

Quantum Care Limited

Trefoil House

Inspection report

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10 April 2019

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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?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Trefoil House is a residential care home providing accommodation for older people, who may be living with dementia or a physical disability, who require nursing or personal care. The service is large and split in to four different 'units' across two floors. The building has been designed and adapted to support people living with dementia.

People's experience of using this service: People were not always supported from the risk of harm and abuse as unexplained bruises or injuries were not always investigated thoroughly or referred to relevant professionals.

We observed that people were not always treated with respect and dignity. People's privacy was not always respected and it was unclear if actions were being taken to address this.

The new manager and area manager were in the process of improving the service, however, more time was needed to fully imbed improvements and changes in culture.

People and their relatives were complimentary about the care they received. People received care that was personalised based on their needs and preferences.

Relatives were very positive about the care that people received at the end of their life.

People were supported with their medicines safely.

The service was clean and well maintained. People had access to areas that were designed as community activities such as a pub and a café.

Staff were well trained and received regular supervision and competency checks to ensure that they had the right skills for their job roles.

Meal times were a sociable experience and people were positive about the choice, amount and quality of the meals.

People were supported to see health professionals to ensure that they lived healthy lives and had good health outcomes.

Complaints were dealt with promptly and to complainants satisfaction.

There were a number of audits completed at different management levels to monitor the quality of the service.

People, relatives and staff were all positive about the new manager and area manager at the service and the impact that they were having.

The new manager was passionate about continuing to improve the service.

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safeguarding people from harm or abuse. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Requires Improvement (report published 11/04/2018). This is the second time that the service has been rated as requires improvement. More information in the full report.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always Caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Trefoil House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector, an assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Trefoil House is a residential care home providing accommodation for older people, who may be living with dementia or a physical disability, who require nursing or personal care. The service is large and split in to four different 'units' across two floors. The building has been designed and adapted to support people living with dementia. At the time of our inspection 63 people were using the service and being supported with the regulated activity.

The service had a new manager who had applied to register with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: This inspection took place on 09 and 10 April 2019. The inspector, lead inspector and two experts by experience attended the inspection on 09 April 2019. One inspector attended the inspection on 10 April 2019.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we:

- Spoke with twenty-one people using the service, fifteen relatives, four care staff, one care team manager, the deputy manager, the manager, the area manager, the head chef and an activities co-ordinator.
- Observed staff members supporting and interacting with people at the service.
- Spent time looking at the premises and how it had been adapted to meet people's needs.
- Gathered information from three care files which included all aspects of care and risk.
- Looked at two staff files including all aspects of recruitment, supervisions, and training records.
- Records of accidents, incidents and complaints.
- Audits, surveys and minutes of staff and professional meetings.
- Policies and procedures relating to the management of the service.

Following the inspection, we received further evidence from the provider showing their quality auditing systems and processes.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we found that people were not always protected from harm and abuse as events were not reported to other authorities for investigation. At this inspection we found that this area still required improvement.
- People were not always safeguarded from abuse or injuries. There were several examples where people had an unexplained bruise or skin tear. These were recorded on forms at the service and investigated by care team managers. However, care team managers wrote 'staff to observe' or 'staff to monitor' as the actions to take. There were no further attempts to find out how the injury occurred, and injuries were not reported to other authorities or professionals such as the local authority safeguarding team. We spoke to the local authority following our inspection and they confirmed that they had not been contacted about these unexplained injuries.

Not reporting unexplained injuries or bruising for further investigation meant that people were still at risk of potential harm and abuse. This was a continued breach of Regulation 13 HSCA RA Regulations 2014; Safeguarding service users from abuse or improper treatment.

- People felt safe living at the service because of the support they received from staff. One person told us "There is always someone to help me when I need them. I press the buzzer and [staff] come." A relative said, "I am happy that my relative is safe here. [Staff] us know if anything happens, like if they have a fall."
- Staff received training in safeguarding. Processes were also clearly on display throughout the home. One staff said, "If I suspected abuse and my managers were not listening then I would go to the local authority or CQC."

