

Quantum Care Limited

Meresworth

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 2 February 2016 and was unannounced. Meresworth provides accommodation and personal care for up to 51 older people, some of whom may be living with a dementia. On the day of the inspection, there were 49 people living in the home.

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

At the last inspection undertaken on 26 January 2015, the service was found to be meeting the standards tested. At this inspection we found that the provider had continued to meet the standards.

People were protected from the risk of abuse. Staff had a good understanding of how to recognise potential abuse and report concerns. Risks were assessed and kept under regular review and actions put in place to reduce risks where possible.

People and their relatives (where appropriate) had been involved in the development and review of peoples care and support plans. Their care needs were assessed, reviewed and delivered in a personalised way.

People were supported by appropriate numbers of staff which enabled them to meet their individual care needs and also enabled them to spend time supporting people with social activities and events both within the home and the community. Staff were recruited through a robust recruitment procedure and received training relevant to their role and were supported through supervision.

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. People were supported to access health services when required. Care was person centred and people were treated with dignity and respect.

The leadership in the home was focused and innovative and staff were involved in the implementing new ideas. Staff were valued and were given additional responsibilities which they were responsible for overseeing. There were systems in place to monitor the quality of the service, address any shortfalls and facilitate continual improvements.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and had submitted DoLS applications which were pending an outcome.

There was a complaints procedure and complaints had been dealt with in accordance with the procedure. Positive comments were also recorded.

The manager and management team were approachable and were open and transparent. Staff told us that the registered manager had a visible presence and people knew who the manager was. The views of people were sought in various ways including 'residents' meetings and an annual stakeholder survey.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe by staff who had been trained to recognise and respond effectively to the potential abuse.

Recruitment processes were robust to ensure that all staff were suitable to work in a care environment.

Sufficient numbers of staff were deployed to meet people's support needs at all times.

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

Potential risks to people's health were identified and managed effectively.

Is the service effective?

Good ●

The service was effective.

Staff obtained people's consent before they provided support.

Staff were trained in topics relevant to their role, which helped them meet people's needs effectively.

People were supported to eat a healthy and balanced diet and to drink sufficient amounts to keep healthy.

People's health needs were maintained, and they were supported to access health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind, caring and compassionate and by staff who knew them well and were familiar with their needs.

People and their relatives were involved in the planning and reviews of their care and support plans.

People were supported in a way that maintained their dignity and respected their privacy.

The confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support that met their needs and took account of their preferences and individual wishes.

Staff provided person centred care and support.

People were encouraged and supported to participate in activities and in social interests relevant to their needs and interests.

People and their relatives knew how to raise concerns and make a complaint if they needed to, and were confident these would be dealt with in an appropriate way.

Is the service well-led?

Good ●

The service was well led.

The management team were innovative and had appropriate systems were in place to monitor the quality of the services provided.

Risks were managed effectively to maintain and achieve continual improvement.

People, their relatives, and staff were very positive about the managers and how the service was run.

Staff were clear about their roles and responsibilities and were well supported by the management team.

Meresworth

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.'

The inspection took place on 2 February 2016. The inspection was carried out by one inspector. The provider was in the process of completing a provider information Return (PIR) at the time of our inspection. This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us.

During the inspection we spoke to five people who used the service, two relatives, three staff members and the registered manager. We also received feedback from commissioner's and received a copy of the latest contract monitoring report of their most recent inspection. We looked at care plans relating to three people who used the service and two staff recruitment files. We looked at other documents relating to the overall monitoring of the service including quality monitoring surveys and maintenance records.

Is the service safe?

Our findings

People told us they felt safe living at Meresworth because there was always staff around to assist and support them. One person told us, "We are safe here and the staff make sure we are well looked after." Another person commented, "Yes, I do feel safe, but to be honest I have never given it much thought." Relatives told us they never had any concerns about their people's safety as they were always well supported by staff.

People told us that staff helped to keep them safe. One person told us, "I sometimes start walking without my frame and the staff remind me to take my frame to steady myself." Another person said "staff assist me with personal care and use a hoist to help me transfer to make sure I am kept safe."

Staff received training in safeguarding and were able to demonstrate an in-depth knowledge about how to safeguard people from harm and potential abuse. They knew how to raise concerns both internally and externally through the whistle blowing procedure. However, staff were confident that if they reported any concerns that the manager would deal with it immediately and that they would not have to elevate concerns externally. We saw that information was displayed in various places throughout the home to remind people of the contact details should they need to raise concerns. Staff told us that "safety was a priority within the home and it was everyone's responsibility to make sure people were kept safe."

Safe and effective recruitment practices were in place and followed to help make sure that potential staff were of suitable to work in a care environment. One member of staff told us, "I felt reassured by the recruitment process, it was thorough and appropriate for staff who work provide care and support to people." We saw that staff had been required to complete an application form and attend an interview. In addition pre-employment checks were undertaken including taking up a minimum of two references, a Disclosure and Barring Service check (DBS) and proof of identity. These checks helped to ensure that the right people were employed for the job and that people's safety and wellbeing was not compromised in any way.

