

# Quantum Care Limited

# Elmhurst

## Inspection report

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### Ratings

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

## Overall summary

The inspection took place on 02 February 2017 and was unannounced.

Elmhurst provides accommodation for up to 61 people with residential and dementia needs. It does not provide nursing care. At the time of this inspection there were 55 people accommodated at Elmhurst.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service on 26 April 2016 we found that improvements were required in relation to the arrangements for activities and engagement in the home and how concerns raised with the management team were responded to. At this inspection we found that the necessary improvements had been made.

People felt safe living at Elmhurst. 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 and their 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 in place 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.

There was a cheerful, open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements 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 ●

This service was safe.

People's care was provided by appropriate numbers of staff who had been safely recruited.

Staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

Risks to people's safety and well-being were identified and mitigated as much as possible.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received care and support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent by various means before providing care and support.

People were supported to enjoy a healthy, varied and balanced diet.

People were supported to access a range of health care professionals to help ensure that their general health was maintained.

### Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff had developed positive and caring relationships with people they clearly knew well.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care was planned and kept under regular review to help ensure their needs were met.

People were supported to engage in a range of activities, this was an area that had greatly improved since the previous inspection.

People and their relatives felt that any concerns would be listened to and acted upon promptly.

No complaints about the service had been received since the previous inspection however, many compliments had been made.

### **Is the service well-led?**

**Good** ●

The service was well led.

People, their relatives, staff and external professionals had confidence in the management team.

The provider had robust arrangements in place to monitor and effectively manage the quality of the service.

The atmosphere at the service was open, respectful and inclusive.

# Elmhurst

## 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 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 02 February 2017 and was unannounced. The inspection was undertaken by one inspector.

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 March 2016. 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 13 people who used the service, eight care staff, two care team managers, the deputy manager, the chef, housekeeping staff and the registered manager. We spoke with relatives of seven 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 and three visiting health professionals. 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.

# Is the service safe?

## Our findings

People told us that they felt safe living at Elmhurst. One person said, "I feel safe, I know that if I needed something they [Staff] would come and help me. If you have to go into a care home then this is the place to be." A relative of a person who used the service told us, "My [relative] is most definitely safe here. When I leave to go home I do not have the faintest worry, I know that they love and care for [relative] and that they are safe."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same. Information and guidance about how to report concerns, together with relevant contact numbers, were displayed in the home and were accessible to staff and visitors alike. This showed that 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 had been 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 the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed two staff members using a mechanical hoist to assist a person to transfer from an armchair to a wheelchair. The staff members reassured and talked with the person all the way through the procedure.

People who had been assessed as requiring bedrails on their beds to 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 for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

People, their relatives and staff all told us that there were enough staff available to meet people's needs. One person told us, "I never have to wait for any care needs." Throughout the course of the day we noted that there was a calm atmosphere on all units in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way.

The staff and management team told us that the number of permanently recruited staff numbers had been increased since the last inspection which had reduced the need for agency staff cover. This in turn had a positive impact on the standard of care delivered. For example, when the registered manager took over the management of the home in April 2016 the team had 433 vacant hours, at the time of this inspection we found that a successful recruitment campaign meant this had reduced to 25.9 hours.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff and found that all the required documentation was in place including satisfactory 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. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained.

# Is the service effective?

## Our findings

People and their relatives told us that the care and support provided at Elmhurst was appropriate to meet people's needs. One person said, "It is nice and clean, the staff are nice and the food is edible....I like this place." Another person told us, "I am very happy with the care and support, they are all so friendly towards me." A relative told us, "I can't fault them here, the care and attention is brilliant." They went on to say, "It is such peace of mind for me, as long as [relative] is happy and cared for which they are 100% here at Elmhurst."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training including 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, all staff we spoke with 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 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. 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. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection 36 applications had been made to the local authority in relation to people who lived at Elmhurst and 35 were pending authorisation at the time of this inspection.

