Quantum Care Limited

Beane River View

Inspection report

1 Beane View
Port Vale
Hertford
Hertfordshire
SG14 3UD

Tel: 01992503619
Website: www.quantumcare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 03 December 2018 and was unannounced.

Beane River View is a care home owned by Hertfordshire County Council and operated by Quantum Care Limited. 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.

Beane River View is registered to provide care and accommodation for up to 40 people in one purpose built building across three separate units. On the day of this inspection 37 people lived at the home with a further person admitted during the day.

The home did not have a registered manager at the time of this inspection. 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 2008 and associated Regulations about how the service is run.

At our previous inspection of this service undertaken in March 2016 we found the service was meeting the required standards. At this inspection we found people were not always offered opportunities for meaningful engagement and people's care plans failed to provide detailed guidance to enable staff to provide consistent care and support.

Since the previous inspection in March 2016 there had been four changes in home manager. The current home manager was not yet registered with CQC. People who used the service told us they didn't know who the home manager was. The manager told us of the many improvements they had introduced at Beane River View since they had been in post. These needed more time to be embedded into daily practice. Staff felt supported and liked working in the home, they were positive about their roles and the care and support people received. There were a range of checks undertaken routinely to help ensure that the service was safe. Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals.

People felt safe living at Beane River View. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities.

People's health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

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 is safe:

There were enough safely recruited, supervised and trained staff available to meet people's needs.

Staff were knowledgeable about the potential risks and signs of abuse.

Risks to people's health, well-being or safety had been identified and controls were in place to help staff mitigate risk.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service.

There were suitable arrangements for the safe storage, management and disposal of medicines and trained staff supported people to take their medicines.

The environment was clean and fresh throughout.

Is the service effective?

Good

The service is effective:

The care and support provided at Beane River View was appropriate to meet people's needs.

Staff received training and supervision that supported them to care for people safely.

Staff understood their role in protecting people's rights in accordance with The Mental Capacity Act 2005.

People were provided with a good choice of food and were supported to choose where they wanted to eat their meals.

People's health needs were met in a timely way and they had access to health care and social care professionals when necessary.

Is the service caring?

Good

The service is caring:

People, and their relatives were satisfied with the staff that provided the care.

Staff were calm and gentle in their approach towards people.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst promoting their independence.

The environment throughout the home was warm and welcoming.

People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike.

People were offered choices which contributed towards them feeling they had control in their lives.

People's care records were stored in locked cupboards to maintain their dignity and confidentiality.

Is the service responsive?

Requires Improvement

The service was not always responsive:

People were not always provided with the opportunity for meaningful activity or engagement.

Care plans lacked detail to guide staff to provide consistent care and support.

People and their relatives where appropriate had been involved in developing people's care plans.

Regular meetings were held for people and their relatives to share their opinions about the service and facilities provided at Beane River View.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

Requires Improvement

The service is not always well-led.

The home manager was not yet registered with CQC.

People told us they didn't know who the home manager was.

Recent improvements made needed more time to be embedded into daily practice.

Staff felt supported and were positive about their roles and the care and support people received.

There were a range of checks undertaken routinely to help ensure that the service was safe.

Beane River View

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 03 December 2018 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us in January 2018. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with six people who used the service, six staff members, representatives of the provider's senior management team and the home manager. We spoke with relatives of two people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People, their relatives and staff said there were enough staff available to meet people's needs. Throughout the day there was a calm atmosphere throughout the home and people received their care and support when they needed and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. Staff said a successful recruitment campaign had reduced the need for agency staff cover which had a positive impact on the standard of care delivered. However, there were occasions when staff were not present in communal areas to provide support for people. For example, in the cinema room including a time when the tea trolley with hot drinks and tea pots was there. This was a potential risk to people's safety and wellbeing.

People and their relatives said that people were safe living at Beane River View. One person told us, "Yes (I feel safe). It's having people around all the time. I kept falling at home. If you fall there's someone to help you here. They come quickly if you call them." A relative told us, "Yes, I feel comfortable that [person] is safe and well cared for."

Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff described how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety were identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as falls and the use of mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to help staff mitigate risk.

People assessed as requiring bedrails on their beds to help prevent them falling had protective covers over the rails to reduce the risk of entrapment. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting. People were assisted to reposition at appropriate intervals to help maintain their skin integrity.

Some people had stairgates installed across their bedroom doorways to help prevent other people entering their personal space uninvited. Risk assessments supported this and clear guidance was in place to ensure the stairgates were mounted correctly so that they did not impede the automatic closure of fire doors.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service. We checked recruitment records for two staff and found that all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with records. People told us told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. One person said, "Medication is on time, even when we're not expecting them they are. I think it's marvellous the way they keep a check on all our medicines."

The environment was clean and fresh throughout the home. Staff had received training in infection control practices and we noted that they used personal protective equipment such as gloves and aprons effectively.