Learning lessons when things go wrong

- Lessons were not always learned when things went wrong as some incidents, such as unexplained bruising, were not thoroughly investigated to see if lessons could be learned.
- We saw that staff had recorded issues in daily notes such as people walking in to other people's bedrooms, however this had not been shared with the wider team to see if there were actions that could be taken about this. Following the inspection the manager informed us that this had been investigated and actions had been taken.
- The manager had produced a service improvement plan from their last CQC inspection report and action plan and we saw that this was being used to learn from things that were not in line with legislation at the inspection.
- The manager sent us actions of issues we found after this inspection.

Assessing risk, safety monitoring and management

- We saw two staff members supporting a person with a moving and handling technique which was not in

the person's care plan. This technique had the potential to cause harm to either the person or the staff supporting them. We raised this with the manager. The manager told us they would investigate this and sent us the actions they had taken after the inspection. This included supervising and re-training the staff concerned.

- At the last inspection we found significant risks relating to fire safety. At this inspection we found that improvements had been made in this area and people were safe from the risk of fire. However, one person who had recently started using the service did not have their personal emergency evacuation procedure (PEEP) available in the fire folder. This was rectified on the day of our inspection.
- Staff told us they took part in regular evacuations and fire drills and were confident about what to do in these situations. Records confirmed that these took place.
- People had risk assessments in areas such as moving and handling, specific diets and health conditions such as diabetes. These were reviewed regularly or when they needed to be.
- Regular checks of the service were taken in areas such as electrical and gas safety and water temperatures.
- One person told us, "I feel perfectly safe when [staff] helps me to get up." A relative said, "My relative is mobile but they keep them completely safe. They do a risk assessment once a month."

Staffing and recruitment

- We saw that there were enough staff on shift to support people safely. People's call bells were answered promptly. One person said, "Staff come when I ring the buzzer and I feel perfectly safe." Another person told us, "There are plenty of [Staff] around."
- One staff member said, "Our staffing ratio is brilliant. Additionally, management will help at busy times of the day like meal times."
- We looked at staff rotas which confirmed our observations. The service did not use agency staff and shifts were covered by a regular and consistent staff team.
- Robust recruitment procedures and checks took place before staff worked at the service.

Using medicines safely

- People felt well supported with medicines. One person told us, "I have a lot of medicines to take and staff make sure I take them." A relative told us, "When I bought in a non-prescription medicine, staff insisted on checking with the GP before administering it."
- We observed medicines being administered by a staff member. The staff member showed good practice throughout the observation.
- Staff received training in medicine administration and their competency was assessed by the management team. One staff member said, "We give people plenty of time to take their medicines. If they refuse medicines, then we record and report it."
- Regular audits and stock checks of medicines took place and we saw that these were effective. We checked the stock of some medicines and found that these were correct.
- People who took as and when required medicines had protocols in place to show staff when these medicines would be required.

Preventing and controlling infection

- One person told us, "There is no dirt, everything is clean and tidy and well kept." A relative said, "It is kept beautifully clean. It was one of the first things we noticed when we came here."
- Housekeeping staff were employed at the service and we saw them keeping the service clean throughout the day. Both housekeeping and care staff were seen wearing and using personal protective equipment (PPE) appropriately.
- Staff told us, and we saw that there was equipment in place to prevent the spread of infection. Staff

received training in infection control and food hygiene.

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

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's needs were thoroughly assessed before they started using the service. The deputy manager told us, "When we go to a pre-assessment we ask people what their needs are, what they like and what they like to do. We encourage people to tell us and take part."
- A relative said, "They understand my relatives needs fully. They have an amazing understanding of people's needs."
- Assessments were used to inform people's care plans and let staff know about the person's needs.
- There were several notice boards around the staff about areas such as dementia, Parkinson's disease and the Mental Capacity Act (MCA). Staff told us that this reminded them of best practice when supporting people.