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 members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that 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. We noted that most people opted to eat in the communal dining room and some chose to eat in their rooms. One person told us, "The food here is second to none, I really enjoy it, I have to be careful not to put any more weight on." One person's relative told us, "The food smells so very good, that is why I like to visit at lunchtime." A relative told us that the chef had attended a meeting for relatives and people who used the service. They told us that the chef had shared some ideas and asked for people's preferences.

Various initiatives were in the process of being introduced to help stimulate people's appetites and tempt their taste buds. For example, a bread maker and coffee maker had been secured to create appetising smells on the units and the chef had developed a dessert trolley to take onto each unit weekly to provide choices for people from five mouth-watering options. One person told how they had really fancied a particular fish meal. They said they had asked the chef and it had been provided for the person.

The chef told us that they were currently working to improve the range of snacks provided for people to enjoy in between meals. For example, brownies had been provided the previous day and they were working towards introducing a range of savoury snacks too. The chef reported that they had spent time on each unit supporting staff to present meals nicely to encourage people to want to eat more.

We observed the lunchtime meal served in the communal dining rooms and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. Vegetable tureens were on tables so that people could help themselves maximising their choice and independence. We heard staff interact with people in a kind and considerate manner indicating that nothing was too much trouble. Tables were nicely laid with cloths and condiments were on the tables to support people to be as independent as possible.

Assessments had been undertaken to identify 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. The chef told us that they were kept up to date with people's nutritional needs and they provided fortified foods for people at risk. Where people required their food to be pureed so that they could eat it safely we noted that it was nicely presented.

People told us that 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. One person said, "They really do look after us very well here you know." A relative told us that they were always kept up to date with any health needs of their family member and that this gave them peace of mind. 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.

We spoke with three visiting healthcare professionals during the course of this inspection and all gave us positive feedback about the service provided. One health professional said, "We have no concerns at all, it is all positive, the staff are very forthcoming and open with us." Another health professional told us that staff were very responsive and called for advice if they had any concerns. They told us that they felt the service provided at Elmhurst was safe and well-led and that there had been a, "Vast improvement" in recent months.

## Is the service caring?

### Our findings

People, and their relatives told us they were happy with the staff that provided their care. A person who used the service told us, "I enjoy being here; I wouldn't want to be in any other care home." A regular visitor to the home told us, "The improvements that [Registered manager] has made since she has been here are immense. It is a happy and well run home, the staff are happy and the people are content."

Staff were calm and gentle in their approach towards people and appeared to be genuinely happy in their roles. Throughout the day we noted there was good communication between staff and the people who used the service. For example we heard some people tell staff members that they felt chilly in the dining room after breakfast. Staff immediately supported people to move into the communal lounge area where it was cosier and offered blankets to cover people's knees.

Staff respected people's dignity at all times and made sure they supported people in the way they wished whilst encouraging them to remain as independent as possible. We observed that staff were always courteous and kind towards people they supported, often sharing banter and jokes between each other in a respectful and dignified way. We saw staff promoting people's dignity and privacy knocking on people's doors and waiting before entering people's rooms.

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

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

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. For example, the chef had pictures of various styles of birthday cakes so that people could choose which particular cake they wished to have to celebrate their birthday.

People's care records were stored in lockable cupboards on each unit in order to maintain the dignity and confidentiality of people who used the service. We noted that the cupboards were closed when staff were not using them.

There were photographs of the staff team on display in the communal areas of each unit which meant that visitors and relatives were able to identify the staff on duty. However, we noted that some of the photographs were missing. People who used the service and their relatives told us that this was not such an issue now as it had been at the last inspection in April 2016 because the staff team was stable and there were few agency staff working in the home anymore. Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

## Is the service responsive?

### Our findings

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. People's relatives were invited to attend monthly care plan review meetings where appropriate. A relative told us that they had recently met with the care team manager (CTM) to review the care plan for their parent. They told us, "We went through every single part of [relative's] care plan, it was clear that they [CTM] really knew my [relative] and their needs, such a comfort."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one person's care plan stated, "[Person] does not say they are in pain but with their health history staff need to be aware when walking and talking with [Person] and inform the CTM if they detect any hint that the person is in pain."

