Quantum Care Limited

Richard Cox House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 25 April 2017 and was unannounced. At their last inspection on 23 April 2015, they were found to be meeting the standards we inspected. However, staffing was an area that required improvement. At this inspection we found that they had continued to meet all the standards however, staffing was an area that still required improvement.

Richard Cox House provides accommodation for up to 29 older people, including people living with dementia. The home is not registered to provide nursing care. At the time of the inspection there were 29 people living there.

The service had a manager who was 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.

People told us, and we saw, that in the mornings they needed to wait for assistance for using the toilet or getting washed and dressed. We discussed this with the management who were making arrangements to resolve these issues.

People felt safe and we saw there were Individual risk assessments in place and these adhered to by staff. People's medicines were managed safely.
People were supported by staff who were trained and supported. People were asked for their consent and staff adhered to the principles of the Mental Capacity Act 2005.

People enjoyed a varied diet and received support appropriately. There was regular access to health and social care professionals and confidentiality was promoted.
People were treated with kindness, dignity and respect and had developed relationships with the staff who worked there. People's needs were met and their care plans were clear and updated regularly. People enjoyed a range of activities and complaints were responded to appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us, and we saw, that in the mornings they needed to wait for assistance.

People told us they felt safe.

Individual risk assessments were in place and adhered to.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported.

People enjoyed a varied diet and received support appropriately.

People were asked for their consent and staff adhered to the principles of the Mental Capacity Act 2005.

There was regular access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

People had developed relationships with the staff who worked there.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People's needs were met.

Care plans were clear and updated regularly.

People enjoyed a range of activities.

Complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Staffing had been an issue at the previous inspection and we found that this had not been resolved at this inspection.

People were positive about how the service was run.

Staff told us that the management team were supportive.

There were effective quality assurance systems in place.

Richard Cox 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 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. 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. 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.

The inspection was unannounced and carried out on 25 April 2017 by one inspector and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with eight people who used the service, four relatives, 10 staff members, the regional manager and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to five people's care and support. We also reviewed records relating to the management of the service.

We 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 due to their complex health needs.

Requires Improvement

Is the service safe?

Our findings

People told us that staffing was an area that needed improving. One person said, "They need more staff, these girls are really busy. I would like to get up at 7.30 or maybe 8am but I can't I just have to wait for them to come." Another person said, "I have waited 40 minutes for the toilet – that's not all the time but often it is a long wait. It's not their fault but there aren't enough staff." Relatives also felt that this was an issue in the home. One relative told us, "There's not enough staff to help one person who needs a lot of help and get to everyone else too." People told us that the staffing situation in the mornings meant they had to wait to use the toilet and to get up.

When we arrived at the service at 8.30am, staff were busy. We found that call bells were ringing for up to 10 minutes and people were waiting to use the toilet. We also found that one person who needed support to eat their breakfast, waited for half an hour. We found that this continued until 10am with people still receiving personal morning care at 11am. However, we found that people were not unsafe as staff did check on them and tell them why there was a delay. We noted that a staff member had called in sick for a shift and the person who covered the shift arrived 90 mins after the scheduled time. The regional manager and registered manager told us that the staff sickness would have had an impact on the morning routine. Staff told us that when they were fully staffed, they could meet everyone's needs. However, staff did say that they felt all units needed to have two staff permanently as mornings were busy and people had to wait. One staff member told us, "Upstairs two people need hoisting and one has a standing hoist. There's only one member of staff and one float. That's not enough, one person is not enough." Another staff member said, "At busy times, morning and evening, it is very difficult to get to everyone with just one person on." The registered manager told us that when people needed two staff and they were on a unit with only one staff member, they tried to move them to a unit that was staffed with two.

At the time of the inspection two units had two staff and two units had one staff member with an additional member floating between the two. The registered manager told us that the care team manager is to do the medicines rounds on the single staff member units to alleviate the pressure. However, we noted this did not happen on one of the units on the morning of the inspection. We did see though that the care team manager came up shortly after and offered support with breakfast. As the day progressed, people received care in a timely fashion, there was appropriate support at mealtimes and staff were around speaking with people. We reviewed the dependency tools which calculated how many hours each person needed each day. According to this tool, the service was over staffed. However, the tool did not take into account the layout of the building. We spoke with the registered manager and regional manager about a new dependency tool that was being developed. They told us this took into account emotional needs of people and the building layout. They hoped this would address the shortfalls.

