

Quantum Care Limited

Heath House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heath House is a residential care home providing personal care for up to 62 people. At the time of our inspection 60 people were accommodated at the home.

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

People told us they felt safe living at the home, however relatives identified a number of concerns in relation to people's safety to us during our inspection of the service. These concerns were being investigated by the registered manager.

We received mixed feedback in relation to people's experience of the service.

Staffing levels were kept under regular review based on people's dependency levels. At times staff were stretched but the management team were available to provide support if required.

People were supported to retain their independence and were encouraged to make decisions where possible. Staff supported people in the least restrictive way possible and in their best interests.

Risk assessments identified possible risks to people's health and well-being. Measures were put in place to help reduce the risk as much as possible.

Medicines were safely managed. People received their medicines in accordance with the prescriber's instructions.

Staff supported to develop in their roles and received regular training, individual supervisions, and attended team meetings. Staff felt supported by the newly registered manager.

People and their relatives told us that overall staff were kind and caring. Staff maintained people's dignity and privacy. People had developed good relationships with staff who understood their individual preferences and care needs. Staff knew the people they supported well. People and their relatives were involved in discussions about their care.

People's personal information was kept secure to ensure it remained confidential. Complaints received were appropriately investigated in line with the provider's complaints procedure. Any learning from concerns raised was used to make improvements and shared with staff. Comments and Compliments had been received and recorded.

There were regular visits from the provider's senior management team to oversee the quality of the service provided. Internal audits were carried out to monitor the service and address any improvements required. The newly registered manager notified CQC of accidents and incidents.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Heath House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Heath House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care

provided. We spoke with six members of staff including the regional manager, registered manager, deputy manager, chef manager, housekeeping staff and a care worker. Following the inspection at the service we received written feedback from 15 relatives and family members and spoke to a further six members of staff including five care workers and a care team manager.

We reviewed a range of records. This included three people's care records, three recruitment files, induction and training records. We reviewed medication records. We looked at a variety of other records relating to the overall management of the service, including compliments and complaints records, accidents and incidents, notifications and safeguarding records. We observed staff interacting with people in various parts of the home including engagement with activities, support at lunch time and general interactions when supporting people within their own living environment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to a rating of requires improvement. This meant people were not consistently safe or protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe, I have not encountered any problems that I can recall." However, we received mixed feedback in relation to people's safety from people's relatives.
- These concerns were being investigated by the registered manager at the time of our inspection.
- The provider had safeguarding systems in place. We saw from records that when incidents happened they were appropriately reported to both CQC and the local authority. Staff told us, and records confirmed, that they had received safeguarding training and they understood what to do to protect people from harm, and how to report and elevate any concerns.

Assessing risk, safety monitoring and management

- People's individual risks were assessed. This included the environment, use of equipment, skin integrity, moving and handling, and mobility. However, we found that staff did not always follow the instructions given to help ensure that any risks of harm or injury were mitigated. One family member told us their relative had sustained any injury through staff not using equipment properly.
- People had individual fire safety risk assessments carried out. These helped identify the support people would require in the event of an evacuation. We saw from records that staff carried out fire drills to help understand what they should do in the event of a fire.

Staffing and recruitment

- During the inspection we observed people being supported in a timely way. However, feedback from relatives suggested that there were not always enough staff available to support people when they needed support.
- One relative told us, "[Name] had to wait ages to be supported and was distressed about this. Another relative told us, "The staff are often stretched and if the staff are not familiar with the residents this exacerbates the situation." The registered manager told us staffing levels were determined through the use of a needs assessment dependency tool.
- We reviewed rotas and noted three staff members were assigned to each unit. However, during breaks this left only two staff and, as one staff member was usually assigned to the lounge, this meant there was at times only one staff member available to support people. Some people required the assistance of two people and this meant that these people would have to wait to be assisted.
- A staff member told us that if staff called in sick at short notice the senior staff on duty would always try to cover the shift with other staff. However, this was not always possible especially at the weekend. A senior member of staff told us the care team managers were available to support staff in the event of this happening. We did however observe that staff had paperwork to complete throughout the day and this took

them away from caring for people. In some cases, people were left alone for periods of time, especially people who choose to stay in their rooms.