Care plans showed that people were asked to think about their wishes in relation to end of life care and 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.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. We were provided with examples where staff took action to respond when people became anxious. For example, one person became anxious when taking a bath, to address this staff introduced some bubbles and some balls to create an interactive time and distract the person from their anxiety. Another example was of a person who lived with advanced dementia and had limited communication. Staff had reviewed the person's life history and noted that comfort was found in babies. Consequently a baby doll was purchased and now the person communicated with the staff team about the baby.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, one person had returned to Elmhurst from a protracted stay in hospital. The staff and management team had sourced a specialist adjustable chair and worked with the person at their own pace to mobilise again. The person was back to walking short distances with a frame and enjoying regaining some independence.

We noted that staff members sat with people for brief periods of interaction throughout the day. This had a positive impact on people, we noted they smiled and enjoyed talking about all sorts of topics including the pleasure of going to the hairdressers and television programmes they enjoyed watching. We heard staff ask a group of people in one of the lounge areas, "Would you like me to put a film on for you? What would you like? A musical?"

At our previous inspection in April 2016 people who used the service had not been satisfied with the activity and engagement provided for them at Elmhurst. The registered manager reported that additional staff had

been successfully recruited for this area and that various initiatives were underway to help engage and stimulate people. For example, a beach scene was being re-created on one unit with a container of sand for people to experience the feeling of sand on their feet, a sound bite of waves crashing onto the shore with the cries sea birds.

The registered manager told us that a piece of work was underway at this time to further explore people's individual likes and interests to help create a more personalised approach. For example, artificial flowers had been introduced in the room of one person who had been a keen gardener. Unused medicine trolleys had been decorated and were now used to house activity items so that they could be taken to the rooms of people who were being cared for in bed or who chose to remain in their rooms.

There were a variety of activities taking place throughout the home during the course of the inspection. For example, during the afternoon a 'coffee shop' event took place in the communal café area. People came from the different units in the home and enjoyed a cup of tea or coffee and some freshly made cakes. There was a lively hum of laughter and chatter as people communicated with each other and with some relatives that had also joined them for tea and cake. During the course of this event a person was presented with a veterans badge to commemorate their work in the war effort.

External entertainers had been brought into the home for people to engage with. People who used the service told us that they really enjoyed a music entertainer who regularly visited, people said, "We do love to sing along." We were told of a recent visit from an exotic animal handler where people were able to learn about and hold snakes and spiders. Other events that had taken place at the home included cheese and wine evenings and film nights.

People's relatives were encouraged to become involved in this aspect of people's lives; one relative had donated some portable media players so that people could listen to their individual choices of music with head phones. The registered manager reported that this had produced a significant impact on one individual who did not always verbally communicate but music had opened up a new world for them.

Themed areas had been developed in areas throughout the home in line with Quantum Care's Rhythm of Life initiative. For example, there was a sewing area with a tailor's dummy and a laundry area with a washing line and pegs. The management team told us that these themed areas provided people with opportunities for engagement and reminiscence.

The registered manager told us that they had not received any complaints, either formal or verbal since they had started at Elmhurst in April 2016 therefore it was not possible for us to ascertain if complaints were managed in accordance with the provider's policies and procedures. However, people who used the service and their relatives told us that they would be very confident to raise any concerns with the registered manager. One person said, "I can't say that I have anything to complain about, everybody is very kind and very helpful."

We reviewed many letters of praise and compliment received at the home. One family had said, "Thank you all so very much, I can't put into words how much it really meant to us, you made [Person] and us feel really loved." Another family said, "Finally we must say thank you, not only for the care that was given by the staff at Elmhurst but for the friendship and support you gave us. When we had concerns the staff were very helpful, they were listened to and resolved."