We reviewed the call bell logs which generally were responded to in around five minutes. However, we saw that the same room number would often call again a few minutes later. One person told us, "I ring the bell, they are so busy (not all the time), they come and switch it off over there, they say 'I'll be back in a few minutes. Then I wait and they come back and say 'only be a few minutes' and then they do come back. Sometimes it's a long wait." This meant that there was a possibility that the call bell monitoring log had not

accurately reflected the actual time people were waiting for their needs to be met. We reviewed the commissioner's report for the service and found that they had not identified any issues in relation to staffing we also noted the provider's quality assurance visits commenced often at 7am had not identified any issues with staffing. However, feedback we received from people and their relatives indicated that the period of time between 8am and 10am was not only an issue on the day of inspection but occurred on a frequent or daily basis.

Therefore this was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us that they felt safe. One person said, "I couldn't do it on my own at home anymore so I have to be here, it's alright and they do keep me safe." We saw that there was information displayed throughout the home about how to recognise and respond to concerns or abuse. We noted that the registered manager had followed the process appropriately when needed. We found that unexplained bruises or skin tears were reviewed by the registered manager to satisfy themselves that the person had not sustained them as a result of abuse or poor care. Staff knew how to recognise and report concerns to the management team and the provider. However, some staff needed some prompting to explain how they may report concerns externally, for example to the local safeguarding team. We saw that safeguarding had been on an agenda for staff meetings. The registered manager told us they would raise the subject more frequently with staff to ensure they could all confidently explain how they would report issues.

People had their individual risks assessed and staff were aware of them. We observed staff supporting people safely and in accordance with their risks assessments. For example, moving and handling and pressure care management. Accidents and incidents were recorded and reviewed by the registered manager appropriately. They checked these to help them identify any themes or trends and ensure all remedial action had been taken. For example, ensuring the person has a health check or having a sensor mat to alert staff when they get out of bed.

People were supported by staff who were recruited safely. Staff files included all appropriate pre-employment checks, such as criminal record checks and references, but also an assessment of their abilities and responses to questions in their interview. This helped to ensure that those employed were not only fit to work in a care setting but also had the required attitude to people and events that may occur.

People's medicines were managed safely. One person said, "They sort it all out for me, they bring it to me, I don't have to remember anything." There was a record of staff signatures and in most cases, handwritten entries were countersigned. We found that variable dose medicines were documented clearly and there were plans in place for those who had medicines on an as needed basis. We checked a random sample of boxed medicines and found that these were accurate. Staff worked safely when administering medicines and people told us they received their medicines on time.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff were trained for their role. One relative told us, "The staff are brilliant." We saw that staff had received training in key subjects such dementia care, safeguarding people from abuse, moving and handling, nutrition and food hygiene. Most staff were up to date with just a few due for renewal and this had been identified by the registered manager. Staff told us that they felt they were well equipped for their role. One staff member said, "Yes I have enough training and I am about to start my NVQ." Staff also told us that they felt supported. One staff member said, "I can always go to them [management team] if I need to, they are very helpful." We saw that regular supervision and appraisals were taking place.

People were asked for their consent before care and support was provided. We noted staff asked people in every instance, for example, "Is it ok if I take your plate?" People told us that staff always asked their permissions. We saw consent was documented in care plans and signed by the person or their relative if they did not have capacity to do so.

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 so that they can 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 and found that they were.