- Pre-recruitment checks were completed to help ensure employers had adequate information to help them make appropriate and safe recruitment decisions.

Using medicines safely

- People received their medicines as prescribed from staff who had received appropriate training and had their competencies checked.
- Staff administered medicines safely and completed medicine administration records (MAR) to evidence people had been given their medicines in accordance with the prescriber's instructions. There were detailed protocols for the administration of topical medicines, PRN (as and when required) and controlled medicines.
- Medicines were ordered regularly, stored securely, and a small stock balance kept, ensuring people did not run out.
- Temperatures were checked twice daily to make sure both the storage room and fridge were maintained at the correct temperature to ensure efficacy of the medicines.

Preventing and controlling infection

- People were protected from the risk and spread of infection because staff had received training and followed good practice around hand washing and the use of personal protective equipment such as gloves and aprons, to help prevent the spread of infection.
- Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. The home was clean, with no lingering or offensive odours.

Learning lessons when things go wrong

- The registered manager reviewed any accidents or incidents to help reduce the risk of a reoccurrence. For example, if a medication error occurred they would review the circumstances around the error and put actions in place such as retraining the staff member. Where poor moving, and handling practices were identified, staff were retrained, and their practice was observed to ensure they were competent to support people safely.
- Any learning from events was shared with staff through team and daily meetings as well as during handovers at the beginning of each shift.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support achieved good outcomes for people. and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A detailed assessment was completed prior to people coming to live at Heath House. This was to help ensure that the service could meet the person's needs. Also, that staff had the necessary skills to be able to provide effective care and support.

Staff support: induction, training, skills and experience

- All new staff completed an induction which included training in a range of topics relevant to the staff members role. New staff also 'shadowed' more experienced staff until they were signed off as being competent to provide safe and effective care. Staff had ongoing training and support including the completion of the Care Certificate. This is a nationally recognised training programme about what good care looks like.
- Staff were supported through regular individual supervision with their line manager and attendance at team meetings. Staff also attended 'handover' at the beginning of each shift.
- Staff told us they felt the newly registered manager was very supportive and encouraged staff to develop their skills.

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

- People gave us mixed views about the food provided at the service. During the inspection we observed people to be given choices of food. People were supported to eat and drink appropriate amounts to maintain their health. One relative told us, "The food is very repetitive and not very appetising." Another relative told us, "The food is very good, plenty of choice and the chef is always happy to make special requests."
- The chef told us they catered for a range of specialist diets including vegetarian, pureed, soft, high calorie, drinks with thickener and food for people with swallowing difficulties. Snacks and drinks were always available. If people had any food allergies or preferences these were also recorded.
- We observed jugs or drinks and snacks located in all communal areas of the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health care professionals when required.
- People's relatives confirmed that nurses, GPs, opticians and chiropodists all visited the service when required.

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

- There was clear signage around the home. For example, we noted that there were several signs with a person's name and an arrow signposting them to their room. Other signage helped people with orientation around the building.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We noted that many people who lived at Heath House had fluctuating capacity and had had their capacity assessed.
- We observed people being offered choices and staff respected people's wishes.
- Staff had training on MCA and DoLS and were able to demonstrate they understood how to support people in the least restrictive way ensuring they obtained people's consent before they supported them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to achieve a rating of good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were caring. We observed staff to be attentive and speak in a kind manner when engaging with people. However, relatives told us that sometimes staff were functional, and they commented they felt that some staff were more caring than others. We fed this information back to the registered manager. They assured us this would be addressed as part of the service improvement plan.
- One relative told us, "The staff are always caring and treat all the residents with affection and respect."
- Another relative told us, "I have had breakfast and lunch with [Name] several times so I know how well everybody is cared for at these and other times."
- Staff were observed to speak kindly to people when interacting with them.

