

Quantum Care Limited

Belmont View

Inspection report

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Date of inspection visit:
03 December 2015

Date of publication:
14 December 2015

Ratings

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

Summary of findings

Overall summary

The inspection took place on 03 December 2015 and was unannounced.

Belmont View provides accommodation for up to 85 older people who require nursing care and may also live with dementia. At the time of our inspection 84 people were living at the home.

The home had a registered manager. 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.

We carried out an unannounced comprehensive inspection of this service on 04 August 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belmont View on our website at www.cqc.org.uk

The home was clean, bright and welcoming. There were no malodours present, people were well groomed and cared for, and the provider had addressed shortfalls on one unit that meant people were not living in sanitary conditions. Where people were prescribed medicines to be administered on an as needed basis, the manager ensured clear guidance was available.

People were provided with an array of food. Where people required assistance with eating or drinking, staff carried this out in a calm, relaxed and supportive manner. Where people were at risk of malnutrition or dehydration, staff responded accordingly and monitored people's dietary intake regularly.

People who were at risk of harming themselves or others had a suite of care records developed and these had improved since our last inspection.

There was an open culture in the home and people, relatives and staff were comfortable to speak with the manager if they had a concern. The provider and manager had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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 ●

We found that action had been taken to improve safety.

People lived in an environment that was bright, clean, welcoming and free from malodour.

People's medicines were managed safely.

Is the service effective?

Good ●

We found that action had been taken to improve the effectiveness of care provided.

People received the support they needed to eat and drink

Peoples dietary intake was monitored where they were at risk of weight loss.

Is the service responsive?

Good ●

We found that action had been taken to improve the responsiveness of the care people received.

People were given the care and support they needed that reflected their preferences and individuality.

People were supported by a staff team who understood how to provide care in an individual manner.

Is the service well-led?

Good ●

We found that action had been taken to ensure the home was well led.

People and staff felt the home was well led.

People's care records were completed accurately and reflected the current care needs of people.

Belmont 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 met 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 under the Care Act 2014.

We undertook an unannounced focused inspection of Belmont View on 04 December 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 04 August 2015 inspection had been made. The team inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well led. This is because the service was not meeting some legal requirements.'

Before the inspection we reviewed an action plan submitted to us by the provider which detailed how they would address the concerns we identified at our inspection on 04 August 2015. 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.

During the inspection we observed staff support people who used the service, we spoke with four people and the relatives of two people who used the service. We spoke with three members of the management team and three care staff.

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 four people who used the service and other documents central to people's health and well-being. These included medication records and nutritional records.

Is the service safe?

Our findings

People told us they were cared for in a clean, hygienic environment. One person told us, "It's very clean and never smells." One person's relative was heard to say, "It smells so fresh, it lovely here now." One staff member told us, "It's much nicer on Rowan now that the kitchen is fixed and matches, and the carpets have been replaced. People should be able to have their lunch in a nice environment and it is certainly a lot better now."

The provider had recently installed a new kitchen and dining area on Rowan unit which was previously in a general state of untidiness, disrepair and not sufficiently cleaned. We saw that this had been completely renovated and was now bright, clean and well furnished. Work surfaces had been kept clean, the flooring had been replaced and regularly washed down, and food stuff that had previously been left out, was now safely stored.

The provider had also replaced the carpet in the corridor which previously was unclean and produced a malodour. This area was now fresh and clean, well maintained and staff told us that all the improvements made had helped to lift Rowan unit and made it a, "Nice unit to work on."

Staff wore protective equipment when either preparing or serving people's food, and when personal care was provided to people, staff wore aprons and gloves to minimise the risk of spreading infection. Domestic staff were observed throughout the day to carry out their duties diligently, with no signs of dirty laundry, linen or continence aids in bathrooms or bedrooms.

Where previously we had found hot water was not available to people on two of the units for a number of days, we found that the fault had been remedied with no further occurrences.

This meant that people were cared for in a clean, hygienic environment that protected people from the risk of infection.

People who were prescribed medicines to be used 'As required' (PRN) had clear guidance in place to inform staff of when to use these. We found at our last inspection that guidance for the use of PRN medicines such as pain relief or medicines to aid their sleep was not available to staff to determine when to use these medicines. We reviewed eight PRN records for people and found that the manager had taken action to improve the guidance for staff. We saw that each document was clearly displayed in people's medicine administration records (MAR). This meant that staff who administered medicines had a clear, accessible record of when and how to administer. The guidance for PRN also asked staff to consider other factors before administering a medicine. For example, where one person had been prescribed a medicine to relieve symptoms of anxiety, staff were prompted to consider if there were other methods they could use rather than medicines.. This meant that people were not unnecessarily given medicines they didn't usually take, and that staff considered other options that affected people's mood prior to giving medicines.

Is the service effective?

Our findings

People told us they were supported to eat and drink enough and maintain a balanced diet. One person told us, "Food is fresh, tasty and there is always plenty of it."