There were personal emergency evacuation plan documents in people's care plans. Staff were knowledgeable about people's individual needs and could tell us what support would be provided in the event of an emergency such as a fire.

Staff and management advised that where lessons had been learned through areas such as accidents, incidents, complaints or investigations these were shared with the staff team through team meetings and supervisions.

Good

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Beane River View met people's needs. One person said "Staff? That's one good thing. They know me, they are friendly with one another and with me. Yes, I think they are well trained." A relative told us, "Staff are good. They've got to know [person]. [Person] needs fluids and they always have a drink here. Staff push the fluids. [Person] has a sensor mat too. Staff training is good, yes."

Before moving into Beane River View people's needs were assessed so that the management team could be confident they could meet the person's needs. A relative told us, "The manager and someone else came to assess [person] in the other place to make sure they knew what [person] needs and could do a care plan. It was reassuring. They always ring if there's anything. We were with [person] 24 hours a day in hospital and when they came back here I was able to relax as [person] is in a safe environment. It just feels more comfortable and welcoming."

Staff received training to support them to be able to care for people safely. The manager advised us of various training elements undertaken by staff and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care and continence awareness.

The management team and staff confirmed that there was a programme of staff supervision in place. Staff said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 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 within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The management demonstrated an understanding of when it was necessary to apply for an authority to deprive somebody of their liberty to keep them safe. Where people lacked capacity to manage their finances for example, the management team assured they had access to independent mental capacity advocates (IMCA) to provide support.

People told us, and our observations confirmed that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff were knowledgeable about mental

capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, people had been involved with making the decisions and, where appropriate, their family members as well.

People told us that they were provided with a good choice of food and that they were supported to choose where they wanted to eat their meals. Most people opted to eat in the communal dining rooms and some chose to eat in their rooms. One person told us, "The food is not too bad. Reasonable. There is enough. You can get something else if you don't like the choices. It's occasionally cold." Another person told us, "The food is very good. There's plenty of it. I'd recommend it to anybody."

People were provided with the right support to help them eat and drink. At lunchtime in two dining rooms this was done in a calm, relaxed and patient way that promoted people's independence, tables were nicely laid with cloths and condiments. However, on one unit the lunch service was less organised, staff had prepared to serve lunch in the dining room and some people were seated awaiting meals. The manager suggested everyone go to the room set up as a pub at the other end of the unit for lunch. Staff transferred cutlery and crockery to the pub and supported people to move there. This meant that some people waited 30 minutes to be served.

Assessments identified if people were at risk from poor nutrition or hydration. These assessments were kept under review and amended in response to any changes in people`s needs. Staff monitored people's weights and this information was shared with the chef manager so that they had an overview of who needed additional nutritional support.

People told us their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We asked people what happened if they felt unwell, a person told us, "They called the doctor. I got the treatment I needed." Appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

The communal areas of the home were wide and spacious which enabled people either in wheelchairs or on foot with walking frames to move around freely. Throughout the home there were many items of interest on the walls and themed areas in corridors that provided visual stimulation.

Good

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff who provided their care. A person said, "I think they are kind and caring. I can't say I've seen any bad things going on. We're all so grateful that we are well cared for." A relative told us, "Even the cleaning girls will have a chat, [person] knows them all and has a chat."

Staff were calm and gentle in their approach towards people. However, we saw examples where staff did not always act to re-assure people. For example, during the morning a fire alarm sounded throughout the home. This was purely to test the alarms however, staff did not explain or give people reassurance they were looking for.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. During our inspection we noted that staff were always courteous and kind towards people they supported and spoke with people in a respectful and dignified way.

We saw staff promoting people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms. Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items they had brought in from their home such as cushions and pictures.

Staff had developed positive and caring relationships with people and clearly knew them well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. We observed staff interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate.

People's choices were respected which contributed towards them feeling they had control in their lives. However, there were no pictorial menus to help people make meal choices. Staff read menus to give people choice but did not show people plated options for them to make a meaningful choice based on the appearance and smell of the food. This is an area that requires improvement.

People's care records were stored in locked cupboards to maintain the dignity and confidentiality of people who used the service.

Visitors to the home said they could visit at any time without restriction.

Requires Improvement

Is the service responsive?

Our findings

We did not see meaningful activity or engagement taking place during the inspection. Six people went to the cinema room for a film during the morning but only two people watched the film, others were asleep or not watching the screen. Some people had their hair and nails done and there was another film in the cinema room during the afternoon.

A relative said, "It seems well organised. There's a good cinema room. They used to do a lot of singers, music, animals but that seems to have stopped recently." A person who used the service said, "We do have a person, an organiser but no, not an awful lot of activities." They went on to say, "A little knitting group got going a while ago but I haven't seen anything of it for a few weeks. I was an avid knitter but not now. I like to sit and read."

