Quantum Care Limited

The Mead

Inspection report

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Date of inspection visit: 28 October 2015
Date of publication: 27/11/2015

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

Overall summary

The inspection took place on 28 October 2015 and was unannounced. At our last inspection on 04 July 2014 the service was found to be meeting the required standards. The Mead provides accommodation and personal care for up to 60 people. At the time of our inspection 54 people lived at the home.

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

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually

Summary of findings

to protect themselves or others. At the time of the inspection we found that where people lacked capacity to make their own decisions, consent had been obtained in line with the MCA 2005. The manager had submitted DoLS applications to the local authority for people who needed these safeguards.

People felt safe in the home. Staff were knowledgeable about how to protect people from the risk of abuse and other areas where they may have been assessed as being at risk. Falls, accidents and incidents were monitored to ensure the appropriate action had been taken to minimise the risk of reoccurrence. There were regular quality assurance checks carried out to assess and improve the quality of the service.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. People were helped by trained staff to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

People told us they had enough to do and activities were provided for them. People's feedback was sought through meetings and surveys. Actions were developed as a result of this feedback and any complaints received were acted on promptly.

People who lived at the home and relatives were positive about the skills, experience and abilities of staff. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

People received care that met their needs and care plans were developed with their involvement. Staff were aware of people's needs and had formed positive relationships. Dignity, privacy and respect were promoted and staff had a good understanding on how to ensure people received care in a personalised way.

Staff was positive about the leadership in the home. There were systems in place to monitor the quality of the service and address any issues found. The service had involved external agencies to support them to maintain the improvement going forward.

Summary of findings

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 safe.

People were safeguarded by staff that was trained to recognise and respond effectively to any risks of abuse.

Safe and effective recruitment practices were followed to ensure that the staff employed were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Good

Is the service effective?
The service was effective.

People were supported to make decisions and their consent was obtained before any care was delivered.

Staff received the appropriate supervision and training for their roles.

People were supported to eat and drink sufficient amounts and had regular access to health care professionals.

Good

Is the service caring?
The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People who lived at the home were involved in the planning and reviewing of their care.

People `s privacy and dignity was promoted.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Good

Is the service responsive?
The service was responsive.

People who lived at the home and their relatives were confident to raise concerns and that these would be dealt with appropriately.

People received care that met their individual needs and all necessary adaptations were done where it was needed.

People were supported to pursue their hobbies and interests. Activities were provided regularly.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

The Mead

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 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 28 October 2015 by an inspection team which was formed of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Before the inspection, We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 11 people who lived at the home, nine relatives, nine staff members, the area manager and deputy manager. The registered manager was on leave when we carried out our inspection. We also received feedback from health and social care professionals and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and two staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, "I feel safe here because they [staff] are always around and when I go out for a walk staff will take me." A relative told us, "I visit every day and [Relative] is able to tell me if things were not right, I know [Relative] is safe".

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was available to staff. One staff member said, "We have training and I understand the residents well and keep them safe, I am fully aware of whistle-blowing procedures". Another staff member commented, "My training is annually and I have worked here eight years I keep a vigilant eye on all the residents."

There was enough suitably experienced, skilled and qualified staff available at all times to meet their needs safely and effectively in a calm and patient way. We observed throughout the day that there was enough staff to meet people's needs. For example, we saw that call bells were answered in a timely way and where required staff were available to meet people's needs.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. Staff files we looked at contained all the relevant checks required. One person told us, "Staff are lovely and look after you. I feel very safe here".

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. This included areas such as falls, nutrition, medicines, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible. For example, one person who was at high risk of falls needed support from two staff member to mobilise. The care staff had in place an alarm that was attached to the person's clothing when sitting in the lounge. This did not restrict the person's movements, however alerted staff if the person was trying to stand up and needed help. All staff we spoke with were aware of the persons needs and told us that if they heard the alarm they had to respond to support the person.

Information from accident and incident reports were used to monitor, review and manage risks to people`s well-being. For example, one person due to deterioration in their mobility over time had their needs reviewed. The information gathered was used to develop measures that reduced the risks of injury, particularly when the person concerned wanted to move around the home independently. This was achieved by the use of a wheelchair. There was good guidance for staff on supporting the person when transferring to the toilet for example. Their bed had been lowered and a crash mat had been introduced to prevent harm from falling out of bed. These steps have enabled the person to maintain their independence and support their safety.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped to take their medicines by staff that were trained and had their competencies checked and assessed in the workplace. We observed staff administering medicines to people. They followed safe practice and people were given the time they needed to take their medicines.

Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. For example one person who required patches to be applied to an alternative shoulder every 72 hours had a system that showed to staff where the patch had previously been positioned to ensure the patch was not placed on the same site. This meant that staff followed systems in place to keep people safe.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, We saw that there were personal emergency evacuation plans contained in people`s care plans. This meant that there were plans in place to keep people safe in the event of an emergency.

Good

Is the service effective?

Our findings

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. We observed staff offering people choices throughout the day. For example, people were asked where they preferred to sit when taken into the lounge by staff.

Staff told us they felt supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. Staff felt listened too, and part of a good team. They had regular supervisions with a manager where their performance and development was reviewed. They also had regular monthly team meetings to discuss any other issues they had.

Newly employed staff were required to complete an induction programme, during which they received training relevant to their roles; they had their competencies observed and assessed in the work place before they could deliver care to people. Staff told us that their training was up to date and that they had received regular supervision.

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who lived with dementia. We saw proficiency tests completed to support staff knowledge. Staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported. For example, the home supported staff to become Champions in Nutrition, falls, Dementia and end of life care. The champions pass on best practice to staff to ensure people received good care. One relative said, "I visit three times a week as [Relative's] dementia is getting worse but I have no concerns at all here."

Staff were also encouraged and supported to obtain nationally recognised vocational qualifications and take part in additional training to aid both their personal and professional development. For example, we saw evidence that staff had achieved national vocational qualifications. All relative's we spoke with felt that staff had the skills and experience and knowledge to support people and were confident in staff.

Staff received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about how these principles applied in practice together with the circumstances in which DoLS authorities would be necessary. Where people were unable to make their own decisions, a capacity assessment had been completed. People's families were involved where appropriate and the manager was aware of the role of the independent mental capacity advocate's (IMCA) service if required. The manager had made applications for Deprivation of Liberty Safeguards (DoLS) as appropriate.

We observed meal times and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. Staff made people aware of the choices available to help them decide what they wanted to eat and drink. We saw that people chose where they sat, who they socialised with. One person said, "The food is great." We observed people enjoyed their meals in a pleasant environment in a relaxed, warm and homely atmosphere. We saw that one person had not eaten; staff had encouraged the person with different choices. At the end of the meal we observed staff recording the amounts people had eaten and drank where required.

People were offered plenty of choices and a good variety of foods. For example, we observed at breakfast a choice of cereals, toast and cooked breakfast The menu for lunch was a choice of soup, and a variety of sandwiches that were offered to people on white or brown bread, there were cakes and yoghurts. One relative said, "The food is outstanding, it's presented well and there is plenty of it, trolley's come round regularly serving tea and coffee."

People received care, treatment and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and care needs. People's needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. One relative said, "[person's] needs one to one support and staff are very good here, staff engage with people as I sit with [person] I observe them I have no worries at all."

Good

Is the service effective?

People were supported to access appropriate health and social care services in a timely way and received the ongoing care they needed. Care plans reflected recent changes in their needs. We saw evidence that people were supported to see other professionals as required such as: GP, dentist, opticians and district nurse's.

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "The [Staff] are very caring and get me everything I need." A relative commented, "The staff are excellent and I am very comfortable knowing [person] is well cared for, I have peace of mind knowing they are well cared for."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person said, "'I feel well cared for and I would tell my daughter if I was not happy." Another person commented, "staff spend time talking to me I cannot fault any of the staff here, they are a lovely bunch." A relative said,"This is the best care home we have been to and [person] is happy here."

We observed throughout the day how staff related to people. Their interaction was kind and respectful towards people. Staff held people's hands when walking, we saw people and staff were laughing together. Where people required the use of a hoist; staff had supported them in a way that maintained their dignity and people received plenty of reassurance and guidance from staff. For example, Staff was telling people where to place their hands to hold on and feel safe. On one occasion staff asked us to leave as the person being transferred did not want to be observed. This meant that staff respected the person's choice and respected and protected their right to privacy. One person said, "The staff are excellent."

People were supported to maintain positive relationships with friends and family members who were welcomed to visit them at any time. One relative said, "[person] is well looked after and I visit regularly. I have no problems here' Another relative said, "I am here every day from lunch time till evening spending my day with my [person] and I must say that all staff are very good, they really do care and treat everybody with respect and dignity, they all know [person's] needs."

People and their relatives had been involved in the planning and reviews of the care and support provided; There was evidence in the care plans that they were reviewed regularly. One relative said, "I come to [Person's] reviews and they listen as [Person's] cannot speak their needs now." Another relative said. "I attend [Person's] reviews."

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice was prominently displayed and made available to people and their relatives.

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Good

Is the service responsive?