# Is the service well-led?

## Our findings

People who used the service knew the registered manager by name and said that they were approachable with any problems. One person told us, "You just know that the [registered] manager really listens to you." Another person told us, "As far as I am concerned I feel that the home is very well managed. I think that I am fortunate to be here."

At our previous inspection of Elmhurst in April 2016 people's relatives had told us that they did not feel that the registered manager was approachable. Since that time a new registered manager had taken over the management at the home and the feedback we received at this inspection was positive. For example, one relative told us, "The recent changes are down to the [registered] manager, they have new ideas and are very personable. Everyone finds the time to spend with relatives as well as the residents." Another relative praised two of the care team managers also saying, "They are brilliant, I can't fault them, nothing is too much trouble, it's fabulous."

At our previous inspection in April 2016 some staff members told us that they felt that the registered manager was not always approachable or supportive. At this inspection staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. A staff member told us, "The [registered] manager's approach with the staff is great; she is always on the floor. Staff are more relaxed and at ease now which helps the residents too." Another staff member told us, "The staff are happy and happy staff makes happy residents." A further staff member said, "The [registered] manager is marvellous, she has made such a big impact, nothing is ever a problem. The office door is always open."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We observed them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. The minutes of these meetings showed that all areas of the service were discussed including the outcomes of audits. Minutes also included reference to the negative impact that staff sickness can have and feedback about positive impact achieved for people who used the service resulting from staff actions. For example, staff had explored people's histories and purchased individual memorabilia to trigger people's memories.

The staff and management team had strived to improve and make a better home for people to live in. This was evidenced by a leadership award achieved by the registered manager and a catering award for the chef. There were management meetings held monthly between the registered manager and the regional manager to discuss such issues as recruitment, the performance of the service and any matters arising.

There were a range of checks undertaken routinely 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. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. A representative of the provider undertook a comprehensive monthly audit of the service. We reviewed the findings from the December 2016 audit and noted that some issues had been identified and immediately rectified. For example, a frayed cushion on one unit, a discrepancy in medicine stocks on another unit and a broken light switch.

The chef manager undertook audits in each dining room once a week. These were to check areas including tables being laid properly, how choices were being communicated to people, if staff were wearing aprons to serve people's food and what people thought of the food. We noted that the chef visited the dining room during the lunch service on the day of this inspection and assured themselves that people had enjoyed the food provided.

The registered manager had developed a folder that was distributed to each unit monthly that included the supervisions, appraisals, audits, equipment checks, meetings and any other matters to be achieved in the month. These were then completed by the care team managers and returned to the registered manager at the end of the month. This information was then reviewed by the registered manager and fed into their monthly report to the provider. These various audits showed that the registered manager and provider were committed to providing a safe service.

We saw a report of a quality monitoring visit undertaken in July 2016 by representatives from the local authority Adult Care Services. We noted that the service had achieved an overall score of 85.4%. We also noted that the provider had engaged the services of an independent consultant to undertake a comprehensive audit in January 2017 of all aspects of the service delivery. The report from this audit was detailed and positive. The registered manager had produced an action plan to incorporate the findings from these audits and we noted that all actions had been completed.

People told us that meetings were held in the home to support them to raise any issues or concerns and to discuss any suggestions they had. The minutes from a recent meeting showed that people were satisfied with the food provided for them, the improved activity provision and the staff that provided their care.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals such as district nurses and GPs. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager along with suggested actions. However, the most recent survey had been undertaken in March 2016 just as the current registered manager commenced working at the home. A further survey was scheduled for March 2017. We did note however, that actions carried over from the previous survey responses had been completed and all people and relatives we spoke with during the course of this inspection were positive about the standard of care and facilities provided at Elmhurst.

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 registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.