

# Quantum Care Limited

## Beane River View

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Beane River View is a residential care home providing care and support for up to 40 people aged 65 and over at the time of the inspection 39 people were accommodated at the home. Some of the people lived with dementia and or other age-related frailties.

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

People were positive about the way they were supported and were given maximum choice and control of their lives. Staff cared for them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were safe at the service and there were enough staff to meet their support needs safely. Staff had received all the appropriate training and had a good understanding of people's needs. Staff were clear about their roles and felt well supported by the registered manager.

Risks were well managed and kept under regular review. People received their medications safely at the times specified by the prescriber.

People's needs were fully assessed before they came to live at Beane River View. Detailed support plans were in place and reviewed regularly. The environment was clean and there were no mal odours. However, we observed the building to be in need of some updating and redecoration in places.

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. People were supported to access health care professionals when required. The service worked in partnership with other professionals to help ensure people received seamless care and support.

People and family members told us staff were kind and caring. People had opportunities to provide feedback through different forums, and the service had received many positive comments and feedback.

People were encouraged and supported to make decisions. Staff were knowledgeable about effective communication and understood through body language where people could not verbalise their wishes.

There were robust quality assurance systems in place. The management team had a good oversight of the service and were working through a detailed action plan. Staff felt well supported in their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at Last Inspection

At our last inspection, the service was rated Requires improvement (published 1st January 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor the service to ensure people receive safe, compassionate, high quality Care. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Beane River View

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

Two inspectors completed this inspection.

#### Service and service type

Beane River View operated as a 'care home.' People in care homes receive accommodation and personal care as a single package, under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with Care Quality Commission. The registered manager, alongside the provider, are legally responsible for how the service is run and for the quality and safety of care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority, and professionals who have experience of this service. We used all of this information to plan our inspection.

A provider information (PIR) form had been received at the home and the registered manager was in the process of completing it. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We sought feedback from four people who used the service. We spoke to two visiting relatives. We spoke to the registered manager, deputy manager, two support workers, one member of activities staff. We spoke to a representative of the providers senior management team.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had received training and demonstrated they knew how to identify potential abuse. People told us that they felt safe. One person told us, "The staff are very good, they make sure everybody is safe. There is always someone on hand to keep an eye on you."
- Staff knew how to raise concerns. One staff member told us, "We get regular training and know the process for reporting anything that we are concerned about, I would report it and let it get it looked into, even if it turned out to be nothing."

Assessing risk, safety monitoring and management

- People had individual risks assessed and if any risks were identified actions were put in place to mitigate the risk. For example, if a person was at risk of falling specialist equipment was provided and monitoring such as sensor mats were in use. Information was provided to help staff care for people safely.
- Staff had received training in the safe use of equipment such as hoists. Newer staff members worked alongside more experienced staff until they were competent to use equipment safely.
- Environmental risk assessments were completed to help ensure staff were supporting people in a safe working environment.

Staffing and recruitment

- Staff were recruited safely. The provider completed a range of pre-employment checks as part of the recruitment process to help make informed recruitment decisions. This included taking up references, a DBS check (criminal record check) and proof of identity.
- People, relatives and staff told us there were enough staff available to meet people's needs safely. One person told us, "Occasionally they [Staff] can't come straight away but they let you know they will be with you in a few minutes." Another person told us, "They are wonderful and never rush me. They make sure they do what they are required to do safely and go at my own pace."
- Rotas and records confirmed there were always enough staff on duty to care for people safely. If staff called in sick other staff were asked if they would cover the shift, which helped ensure consistency as agency staff were only used as a last resort. Agencies provided profiles to assure the registered manager that appropriate pre-employment checks had been completed.

Using medicines safely

- People received their medicines regularly from staff who had been trained in the safe administration of medicines. Medicine administration records were completed and audited regularly.

- Staff received updates and had competency checks undertaken to make sure they remained competent and followed good practice.
- Medicines were stored correctly, temperatures were regularly checked and medicines that were no longer required were destroyed safely.

#### Preventing and controlling infection

- People were protected from the risk and spread of infection through training and effective use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff received training and we noted the home was clean with no malodours.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. These were reviewed monthly to see if there were any patterns or any learning. For example, if people were falling at a particular time of the day. This would be discussed to see if there was a reason or if it was just coincidental.
- The registered manager reflected when things went wrong to help ensure they put actions in place to prevent a similar incident happening in the future.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs fully assessed before they moved into Beane River View. This was to enable staff to be sure they were able to meet people's needs fully. Information from the assessment was used to develop their personalised care plans.
- One visiting relative told us, "I was fully involved in the process. They were very thorough indeed to make sure they got all the information they needed."
- People's care plans were reviewed regularly and if there were any changes to people's needs, this would also trigger a review which helped to ensure that the care and support provided remained current and up to date.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the appropriate skills, training and experience to meet their needs effectively.
- New staff completed a comprehensive induction when they started working at the service, and had ongoing training, and shadowing.
- Staff told us they felt well supported by the registered manager and deputy manager. Staff received individual supervision and attended team meetings. Staff were given minutes of the meetings if they were unable to attend.