Each person had their capacity assessed and where they were found not to have capacity, best interest decisions were documented. For example, to enable staff to provide personal care or to use bedrails to keep people safe. We noted however that staff still asked people, assessed not to have capacity, for their choices throughout the inspection. The registered manager had applied for DoLS appropriately and managed this effectively by applying for a renewal when they were due to expire. We also found that where people had a DoLS applied for in relation to going out alone, they had access to a garden and were able to walk in and out freely

People were supported to maintain a healthy and balanced diet. We saw that the menu was varied and looked appetising. The tables were set nicely for breakfast and lunch with menus available for people to read. There was a selection of cereals on tables in the morning and people were able to help themselves to fruit and drinks throughout the day. On one unit it had been a person's birthday the previous day and staff were offering a piece of cake with their drinks, reminding people that they had celebrated the person's birthday. The cake was homemade and people told us it was, "Delicious."
People told us that they enjoyed the food. One person said, "The food wasn't so good (before) but we've got a new chef and now it is good and we have a lot of choice too." Another person told us, "The food is good

here, we always have a choice and I have enough to eat." We noted that people had a choice of food and drink at the table, with visual prompts when needed. We heard people discussing the chef, stating what a lovely person they were and how they always checked if they enjoyed the food. We spoke with the chef who was aware of people's different dietary requirements. For example, gluten free or the need for a soft diet.

People who were assessed as being at risk of not eating or drinking enough had this monitored. Intake charts documented what they had consumed and they were weighed regularly. Where there was a continued concern, the relevant health professional was contacted.

People were supported with health and social care professionals. One person told us, "If I need the hospital they arrange all the transport and a carer always comes with me." We saw that there were regular visits from health and social care professionals. A GP and hairdresser were visiting on the day of inspection. We saw a record that demonstrated followed up on issues and ensured people received the health care they needed. This was monitored by the registered manager.

Good

Is the service caring?

Our findings

People were treated with kindness, dignity and respect. We saw throughout the day staff spoke nicely and we noted all interactions were positive. One person told us, "When you've got people like this to look after you it does make a difference. I've been here a long time and I can tell you it makes a difference." Another person said, "The girls here are lovely. They are very kind, they do change quite a bit but they are so nice. I've no complaints." Relatives also praised the staff. One relative said, "They really do care here, the staff are really good."

Staff were attentive to people, getting cups of tea when asked, fetching a blankets when someone felt cold and chatting to people as they supported them. We heard one staff member say to someone, "How lovely to see you this morning." This was met with a huge smile form the person. We saw that one person became very upset because they could not remember a visit from their relative. A staff member stopped what they were doing and came over and reassured the person, gave them a hug and a kiss and offered lots of reassurance and did not leave until the person was settled and ready to move on. Staff ensured people had cushions if they looked uncomfortable and asked if they needed anything. The atmosphere was homely and had a family feel to it. One staff member said, "We are like a family here." We saw that people had developed friendships with other people living there and conversations flowed. The units were small which enabled people to get to know each other well.

People and their relatives were involved in planning their care. One person said, "They ask me." We saw that people were reminded about their care plans during meetings. One staff member told us that a person had not been able to verbalise their likes and dislikes in relation to food. They told us, "To help get to know what she liked, I put little different pieces on a plate and watched what she enjoyed."

Confidentiality was promoted. We saw that all records were stored securely and staff was reminded of this during meetings. Staff spoke discreetly about people and to people which promoted their privacy. We saw that bedroom doors were closed when care was provided and staff knocked when entering.

People told us that visitors were free to visit whenever they wanted to. One person said, "It's an open house you can come when you want to and go when you want to." A relative told us, "I always feel I can come and stay for as long as I want to." We noted that one relative was invited to stay for lunch and did so regularly.

Good

Is the service responsive?

Our findings

People's needs were met. People told us that staff supported them in a way they liked. One person said, "They are always very polite and helpful and when they are helping me to wash and dress they are very kind." We saw that people were well groomed and looked comfortable. However we did note that many people did not have socks, tights or stockings on. Staff told us that this was due to people suffering swelling if they were too tight. They told us that they had approached relatives for wider fitting socks and pop socks and elevate legs to alleviate swelling. However, we could not be sure if this was the case for all people without these or if it was people's choice not to wear them. This was an area that the management team needed to review to ensure people were dressed appropriately and in a way they liked.

Care plans were clear and updated regularly. We saw that each included details of how to support people safely and in accordance with their needs. We noted that there was a record of what people liked and disliked what their strengths were in relation to personal care and what they needed help with. Staff knew about people's needs and how to support them. We asked staff about pressure care, dietary requirements and health needs and they were able to tell us.