There were enough staff employed and on duty to care for people safely. We saw that staff were experienced to meet people's individual needs safely. Staffing levels were determined around the dependency levels of the people they supported and this was kept under regular review. We observed that throughout our inspection call bells were answered in a timely manner and people did not have to wait too long for staff to support them. Staff told us that they felt the staffing levels were sufficient to meet people's needs safely.

People's medicines were stored and administered managed safely. Staff had been trained to administer medicines and there were competency checks in place. We observed staff administering medicines on two of the units and noted that they wore a tabard saying 'do not disturb medicines round in progress'. Staff completed the medicines administration record as they administered the medicines to minimise the risk of an error occurring. We saw that when errors occurred they were thoroughly investigated and in a timely way and effective measures put in place to reduce the risks of a reoccurrence and learning outcomes shared with staff.

People had risk assessments in place relating to all aspects of their lives and to help to keep them safe. Staff told us that they tried to ensure that people's independence was maintained and not restricted. This was managed through informed decision making and through giving people information so they could make informed choices. For example, we saw people with restricted mobility being supported to use their walking aids and saw staff using equipment to safely transfer a person from the armchair to their wheelchair. People who went out in the community and the garden also had risks assessments in place to help ensure they remained safe.

Accident and incidents were recorded and we saw that these had been investigated and reviewed by the manager to ensure that steps were taken to reduce the risks. Information and guidance was available to help staff deal with unforeseen events and emergencies which may affect the services provided. For example, fire evacuation plans. Staff had received relevant training, for example in areas such as emergency first aid and fire safety. Emergency equipment was regularly tested and fire drills undertaken weekly so that people could be quickly and safely evacuated from the home in the event of an emergency.

Is the service effective?

Our findings

People were confident that staff had the appropriate training and skills for their role. Staff had received relevant training and support and were knowledgeable about people's individual care needs.

Staff had received an induction, training and refresher updates as required to help them perform their roles effectively. The training included topics such as safeguarding, moving and handling and fire safety and some specialist training such as caring for people with dementia. Staff were also encouraged and supported to obtain nationally recognised vocational qualifications. Staff told us the training was good and recently a new approach to personalised care had been introduced called 'the rhythm of life'. All staff were undergoing training and there were specialist's area which were being developed within the Rhythm of life programme including people's individual nutritional requirements. Staff were well supported through regular team meetings, individual one to one supervisions and an annual appraisal.

Staff asked for people's consent before assisting them. People were given choices and staff encouraged and helped them to make decisions. For example about how they spent their time, what they wanted to wear, if they wanted to have their hair done staff told us that consents were recorded in people's care plans and were reviewed at regular intervals.

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff had received training about the MCA and DoLs. Assessments had been completed and where people were being deprived of their liberty to keep them safe applications for authorisations had been made and the provider was awaiting outcomes.

Staff told us they felt valued, listened to and their ideas were always taken on board. Staff told us they were encouraged to have their say about how the service was run and to share ideas about how to make improvements.

Staff were knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet and to drink plenty of fluids. People's nutritional needs were under review at the time of our inspection as part of the personalisation and rhythm of life approach. We observed lunch to be an enjoyable and unrushed experience and saw that people were supported as required but in a respectful non-intrusive way. There were laminated drinks menus on tables and in areas people sat with pictures of a variety of drinks. This supported people who had memory problems as they were able to relate the pictures to the drinks they wanted.

People were supported to access health care professionals when required. The GP visited the home weekly

but could be called whenever someone needed to see them. We saw on the day of our inspection a person who was not feeling well and the GP came to visit them. Information about healthcare appointments was included in people's care plans and daily diary notes. Staff told us that other health care professionals attended the home regularly including the chiropodist and optician and dentists were available when required.

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. A visiting relative said "they are just marvelous here, I cant praise them enough, they are kind and so patient". Another person told us, "They are like family and the staff really do look after them well". We saw many caring and positive interactions between the staff and people who lived at the home. Staff sat down with people were observed to be chatting with people.

We saw that there were many objects and memorabilia for people look at and engage with and staff and managers had thought about what people would like and be able to relate to. For example on one unit where people with dementia were living they had a wedding corner with all kinds of wedding stuff and pictures of peoples own weddings on the wall.

Staff had developed positive and caring relationships with the people they supported and knew the details about peoples individual needs, and wishes. For example we saw a person who appeared a bit lost and looked upset, a member of staff immediately went to them and asked if they were ok and reassured them that they were ok. They went and got some juice and a magazine and sat down together. the person was smiling and relaxed.