Staff support: induction, training, skills and experience

- People felt that staff were well trained. One person told us, "[Staff] know what they are doing." Relatives said, "The staff are very well trained" and, "They always reassure my relative when they are using the hoist."
- Staff told us they received training in areas such as safeguarding, moving and handling, the MCA and in specific areas such as dementia care and catheter care. Staff told us, "We do plenty of training and it is always discussed in our supervisions."
- Staff had good knowledge in all areas of their training and could speak to us about areas to an appropriate level of detail.
- Staff received a thorough induction when they started at the service which included four full days of training and two weeks of working with experienced staff members.
- The management team checked staff knowledge regularly both through observations and in discussions in supervisions and meetings.

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

- People told us, "You get a sensible amount of food to eat and its food that I like." and, "They are good meals, not posh food but delicious food!"
- Food looked and smelled appetising and we saw people enjoying their meals. People were offered second helpings of their meals and were offered food and drink regularly throughout the day.
- Menus were varied and offered alternatives for people who chose to eat something different.
- The head chef told us, "We regularly check resident's weight and food preferences. We get given all the information so that we know who is on what diet." The head chef showed us the system in place to ensure that people received the correct diet.
- Staff had a good understanding of people's diets and how to prompt and support people to eat and drink

enough. A staff member said, "We know because of people's care plans. They tell us people's food likes and dislikes, the consistency the food needs to be and any allergies."

- People's food and fluid intakes were monitored where necessary.

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

- One person told us, "[Staff] will get me a GP if I ask for one." Another person told us that they were waiting for the GP as they were not feeling well and staff had organised this.
- One person said, "They are good here. If you are not well [staff] and [health professionals] are in and out like a yo-yo." The service referred people to other professionals depending on their needs. We saw that people had been supported by speech and language therapists, district nurses, occupational therapists and GP's.
- A communication book was used at the service to share appointments with health professionals with the staff team to ensure that people could be supported to attend appointments.
- Detailed records of health appointments were recorded in people's care plans and used to update them where necessary.
- We saw staff supporting people to eat and drink often and follow hygiene practices such as washing hands to stay healthy.

Adapting service, design, decoration to meet people's needs

- The service had various rooms decorated to look like places that people might visit in the community. One area was decorated as an Italian café and one area was decorated as a pub. There was also an on-site hairdressers and salon and several quiet areas at the end of corridors for people to use.
- There was an on-site shop which people had access to throughout the day.
- Signs were in place to help people find their way around the service.
- Equipment such as hoists and baths were provided for people depending on their needs. These were checked regularly.
- People were supported to decorate and personalise their rooms.

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 with appropriate legal authority. 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 found that it was.
- One person told us, "[Staff] help me with all sorts of things but also let me do exactly what I want.". We observed staff asking for consent to support people with tasks such as eating meals or wiping a person's hands. We observed staff respecting people's choices and explaining consequences of actions to people throughout the inspection.
- Where people lacked capacity, assessments, involving the correct professionals took place to make decisions in people's best interests.
- People who were being deprived of their liberty had DoLS in place and these were being followed by staff to keep people safe from harm and abuse.
- Staff received training and had a good understanding of the MCA. One staff said, "The MCA is in place to empower people to make decisions. People are supported to make informed choices and if they find this

difficult then we support them in their best interests. Some people have a DoLS and they stay here to protect them from harm and abuse."

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

People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We saw several occasions where people's dignity was not respected. One person was left with their legs exposed for an extended period of time. Several staff members entered the area during this time however no action was taken to promote the person's dignity.
- One person was choosing not to be supported to come out of their wheelchair and sit in a chair in the lounge. Staff members insisted on this happening which caused the person to show elevated levels of anxiety.
- One person told us, "Sometimes other people with dementia come in to my room and sit down." These were uninvited guests in the person's room. We also saw that staff had written in one person's daily notes that they had entered another person's room and used their toilet. This had not been reported or investigated by the staff and management team. This did not promote people's privacy and dignity.
- We discussed these concerns with the new manager during our inspection and they sent us a list of actions they had taken to rectify these.
- However, people and their relatives also told us that staff supported their privacy and dignity. One person told us, "I am undoubtedly treated with dignity and respect." A relative said, "[Relative] is very happy here. [Relative's] wishes are always respected.
- People told us that their independence was promoted. One person said, "[Staff] will help me if I need it but they encourage me to be independent." A relative told us, "The team are wonderful. They help [relative] be independent."
- We saw people being supported by staff to be as independent as possible at meal times, whilst mobilising and during 1:1 activities such as word searches.

