example, a relative expressed that there should be better activities for [Relative]. The action plan was to get a complete life history including hobbies and for the activities co-ordinator to sit and discuss what the person wanted and staff are now aware of person's interests and make sure they are invited to activities they like. We saw from the outcome of surveys that people and their relatives were very positive about their experiences, the services provided and how the home operated.

There were systems in place to identify, monitor and reduce risks. These included audits carried out in areas such as medicines, infection control, care planning and

Good

# Is the service well-led?

record keeping. The manager was required to gather and record information about the homes performance in the context of risk management and quality assurance. The manager also carried out unannounced 'out of hour' visits of the home to check on the environment, performance of staff and quality of care and support provided. We saw evidence that where problems had been found that the manager had put action plans in place and staff had received supervision and guidance where required.