We saw that throughout our inspection staff supported people in a patient and way, taking time to explain things to them and wait for a response and also ensuring that people's dignity was respected at all times. Staff knocked on peoples doors before going into bedrooms to provide support and help them with personal care. A staff member told us, "I treat people with respect, and in the way I would want people to treat my family members". We saw that peoples confidentiality was maintained throughout the service and information held about people's personal health and support needs were kept secure, and were only made available for people who had permission to access it.

People were helped and supported to maintain positive relationships with family and friends and staff told us visitors were welcomed and encouraged at all times. We saw several visitors throughout the day and saw staff offering refreshments and welcoming people to the home.

People were asked to participate in the planning and reviews of the care and support. However not all were able to and family told us they had been asked to contribute and had been happy to do so. However relatives told us that they did not feel the need to be involved every month as they did not feel that there would be any significant changes each month. A person did say they could speak to staff at any time of their relatives key worker. the person went on to say staff are marvelous at keeping us informed so I would not have any concerns about the lack of information, we know everything thas going on".they received. Each person had a 'key worker' assigned to them who was responsible for ensuring they received the support required to meet their individual needs.

Is the service responsive?

Our findings

People who used the service received personalised care and support that met their individual needs and took account of their preferences. Detailed information and guidance was available to assist staff provide care in a person centred way, based on people's individual care needs. This included information about people's preferred daily routines, how they spent their time and where, food and personal care preferences.

The manager told us they had introduced 'sensory' trolleys for people who were coming towards the end of their life. The trolleys contained 'sensory' items to stimulate all the senses including smell, touch hearing, sound and taste. We saw for example a small water feature, an imitation candle, and other items which had 'relaxing' properties to comfort people. We saw the trolleys created a peaceful ambience for people who were unable to leave their bedrooms due to being cared for in bed.

Staff told us how they responded to people's changing needs by keeping needs under constant review and where people's needs change being able to respond appropriately. This was done in conjunction with family and friends where possible. This demonstrated that people's views and preferences had been considered and taken into account during the planning and delivery of their support. For example if people wanted to change rooms or required additional equipment this was supplied.

We saw in the case of one person whose needs had changed since coming to live at the home. The manager had requested additional professional assessments as they felt they were no longer able to meet the person's needs as they did not specialise in the particular area of need of the person. Commissioners were sourcing alternative placements to ensure the person's needs could be met fully in an alternative establishment.

People were encouraged and supported to participate in activities which were provided seven days a week. A range of both group and individual activities relevant to their individual needs, were available. We saw people being assisted to make 'Valentines' cards on the day of our inspection. We also saw people had their hair done and nails done regularly. A member of the activities team told us they organised garden activities when the weather was good. In addition they had just introduced a 'social club' in the evening with a bar, dominoes cards quizzes and occasional music including a pianist to entertain people and have a sing-along.

People and their relatives told us they were invited to attend regular meeting to discuss things that were happening at the home and were also updated about any changes. They were encouraged to provide feedback about how things operated, at the resident meetings. People and their relatives told us they felt listened to, and felt they could approach the manager or staff if they were not happy about any aspects of their care.

There was a formal complaints procedure in place and people we spoke with told us they knew how to complain and told us that the manager would respond to any concerns raised in a prompt and positive way. However no complaints had been made. We saw there was a process to record complaints and compliments and that complaints were fully investigated and staff told us they always tried to learn from

complaints as a way of improving the service.

Is the service well-led?

Our findings

People and staff were very positive and complimentary about the management team and how the service was operated. Staff told us the manager was very supportive and valued the staff. One person told us, "the [manager] listens to us and considers what we have to say." Another person said "we know where we are with the manager, they are open and honest with us". Two visiting relatives told us they knew who the manager was and seen them regularly around the home.

Staff told us that the manager was approachable, always had time to speak with them and was a 'good leader'. Staff told us they had clear roles and responsibilities and accountability. Staff had different areas of responsibility for example the dementia lead, infection control lead and everyone had responsibility for implementing 'the rhythm of life' personalised care approach.

On the day of our inspection there were a person representing the provider who was carrying out an audit and they told us they carried out regular unannounced visits and spot checks at the home. The information gathered was used to identify both shortfalls and good practice, develop action plans, reduce identified risks and to achieve continuous improvement. A second person was doing observations around the 'rhythm of life' and how staff were delivering personalised care and support to people who used the service. This helped to demonstrate that there were various 'internal' quality checks in place to ensure the service maintained good standards.

Managers were very knowledgeable about the people who lived at the home, and were able to describe in detail their needs, personal circumstances and things that were important in people's lives. They ensured that staff had the training and resources necessary to meet the individual, needs of the people they supported. □

We found that people were asked for their views, and feedback about how the service was operated and an action plan detailed how they would address any areas which were highlighted as requiring improvements. The management team also carried out regular checks and audits in key areas of the service, for example in relation to health and safety, the management of medicines, complaints, safeguarding, accidents, incidents. This helped to identify areas of the service where improvements were required.