Minutes of a meeting held in October 2018 for people who used the service to share their views stated, 'There is not enough to do.' Staff team meeting minutes from November 2018 included a discussion about the lack of engagement for people. The resulting action plan stated activities were to be set out daily and one member of staff was to be doing activities. However, three days after the meeting staff were unable to find an activity programme when we asked for one and said the activity organiser had been on holiday for a few weeks.

A representative of the provider undertook a quality monitoring visit in May 2018, their findings included, 'No activities were on during the visit today, each unit has an activities cupboard full of activities for people to do but appears not be being used, the only stimulation seen was music and television and conversation with staff.' The manager's action plan included an entry from August 2018, 'An activity programme needs to be designed and implemented and staff need coaching every shift to promote engagement for residents.' A further internal quality assurance visit in November 2018 findings stated, 'Unit Based activities to be looked at.' Despite it having been identified for six months that meaningful activities were not taking place there had not been any significant or sustained improvement in this area.

Some care plans lacked detail to guide staff to provide consistent care and support. For example, staff described the different approaches they used to meet a specific person's complex needs but the person's care plan did not include this information. Staff also told us about the person's background which explained some of their behaviours. This information was also not included in the care plan.

The management team advised they were reviewing all people's care plans and changing over to a shorter more user-friendly format which they believed would address this shortfall. After the inspection the manager sent us a copy of the revised care plan which included significantly more detail. However, the person routinely declined assistance with their personal care needs. The care plan stated, "After carers have tried therapeutic approaches to support [person] and been unable to, a senior carer may need to be involved to provide an intervention." There was no information about what form this intervention would take or how to make sure any intervention was as least restrictive as possible.

We found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not designed care or treatment with a view to achieving people's preferences and ensuring their specific needs were met.

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate.

A relative told us that the staff were good at keeping them up to date with important events in people's lives. They said, "They (staff) notice things we might not. They changed [person's] bed because they were sliding down. Things like that they notice and it's done. The staff will let you know."

Care plans showed that people were asked to think about their wishes in relation to end of life care. It was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home.

There were regular meetings for people and their relatives to share their opinions about the service and facilities provided at Beane River View. For example, for people living on one unit to discuss the proposed refurbishment of their individual rooms and the communal areas. This showed that people could positively influence the service they received.

Concerns and complaints raised by people who used the service or their relatives were investigated and resolved. A person told us, "I would talk to the manager. A manager that I know, whoever that is. I think I would talk to a member of staff that I know." A relative said, "They always seem busy. I will talk to [staff] if I'm not happy. I haven't had to do it often but for instance, I raised about a new medication and it was on the trolley next time."

Requires Improvement

Is the service well-led?

Our findings

The home had experienced significant changes in management. Since the previous inspection in March 2016 there had been four changes in home manager. The current home manager had been in post since June 2018. The manager had not yet completed their application to register with CQC.

People who used the service told us they didn't know who the home manager was. One person said, "We've had a few changes and I don't know now. I've not been introduced." Another person said, "No, I've never met the manager. There's a lot of them (managers)." A relative said, "There are different managers. I do know who the manager is today. I know the carers more than the managers. From the top, yes I think the home is well led." We observed the manager interacting with people, it was clear that people recognised them as a person who worked at the service but their role as home manager was not recognised.

The regional manager acknowledged that standards of care had slipped at Beane River View during the period of management instability and that some shortfalls remained but said, "It (The home) is on its journey, staff motivation is improving." The home manager said, "We have turned the corner in the right direction."

The manager told us of many improvements they had introduced at Beane River View since they had been in post. These included staff morale, people's care and support, food and nutrition, communication, community inclusion and activity and engagement. However, on the day of the inspection we noted that whilst many changes had been introduced they had not yet been integrated into day to day practice.

Staff felt supported and liked working in the home, they were positive about their roles and the care and support people received. However, they told us the many management changes had caused the team to become disillusioned and demotivated. One staff member said, "[Manager's name] is trying to bring things up. There is more going on now." Staff told us that there were regular staff meetings for them to discuss any issues arising in the home.

A range of checks were undertaken to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks. The home manager had undertaken a night visit where they assessed how the night staff undertook their duties. A practice emergency evacuation was undertaken as part of this visit.

Representatives of the provider's quality team undertook regular audits at the home. The regional manager visited the service regularly to support the manager, discuss issues such as recruitment and assess the quality of the service provided.

The provider distributed satisfaction surveys were annually to people, their friends and relatives and relevant professionals. The provider collated the responses and shared the findings with the manager along with suggested actions.

The provider worked closely with local authority health and social care teams and other professionals. An example of this had been when the service provided a helping hand when some people had needed emergency accommodation when their home was damaged in a fire.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9(3) The provider had not designed care or treatment with a view to achieving people's preferences and ensuring their specific needs were met.