We observed people eating their lunch in the dining room and those that were supported to eat in their own rooms. The dining room was bright and spacious with an unrushed atmosphere, where people were seen to be enjoying their meal whilst laughing, singing and talking amongst themselves. We noted that one person's relatives visited during the lunch time period, however were surprised that lunch was still going on but felt this was a good thing. This demonstrated to us that people were enjoying their lunch as a sociable part of the day, and were not hurried in any way.

People enjoyed their meal, and were able to change their minds about their selection if they wished. One person told us, "I just didn't fancy that [fish] today, so I had a salad instead." Where people required assistance with their meal, staff gave them the attention they required and prompted people to eat their meal at a pace that was comfortable for them. One person was observed to be showing no interest in their lunch at all. However, one staff member was seen to sit by them and gently coax them to eat small amounts. This persistence paid off, as the person was then seen to pick up their own fork and begin eating unaided. A second person had been unwell throughout the previous night. We observed throughout our inspection that staff ensured they had sufficient fluids, and when they ate their lunch, a staff member sat with them in their bedroom throughout and ensured they ate sufficient amounts.

We previously found that when people had finished their meals, staff had not checked they had eaten enough or offered further helpings or alternatives. Staff had also not ensured that accurate records were maintained for those people at risk of malnutrition or dehydration. At this inspection we found improvements had been made, and people were routinely asked if they wanted seconds, or if they wanted a different meal. Where people required assistance with eating and drinking, staff provided them with utensils such as spoons, spouted beakers and plate guards to maximise their independence.

Those people who required monitoring of their food and fluid intake had accompanying records that accurately described what people had eaten or drunk. These records were regularly reviewed for accuracy, and we were able to determine from these that monitoring was now in place for those people.

Where people lost weight or were at risk of losing weight we saw that dieticians and speech and language therapists (SALT) had been consulted.

Is the service responsive?

Our findings

People told us that staff provided them with care that was personalised to their needs. One person told us, "I get the care how I want, when I want and by whom I want."

We previously found that for people who displayed behaviours that challenge such as agitation, anxiety or aggression, care was not responsive to these people's needs. At this inspection we found that the management team and staff had undertaken a full review of people's needs, and care plans had been developed that were personalised and responsive to people's individual needs.

Where people displayed behaviour that placed them or others at risk of harm, the staff had developed a behavioural plan with an accompanying monitoring chart that was regularly reviewed to identify patterns or trends emerging.

Where people were considered to be at risk of displaying such behaviours staff had developed, 'Well Being' plans that were designed to prevent deterioration in a person's behaviour by better understanding their triggers. For example, one plan identified what demonstrated a person was content, such as spending time in communal areas, eating well or enjoying bathing and getting dressed. This plan also identified what they may do when discontent, such as isolating themselves, worrying about family or displaying paranoia about their possessions. This plan then clearly identified individual ways that staff could support the person proactively. These included things such as holding their hand, accompanying them to the hairdressers regularly, paying compliments on their appearance, and help to clean and maintain their bedroom.

When we spoke with staff about how they supported people, they were able to clearly detail on an individual basis how they responded to them. When staff explained to us their approach, we found this was generally consistent, and presented to us in a passionate and energetic manner. One staff member told us, "We can spot the signs now." A second staff member told us, "The well-being plans are really helpful if I need to go to another unit. I went to Lauren the other day to help out and a new carer was telling me things about people that I didn't know."

When we looked at the care records it was clear that people had been involved in their development and identified their personal history, individual preferences, interests and aspirations. One person said, "I can assure you my care is how I want it, don't worry about me, if it wasn't I'd soon tell them."

Is the service well-led?

Our findings

People who used the service and staff told us the service was well managed. One person said, "I can pop along to the manager when I want and they listen to me, even a cup of tea if I like." One member of staff said, "The managers, both [manager] and [deputy] are always available to talk to, and they listen to us."

Since our last inspection staff told us they felt more informed of what was happening in the home, and how the manager planned to further develop the service. Staff told us they were attending meetings more frequently and that this was a positive thing for them.

At our last inspection we found that people's care records did not always contain sufficient detail to provide a comprehensive account of a person's needs and care. We saw in people's monthly reviews that in many cases the same phrase was used month on month. This did not provide an accurate account of what areas had been reviewed and in some examples people's needs had changed, particularly with regard to people's behavioural needs. Daily notes were not descriptive and often stated facts for example, "Did not eat."

At this inspection we found that daily records had been improved to accurately reflect how the person had spent their day, what they had eaten, and if there had been any concerns noted by staff. Where care plans were reviewed at the end of each month, staff had completed a review of what the person's care needs were and entered these into a new care plan if needed. If there had been no change to a person's needs, staff no longer wrote, "No change," but had evidenced how they had reached this decision.

Staff continued to be supported with care planning by the management team, and were due to undergo further care planning training. However at this inspection we found that an accurate and concise record had been maintained for each person.