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

- People were provided with a nutritionally balanced diet. The chef told us about the different approaches they had to food preparation. We saw the many different dishes they had made to ensure people's food was well presented and looked appetising. One person told us, "The food here is better than a hotel. We eat very well, and there is always so much choice."
- The chef was passionate about food and regularly made speciality food and cakes for celebrations such as birthdays, Christmas and other occasions. Special diets were catered for which included soft, pureed and vegetarian. We were shown a selection of meals that had been pureed and were served with the same appearance of non-pureed meals.
- People spoke very highly about the food, the lovely taste, variety and how lovely the meals always looked. If staff had any concerns in relation to people's nutritional intake they were monitored through a food and fluid chart. Again, the chef was involved in creating food that would be appealing to even the fussiest eaters. The staff were also aware of the referral process for example if a person needed to be referred to the speech and language therapy team [SALT].
- Staff and the chef were aware of people's likes, dislikes and any known allergies and were aware of any

cultural needs or special dietary requirements.

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

- People were supported where required to access a range of healthcare professionals. The management team and staff worked in partnership with other organisations and services which helped provide seamless care for people.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they knew about MCA and DoLS and how it applied to their everyday work. For example, one staff member told us, "Always assume a person has capacity unless an MCA assessment has been completed." Another staff member told us that if a person lacked capacity but was refusing care that they may have a 'best interest decision' in place.
- Staff were observed supporting people with making choices and offering them visual supports to help them choose.
- Where people had fluctuating capacity to make certain decisions, staff supported people in the least restrictive way, and supported them with decision making, and making choices.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were very positive about the care at Beane River View. We observed staff interacting and engaging with people in a lovely relaxed manner. One person told us, "I am really happy with the service and care I receive, nothing is too much trouble. They are like family." A visiting relative told us "The care here has exceeded all my expectations. They [Staff] really are lovely not only to [Name of person] but they look out for me as well."
- People received consistent care from a consistent team of staff who they had got to know well. Many of the staff had worked for many years at the home. This ensured people received care from staff who knew them and their preferences well and enabled them to have meaningful relationships.
- People told us, and we observed staff to treat people in a way that was both respectful and professional. One person told us, "Yes they are definitely respectful and mindful about my privacy. I feel I get treated as an individual. There none of this one size fits all here, not at all."
- One staff member told us "I love it here, I really miss the people and staff when I am off." Another staff member told us "I would have no hesitation recommending this home to my relatives. I know the care is good. The staff work so well together, and this is a happy place to be."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff were aware of equality and diversity and had received training in this topic to ensure they treated people appropriately and did not make any assumptions about people or their lifestyles.
- One staff member told us "I treat people in the same way I would want someone to care for me or my family member. I respect their privacy, and even when I know them very well I still maintain professional boundaries."
- People told us they were always involved and consulted about things at the home. People said they had been extensively involved in the development of their care needs and that staff regularly checked that they were happy with the support they received. A visiting relative also told us, "The care is of a high standard here, not just one or two staff but all staff. It was like they were handpicked for their qualities."
- Staff told us they had enough time to be able to engage with people rather than just getting the job done. We observed staff sitting chatting with people in different communal areas. Staff were able to describe what was important to people and had a good understanding of each person.
- Care plans were written with the person and people had signed their care plan to indicate they agreed

with what had been included. This ensured that staff had the information in place to know how to support people in the way they preferred.

- People told us the staff encouraged them to be as independent as possible. One person told us "I like the fact that they don't just assume you can't do something. They always give me the chance to do what I can for myself and then just support me to do the rest."
- Staff were observed to encourage people to do what they could for themselves. We saw people being praised for managing and helping with tasks around the home. which gave them a real sense of pride and importance.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection we found the provider had not designed care or treatment with a view to achieving people's preferences and ensuring their specific needs were met. Some care plans lacked important information for example to inform staff how to manage specific behaviours and to provide consistent care and support. The registered manager told us they were in the process of changing care plans to a shorter more user-friendly format. We had found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found at this inspection that the required improvements had been made, care plans contained detailed current information and there was evidence of people's involvement.

