

Quantum Care Limited

Meresworth

Inspection report

Dell Wood
Field Way
Rickmansworth
Hertfordshire
WD3 7EJ

Tel: 01923714300
Website: www.quantumcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 12 and 15 June 2018 and was unannounced.

Meresworth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. They are registered to provide accommodation and treatment for up to 51 people, some of whom may be living with dementia. At the time of our inspection 45 people were accommodated at the home.

At our last inspection on 02/02/2016, we rated the service Good. At this inspection, we found that staff did not always follow the correct procedures and this was an area which required improvement.

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

People told us they felt safe living at the service. There were appropriate risk management arrangements in place to help keep people safe. Although, we found that staff did not always follow these consistently. There was a robust recruitment process in place. Staffing levels overall were sufficient to meet people's needs. However, at times of peak demand we observed people were not able to be assisted in a timely way.

Staff received a comprehensive induction to the service when their employment commenced and they continued to receive regular training and updates as required. This provided staff with the skills and experience required to support people appropriately.

People's medicines were overall managed safely by staff who had received training and had their competencies checked. Care plans were comprehensive and provided staff with detailed information. People and their family, where appropriate, were involved in the development and review of people's care plans.

Staff requested people's consent before they provided support. Where people were unable to consent verbally, staff took time to get their consent through other means such as eye contact or body language. The management and staff worked in line with the Mental Capacity Act (MCA) principles and associated deprivation of liberty safeguards DoLS.

People and their relatives told us staff were kind and caring and we observed staff supported people overall in a way which was kind and caring. We did observe a situation where this was not the case and this was referred to the registered manager for intervention. Staff were observed to have little time to speak with people apart from when supporting them with a task. Staff were aware of people's likes, dislikes and

preferences and overall delivered care and support in accordance to people`s wishes.

People were provided with opportunities to engage in social activities of interest to them. The environment and the grounds were well maintained and provided people with opportunities to utilise the garden which had been developed to incorporate people's interests. The décor was appropriate for people who were living with dementia with plenty of stimulating objects for people to engage with. Memory boxes and memorabilia were placed in corridors and outside people's bedrooms to help them recognise their individual bedrooms and the surrounding environment.

The registered manager and management team was open, transparent and inclusive. We observed visible leadership within the service and this was being further developed with the introduction of more robust systems and processes. The registered manager was supported by deputy manager and a regional manager from the providers management team.

The management team provided people with a range of opportunities to provide feedback and comment on the service in order to continually make improvements. There was a comprehensive range of quality monitoring checks and audits in place with an action improvement plan in place to address any shortfalls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Peoples medicines were not consistently administered in accordance with the medicines policy.

People did not always have access to a call bells to enable them to summon help when required.

People were cared for by adequate numbers of staff overall. However, at times of peak demand staff were observed to be over stretched.

Infection control measures were not consistently effective to reduce the potential risk and spread of infection.

People had their risks assessed and measures were in place to mitigate these where possible.

People were cared for by staff who had been recruited through a robust recruitment process.

People were cared for by staff who knew how to safeguard people from harm.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People did not consistently receive effective support with repositioning.

People were overall supported to eat and drink sufficient amounts to help maintain their health.

People were asked to consent to care and support which was provided.

The provider worked in accordance with the MCA/DoLs principles.

People were supported by staff who received appropriate training and support in relation to their roles.

People were supported to access a range of healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff were observed to be kind, caring and compassionate when interacting with people.

Staff demonstrated they knew people well and their preferred routines.

People, where possible, were involved in the development and review of their care and support plans.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was responsive to their changing needs.

People were asked to provide feedback and their views were taken into account.

There was a robust complaint procedure in place and people knew how to raise concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Records were not always completed and managed effectively.

Staff did not always follow correct procedures.

The registered manager had a range of quality assurance systems and audits in place to constantly monitor the quality and safety of the service.

The registered manager operated an open transparent and inclusive culture in the home.

The registered manager was committed to making continual improvements and generally feedback about the quality of the service was positive.

Meresworth

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 15 June 2018 and was unannounced. The inspection team consisted of one adult social care inspector and an assistant inspector and was unannounced.

Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our 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 observed staff support people who used the service and spoke with three people and three relatives. We also spoke with three care workers, the deputy manager and the registered manager. We spoke with representatives from the providers quality assurance team. We received feedback from five relatives of people who use the service.

We also received feedback from the local authority commissioning team and health and community services. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service, three recruitment files, staff training records, quality assurance documents and other documents relevant to people's health and well-being.

Is the service safe?

Our findings

The service was not consistently safe. On the first day of our inspection we found that people's medicines were not consistently administered in accordance with the medicines policy. We found in the case of one person their medicines were not administered or recorded correctly. A member of the care staff informed us that a person was complaining of pain and had been administered two paracetamol tablets. They told us the care team manager had administered these but were unsure of the time they were administered. We reviewed the medicine administration record (MAR) and found that there was no record of the pain relief having been administered and also the person was prescribed paracetamol but a different analgesic.