Supporting people to express their views and be involved in making decisions about their care

- The home employed an activities co-ordinator and people had a choice of 1:1 activities such as knitting or word searches. However, for large parts of the day people did not seem to be engaged in specific activities. On the first day of our inspection the activities co-ordinator was planning for an activity later in the week, meaning that there were no planned activities for people. This meant that people had limited choices of what to do in the day.
- Throughout the day, in the communal lounges there was often a TV and a radio playing at the same time. It was unclear whether this was people's choices or not.
- Some people told us that there were few activities to choose from throughout the day. This was particularly noticeable in the two units on the second floor where there appeared to be very little choices of things to do offered to people.
- We saw that people and their relatives were involved in reviews care plans. A relative said, "We recently had a six-month appraisal meeting, which involved my other relative as well. It was very good."

- Staff had a good understanding of how to promote choice and gave us examples of how to encourage this. We saw staff offering choice of food, drink and activities to people throughout the inspection.
- People's care plans detailed how to support people to make choices and what people's likes and dislikes were.

Ensuring people are well treated and supported; equality and diversity

- People were positive about the care they received. People told us, "[Staff] are kind and caring to everyone. They are very kind and do whatever I ask." and, "I call [staff], 'good mama'. [Staff] is very good."
- Relatives said, "[Staff] are very kind and considerate. They have got to know [family member] personally." and, "[Family member] gets on well with staff. The essential point is that [family member] is happy here."
- We saw staff supporting people in a kind and caring manner. Staff were patient and gave people plenty of time to complete tasks and daily living skills. People were visibly happy and relaxed being supported by staff members.
- People's care plans detailed their likes and preferences and staff had a good understanding of these. People's cultural and religious beliefs were included in their care plans. We observed and spoke to staff and saw that these were understood and respected.
- Daily notes completed by staff members were written in a kind and respectful manner.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care depending on their individual support needs and preferences. A relative told us, "I feel that staff have got to know my relative personally."
- People with specific care needs such as diabetes or dementia had care plans and risk assessments which detailed how to support people with these needs.
- People's care plans contained information on their past lives and work histories. The deputy manager told us, "The life history is important. One person used to be a teacher and one worked in a chocolate factory. Once you know this you can really engage people in conversation."
- Though there were large parts of the day where people had little engagement we did see people being supported with some activities. People were involved in activities such as a sing-along session in the lounge and with individual activities such as word searches or puzzles at some points throughout the day. The new manager showed us that they were employing more activity co-ordinators to widen the choice on offer for people.
- People told us they enjoyed activities such as entertainers coming in or exercise classes, when they were organised. We saw that activities such as an Easter fair, a 'big hat' competition and a yoga exercise session were being organised.
- People had 'key workers' who supported them. When we asked what the role of the key worker was the manager told us, "Their role is to liaise with families- highlight what is going on with people and have a good relationship with them. They also arrange things for them such as shopping or toiletries. They also tidy people's rooms." The manager was working on improving the role of the key worker by introducing feedback sessions where people could talk to key workers on a regular basis about any changes to their support.
- One unit at the service had 'memory boxes' outside of people's rooms. These held items which let staff and visitors know about the person's likes, dislikes and histories. The manager told us that there were plans to implement this across the whole service.
- The pub and café areas of the service were only used on certain days of the week. We saw that these areas were not utilised during our inspection. The manager told us that having more activity co-ordinators would help these areas be used more often.
- People's care plans detailed their likes, dislikes and preferences. These were reviewed and updated regularly. A relative told us, "Care plans are reviewed every six months. We can talk about what is working well and what is not."
- The manager was passionate about equality and diversity and supporting people in this area. There was information present throughout the service about protected characteristics. The manager had plans in place to utilise the diverse cultures across the staff team to better communicate with people using the service.
- People's communication needs were documented in their care plans. We saw people being

communicated with in different methods throughout the day.