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

- People were seen to interact comfortably with staff and we observed staff listening to what people had to say. People were encouraged and supported to express their views and be involved in making decisions about their care
- People and their relatives told us that they had been involved in the development of their care plan and that staff checked their preferences about how they preferred their care and support to be provided.
- Staff told us they provided care to people in a way that considered their individuality. Staff confirmed that they encouraged people to do as much for themselves as possible to support continued independence.
- People were supported to make choices about their care throughout the day. For example, they chose when they wanted to get up, what they wanted to wear and choose how they wished to spend their time. and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and they made sure people were supported in a dignified way. They told us this included ensuring dignity was maintained when supporting people with personal care by ensuring complete privacy keeping doors and blinds closed and keeping people covered up.
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.
- Friends and relatives were welcome at any time. A relative told us, "I visit at all different times even at the weekend and am always welcomed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives, where appropriate, were asked about people's likes and dislikes and preferences. This enabled staff to support people in a way which they preferred, and which met their care needs.
- Information about people's life history was requested to help staff understand more about their lives before they came to live at Heath House. This helped to ensure the service was responsive to people's needs.
- The registered manager had arranged to meet people and their relatives so that they could really develop the care people received to make it personalised. A relative told us, "Yes, I have met the new manager and thought they were very nice. They certainly wanted to know about [Name] and find out how they were doing and open to any suggestions for improvement."

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us of the different ways they supported people with communication such as pictures, large print, availability of translators, documents including care plans could be made available in other languages.
- People's communication needs were documented in their care plans with any specific instructions or guidance for staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain meaningful relationships with relatives and friends. Visitors were welcomed to the home at any time.
- People were supported to participate in a range of activities both at Heath House and in the wider community. People told us there were quizzes, arts and crafts and individual one to one activity, including reminiscence and hand massage. There were also garden areas which were utilised by people, weather permitting.
- External entertainers visited the service such as musicians, and people told us they enjoyed this. People and relatives also told us people enjoyed going out to garden or to eat out.

Improving care quality in response to complaints or concerns

- People and their family members were aware of how to raise concerns. We noted there was a process for reviewing and responding to complaints and concerns. We also noted that the service had received many compliments.
- People gave mixed feedback about whether their concern had been fully resolved and we noted that some concerns that had been raised with us during the inspection were historic. Other relatives told us they that when they had raised a concern they felt they had been listened to.

End of life care and support

- One person was being supported with end of life care at the time of our inspection.
- People were asked as part of the ongoing assessment if they had any specific end of life wishes. Where people did have specific wishes, these were recorded in detail so that staff would be able to access the information when the time came. Information included future wishes [end of life] for example if a person did not wish to not be resuscitated.
- The registered manager told us that they would work in partnership with other health care professionals if a person wanted to remain at the service in familiar surroundings with staff who knew them well at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The service operated a culture that was open transparent and inclusive.
- We found that the management team worked hard to achieve the best possible outcomes for people who lived at Heath House.
- People and their relatives shared overall positive feedback. However, some people were less so. The registered manager was working hard to resolve this.

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

- People and their relatives had a good relationship with the registered manager and staff team. One person told us, "The new manager has introduced themselves, had a chat and seems to know what they are doing."
- Another relative told us they felt the newly registered manager was approachable.
- The registered manager encouraged feedback from people and relatives and used this to help drive improvement. They also planned to review the current arrangements to see if further forums could improve feedback and engage people to ensure everyone had a voice.
- Staff said they felt supported by the registered manager, deputy manager and regional manager. A staff member told us, "There have been several changes of management in recent times which has been a bit unsettling, but we are hopeful that now [registered manager] is here that thing will begin to settle."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were able to demonstrate they understood the importance of their roles and responsibilities.
- The registered manager notified the CQC of incidents that they were legally obliged to.

Continuous learning and improving care

- The provider had good organisational oversight of the service. During our inspection the providers quality assurance team were visiting to complete an audit of the service. The regional manager was also present to support the newly registered manager during the inspection process. They visited the service regularly to support the home and develop the service.
- Any improvements required during the quality monitoring of the service were documented and included in the service action and development plan. This included considering and identifying any trends for

example, patterns emerging with any accident or incidents.

Working in partnership with others

- The registered manager and staff team worked in partnership with representatives from key organisations. These included GP's and other health and social care professional to help ensure people received seamless care and support.