- People and their relatives told us staff supported people in a way that met their individual needs and preferences. People told us how happy they were living at Beane River View. One relative told us, "They (staff) have been marvellous, we have been involved every step of the way and we are always invited to attend reviews. We are kept informed. We are so pleased [Name] is living here."
- People's care plans provided staff with clear and up to date information about the type of support people required. Care plans were written in a person-centred way which contained good quality information, which enabled care staff to support people in the individual way they preferred.

Meeting people's communication needs

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

- The registered manager told us Information could be provided in other formats, if required and or in alternative languages. Staff had well developed communication skills and were able to communicate effectively with people even those people with limited verbal could be understood by staff. We noted verbal prompts being used and many pictorials were in use around the home, which supported people.

Supporting people to develop and maintain relationships to avoid social isolation

At the last inspection, we had found there was a lack of meaningful engagement and activities for people to participate in. The provider had identified this as part of the audit of the service. However, despite this and an action plan being in place the range and frequency of activities did not improve. We found at this inspection that a full range of meaningful activities were in place including outside entertainers, group

activities and individual activities.

- People and their relatives told us the home helped them engage in many activities which helped them to avoid isolation. People also told us that staff encouraged them to pursue hobbies and things that were of interest to them.
- Visitors were always welcomed and were invited to participate in the many events organised at the home such as summer BBQ, Christmas fair, Halloween parties and people's birthday celebrations. For example, one person had recently celebrated a milestone birthday, attended by family and friends. A special cake was provided by the home and we saw pictures showing people enjoying the celebrations.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy and procedure in place to ensure they learnt from complaints and shared any lessons learned. People were encouraged and supported to raise concerns should they be unhappy with any aspect of the service. The registered manager had worked hard to ensure concerns were taken seriously, were properly investigated and that any improvements that could be made be implemented as part of the action improvement plan.
- One person told us, "I have never had to complain about anything, on the contrary, they don't give you any reason to complain. Everything is so well done here." We noted that many positive comments and thank-you letters, and cards had been received by the service.

End of life care and support

- People who were nearing the end of their life were able to be supported at Beane River View. However, at the time of our inspection no one was receiving end of life care. Training was provided for staff, so they fully understood end of life care.
- The registered manager and staff demonstrated they were able to provide compassionate end of life care if people chose to remain living at Beane River View rather than going to hospital. Information was captured when care plans were developed to enable staff to care for people in the way they wished.

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection we found that standards had slipped as there had been four managers in quick succession. This had destabilised the service. People did not know who the manager was, and quality assurance and auditing systems or processes were ineffective. A manager was in post but had not yet started the process to register with CQC. At this inspection we found the registered manager had made significant improvements in the short time they had been at the service.
- The registered manager had a good overview of the service and had made improvements in all areas. The registered manager, deputy and all staff spoken with had clear roles and responsibilities. Quality assurance systems had been developed which enabled them to monitor the quality and safety of the service much more robustly.
- The registered manager had embedded a culture to drive continual improvements. This included identifying shortfalls or areas that required improvements, involving people and staff and getting feedback and people's input.

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

- The registered manager was open, transparent and passionate about achieving the best possible outcomes for people who lived at Beane River View. People, relatives and staff said the registered manager had a positive impact on the service and they could see improvements all round.
- People and staff spoke highly of the management team and told us that they had a visual presence, were known by people and took time to engage with people. Staff told us they were well supported. One staff member told us, "I've worked here for many years and really love this place we really are like a family, It is a fun place to be, it's not doom and gloom at all."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager demonstrated they understood their responsibilities under the Duty of Candour. This means that when things go wrong at the service there is an obligation for managers to be accountable.

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

- People were involved in the development of the service and their views were sought to enable improvements to take place. For example, we saw fliers on notice boards saying, 'You said.... We did'. The registered manager told us if they could not do something straight away they would discuss this with people, so they knew the reasons why certain things were more of a priority.
- People, relatives and staff were asked for feedback through a range of forums including a suggestion box, completion of a survey and regular relatives and residents' meetings. Feedback was positive and demonstrated people were happy with the quality of care provided to them.
- The registered manager had a detailed action plan which they were working through. It was kept under regular review to ensure they kept on track.
- Staff told us they felt confident speaking to the management team who were very supportive, listened to their views and treated them respectfully.

#### Continuous learning and improving care

- The registered manager reviewed information from quality monitoring and audits as a measure of how well they were doing and to check that they were on target to meet the deadlines detailed in the action plan.
- The registered manager demonstrated a real passion for making the service a lovely home for people to live in and worked hard to achieve the best possible outcomes for people who lived at Beane River View.

#### Working in partnership with others

- The management team had developed good meaningful relationships with other professional to help provide joined up care. This included partnership working with the local authority and community health care professionals.