Our findings

One person who lived at the home told us, "I have no complaints the staff are wonderful." A relative said, "When I ring the bell for [person] staff come as quick as they can." One person commented, "I am happy here and the staff are lovely and caring, they look after everyone."

People who lived in the home and their relatives told us they had been involved with their care. The care plans included information about people's history, their likes and dislikes and up to date records with guidance for staff to ensure staff were able to meet people's needs. We saw that each person had been assessed prior to moving into the home and their needs had been reviewed regularly to make sure that they were up to date and continued to reflect the support they required.

Staff were able to tell us about the people they cared for and what their interests were. For example one staff member told us that one person loved football and named their favourite team. The activity co-ordinator said, "That they would always have conversations with the person about football as this was also part of reminiscing with people."

Our observations throughout the day confirmed that care was delivered in a way to support people's individual needs. For example, we saw where people's needs for mobility had been assessed to maintain their independence. The necessary support had been put in place with the use of: pressure mats, walking frames and people that required the use of a hoist had their own personal slings. We also found that people who required their food and fluid intake to be monitored had daily monitoring charts implemented. We found charts we looked at, had been completed by staff.

Opportunities were made available for people to take part in activities and social interests relevant to their individual needs and requirements, both at the home and in the community. There was a weekly activity programme on display with daily sessions for people with two activity co-ordinators over seeing the programme. Musical entertainment was booked for every weekend for people. We saw that activities included: a cinema club, reading, bingo and fitness club. One person told us, "Activities are really good here they have singers every weekend." There was a separate budget for the activity coordinators to manage and use to ensure people had plenty of opportunities. People were also supported to do exercises.

We saw that people rooms were personalised to give a more homely feeling to the people living there. For example, we saw rooms that had been painted with the person's choice of colour. One person escorted us to their room to show us their wallpaper and furniture. The room was personalised as the person wanted it and they were very proud of their home. They commented about how clean and tidy their room was and that was just the way they liked it. Bedroom doors were painted in different colours similar to create the "front door" aspect and people had their names on their door. Outside each bedroom door on the wall there were memory boxes that included different items which triggered familiar memories for people to recognise their bedroom.

Relatives told us that staff and management were responsive and acted quickly if any concerns were raised. People told us that if they had any concerns they would speak with a member of staff or the manager. There were regular residents and relatives meetings where issues and concerns were discussed. We saw a system in place where people could raise concerns anonymously if required. One resident said, "I complained and it was dealt with effectively and efficiently staff were effective when I raised my concerns." We saw that the recent complaint received had been dealt with in line with the complaints policy. This helped to ensure that people were listened to and the manager responded appropriately to their concerns. One person said, "I have no complaints the staff are wonderful."

Good

Is the service well-led?

Our findings

People who lived at the home, relatives, and staff were all very positive about how the home was run. They were complimentary about the managers. One staff member said, "I really do care for people here and I am supported well."

Staff told us, and our observations confirmed that managers led by example and demonstrated strong and visible leadership. The deputy manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member commented, "I feel listened to at meetings and I like the organisation." A manager was always present at staff handovers and they were responsible for allocating staff the duties and responsibilities for their shift. For example, the after each handover there was a staff member responsible for medicine rounds.

Staff were supported with their personal and professional development; staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported. For example, champion in dementia to promote best practice and guidance for staff. Regular meetings and supervisions to support staff. The visions and values were also promoted and were displayed around the home. The deputy manager confirmed that these values were promoted during staff inductions and at supervisions.

The manager carried out regular spot checks where they toured the whole service and spoke with people and staff about their views and experiences. We saw that the manager also conducted environmental checks at the same time to ensure standards were maintained and people were cared for in a clean and safe environment. The deputy manager told us that they were supported by regional managers who also performed random spot checks to highlight any areas for improvement. We were told that the manager received monthly supervisions and weekly calls as part of their support. The managers were supported over the weekends by an on-call regional manager. This meant the leadership and management was consistent throughout the days and there were no delays in taking important decision as a senior manager was always around to offer support.

There had been regular audits completed for different areas that included: medicines, care plans, personnel files and health and safety. The manager sent surveys to professionals and people who used the service and their families to gather their views. We found that feedback obtained from audits and surveys were used to improve the service provided. For example, medication procedures had been improved. After each medication round, the managers complete an audit to ensure that all medicines had been given and medicine administration records had been signed appropriately. This ensured that any problems that occurred would be dealt with immediately.

Information gathered in relation to accidents and incidents that had occurred were reviewed by the manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect. For example, people who had several falls, these had been thoroughly investigated and used to change and improve people's mobility with the use of walking frames, pressure mats and staff guidance to support people's needs. This meant that the manager regularly reviewed the needs of people who lived at the home.