People enjoyed a range of activities. One relative told us, "Activities are what make this home." The activity schedule was reasonably varied. On three of the days the service operated a day centre. The Q Club day centre was held in a large room in the centre of the home and people living at the service were welcomed to the Club and many took the opportunity. On the day of the Inspection there was an entertainer scheduled and everyone were encouraged to go for an hour of singing and fun. All the people we spoke with had thoroughly enjoyed the session. One person said, "Oh he was very good, I liked this." Another person told us, "I don't think I'm going to enjoy it and then I do because we are all together, it is fun."

Everyone was positive about the activities on offer. One of the staff told us, "Friday is bingo and there's not a seat in the house just like Mecca bingo in here." One person told us, "I enjoy going and joining in the activities, it's good." Another person told us, "They have lots of things going on and we can go into the garden in good weather."

Staff were very good at making sure people who wanted to go to activities did get there even though it was sometimes difficult. We saw staff encourage people to join in. One staff member said, "I encourage them to do whatever they can so some people want to help perhaps washing up or setting the table, that's good, they enjoy it." We saw that the management team checked each month on what had been available for people who spent times in their rooms. This helped to ensure that they had the same opportunities for stimulation and interaction. The activity organiser was very enthusiastic and had made contact with supermarkets and schools in the area to get them involved. They told us, "We are making a bond with the school for the children to come here and us to go there and [supermarket] come in and provide us with food for cream teas."

Complaints were responded to appropriately. We noted that there was a system for recording grumbles as well as complaints to enable the registered manager to monitor any issues and identify ongoing concerns.

We saw that complaints were discussed at team meetings and staff told us that lessons learned, or things they needed to know, was shared at handovers at each shift change.

Requires Improvement

Is the service well-led?

Our findings

Surveys were completed annually and we saw the results for 2016. A response and actions as a result were developed and sent to people and their relatives setting out how they would make the changes suggested. This included improvements to activities and staffing. We noted that feedback about activities was positive and the changes in relation to staffing, such as care team managers taking over medicine rounds, had been made. However, we noted on the day of the inspection that there were different issues in relation to staff. We found that one member of staff had been late into work and this had impacted the shift. The regional manager acknowledged that the layout of the building caused issues with staffing and their dependency tool that was being developed would resolve these issues. We discussed the need to implement some changes now to ensure that staff were appropriately deployed to ensure that people's needs were consistently met in a timely way. They told us that would review the current situation.

Following the inspection the registered manager wrote to us to tell us what they had done in response to our feedback about staffing. They stated they had met with people and gained their views and as a result they had reviewed and altered staffing structure. They had also utilised ancillary staff to support people and the care staff team further. This demonstrated that they were working in accordance with people's welfare, listened to their feedback and wanted to make the service better. However, due to the ongoing issues with staffing which was also stated as an area that required improvement at our last inspection, this meant it was a breach of regulation. Therefore well led was an area that required improvement.

People and their relatives were positive about how the service was run. One relative said, "Everything is brilliant, it's so good here." People were a little unclear about who the registered manager was and some were confused between the care team managers and the deputy manager. However, we noted that the registered manager knew people well.

Staff told us that the management team were supportive. One staff member who had experience of working in other care settings told us, "It's much better here, [registered manager] is lovely." Another staff member told us, "I can go to any of the managers, they are all around and helpful."

We noted that the registered manager was responsible for two of the provider's services so at Richard Cox House there was a competent deputy manager and the care team managers took responsibility in the registered manager's absences. We found that all members of the management team were confident and even the housekeeping manager was familiar with many aspects of the home.

There were effective quality assurance systems in place. There were regular audits for all aspects of the home. These included medicines, care plans, staff training and supervisions. We also saw that the care team managers reported progress on each of their units and gave details of any issues. The registered manager reviewed these audits and included them in their monthly audit. This then generated actions as needed which were delegated to staff members. There were also provider visits and quality assurance visits which had action plans attached. We noted that actions form these had also been completed. For example, a night shift fire drill had been completed within the timescale set.

There were meetings for people, relatives and staff. These demonstrated that people's views were sought and responded to. There were customer engagement meetings with the purpose to continually improve the service by listening to people and their relatives.

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 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff were appropriately deployed to ensure people did not experience a delay in their needs being met in the mornings.