- The service had recently fundraised for a vehicle to increase opportunities for people to access the community.

Improving care quality in response to complaints or concerns

- One person told us, "When I raised a concern, the manager did address this and apologise." A relative said, "[Staff] always listen to my concerns and address them straight away."
- There was a detailed complaints and compliments policy at the service and this was readily available to people in formats that could help their understanding.
- We saw that complaints were recorded and actioned promptly to the complainant's satisfaction. Actions were used to ensure that lessons were learned from complaints.

End of life care and support

- Relatives were very complimentary about the support people received at the end of their life. Relatives told us, "The end of life care was brilliant. The last week of [person's] life was kindness personified." and, "We discussed what we wanted to happen when the time came for end of life care and planning for funeral arrangements. It was all very helpful."
- People's preferences for what happens at the end of their lives were detailed in their care plans if they chose to have these documented. People receiving end of life care had detailed care plans around this area detailing the support they needed and wanted.
- Staff received training and had a good understanding of how to support people with dignity and respect at the end of their lives.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The new manager and area manager were passionate about person centred care. However, some of our observations showed that more time was needed to embed this in to the service.
- Some staff told us that morale was a little low following the culture that was in place at the service, however felt more positive now that the new manager had started.
- People told us they were happy living at the service but that they would like more things to do. There were several times during the inspection where people had little interaction or choice of activities.
- The new manager was taking the time to be visible and open at the service. We observed that the manager knew people at the service well.

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

- Both the manager and the area manager were new in to their job roles. The manager was applying to register with the CQC.
- At the last inspection we found that quality monitoring processes were not effective at finding and acting on issues at the service. At this inspection we found that some improvements had been made, however there were still areas for improvement.
- The manager had recently improved the system for analysing incidents and accidents and showed us that this would mean unexplained injuries and bruising would be reported to the correct authorities going forward. However, this system had meant that people were at risk of harm and abuse before this change was made.
- Audits were completed at all management levels of the home in areas such as care plans, medicines, rotas, meal time observations, staff training and competencies and general observations. Actions were put in place if issues were identified.
- Some audits of care plans stated that actions needed to be completed 'as soon as possible' however there was no indication as to whether these had then been completed.
- The manager, area manager and staff had a good understanding of their job roles and could explain these to us.

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

- People were positive about the management of the service. People told us, "I think it is well run and an excellent care home. If they were all like this then people would be well looked after." and, "This place is

well organised. The manager is very approachable."

- People and their relatives were involved in regular meetings to feedback about the service. We saw that these discussed areas such as activities, the decoration of the service and areas that were going to be improved.
- Staff were also positive about the management of the service. One staff said, "Although the manager has only been here a little while she seems very approachable. They always come up to the unit and ask how we are." Regular meetings and supervisions were held with the staff team so that they could feed back about the service.
- People with different communication needs were communicated to in their preferred communication style or language. The manager was working to continue to improve in this area.

Continuous learning and improving care

- The manager and area manager were committed to improving the service. A service improvement plan had been created and following the first day of our inspection we saw the manager and area manager already putting plans in place based on our findings.
- There had been some improvements made based on our findings at the last inspection.
- The provider had a quality management team which completed quarterly audits of the service. We saw that findings and actions from these were used to implement improvements at the service.

Working in partnership with others

- The manager worked with other local facilities such as schools and churches. Religious services took place at the service and children from the local school came and took part in reading and art activities with people. The manager told us that this had a positive impact on people at the service.
- Staff worked well with other health professionals to ensure good outcomes for people.
- The manager worked with the fire service and pharmacy to complete audits on fire safety and medication.
- When we spoke to the local authority before the inspection they informed us that the service was committed to working together and improving the service.
- The manager felt well supported by the provider.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not ensured that people were protected from the potential risks of experiencing abuse or harm. Incidents such as unexplained injuries or bruising were not thoroughly investigated or reported to the local authority safeguarding team for investigation.</p>