According to the Medicine Administration Record (MAR) the person had last had pain relief on 5 June 2018. The care worker showing us the MAR then signed the record but signed for a different medicine which was due to be administered at 2pm. They then crossed the signature off, saying it was an error. We noted that two other medicines for the following day had also been signed in error.

We brought this to the attention of the registered manager and the care team manager. The care team manager told us they had in fact administered the correct analgesic at approximately 9.30am. Originally when offered they were declined by the person, but a few minutes later the person agreed to take them and this had resulted in the administration not being recorded on the MAR chart. The registered manager took immediate action to remedy the situation and also undertook to put further checks in place to ensure PRN (as and when required medicines) were properly recorded. So, for example if it was offered and declined this should be recorded. On the second day of our inspection we observed medicines being administered, checked a stock balance and the process for the ordering storage and disposal of medicines. We found no gaps in the process.

People did not always have access to a call bell to enable them to summon help when required. We observed that three people who were in bed in their bedrooms did not have access to their call bell. In the case of one person the staff member told us, "We were about to assist with personal care so removed the alarm pendant and put it on the side board box". In the case of a second person staff offered no explanation as to why the person's pendant was placed out of reach and this was the same for a third person. In all cases when we brought this to the attention of staff they took action to ensure the people were given their call bells to enable them to summon support if required. We spoke to the registered manager about this who told us they would ensure checks were in place to make sure people had call bells and pendants within reach.

People were for by adequate numbers of staff overall. However, at times of peak demand staff were observed to be over stretched. The registered manager told us they used a nationally recognised dependency tool to assess the number of staff required to support people in a timely way. However, on the first day of our inspection we observed staff to be overstretched on one unit where staff appeared to be reactive to people's needs and were observed to be rushing to try and keep on top of things. This meant that they had little time to interact with people, apart from when supporting them.

People had their risks assessed and where risks were identified, measures were in place to mitigate and reduce these. We saw that environmental risks were assessed along with skin integrity mobility and arrange of other individual risks. This helped to keep people safe.

People were cared for by staff who had been recruited through a robust recruitment process. The provider operated a robust recruitment process with all required pre-employment checks having been completed before staff commenced working at the service. This included completion of a disclosure and barring check (DBS), taking up of a minimum to two references which were verified, and proof of ID and eligibility to work in the UK.

People were cared for by staff who knew how to safeguard people from harm. Staff were able to demonstrate they understood what constituted abuse and what measures they would take to help protect people if they suspected anything was wrong. We saw that staff had received safeguarding training and also that there were several notices displayed around the home with relevant contact numbers. This served as a reminder of who to contact and the process to be followed if abuse was suspected.

Overall there were effective infection control measures in place to reduce the risk of the spread of infection. However, we noted that one toilet was soiled and was in need of cleaning. We also found that bedlinen looked old, worn and discoloured. We discussed this with the registered manager who took immediate steps to replace the bedlinen. The registered manager told us they completed regular monthly audits, deep cleaning and the use of colour coded mops and cleaning supplies.

Is the service effective?

Our findings

The service was not consistently effective. People did not consistently receive effective support with repositioning to help maintain their skin integrity. We found that people were not always positioned to help maintain their comfort and wellbeing. We observed several people were left seated in their hoist slings during our inspection. In the case of one person, although they had a sling which could be left in situ, the straps of the sling were dishevelled meaning the person skin could be at risk due to the pressure of the sling handles under their legs and arms. In the case of a second person we saw that they were left all day in the sling in an armchair. This was not an all-day sling and would therefore have caused some discomfort. A third person who had slipped down in their chair was assisted by three staff members, however, they were unable to get the sling into the correct position due to the position of the person. We observed them hoisting the person but the manoeuvre was not done effectively to maintain the persons comfort. This was an area that required improvement.

We saw that in several people's bedrooms that people did not have drinks within their reach. However, when this was pointed out to staff they took remedial action to address this. We did see one person who complained of feeling thirsty and who had a dry mouth. Staff provided water as the person had declined food due to being in pain.

Overall, people were supported to eat and drink sufficient amounts to help maintain their health. People told us that where it was required staff would support them with meals. We saw throughout the day that people in the lounge and communal areas had access to fluids and snacks were served and readily available. We observed that people were provided with a jug of juice which staff offered them at regular intervals.

Meals were prepared in the home and were freshly made. We saw that meal time was mostly positive although on one unit we observed staff to serve people from a list of foods they had chosen the previous day and people were not asked if this was still their choice. Staff did not engage much with people during the meal time. On the other units we observed staff offering people choices and asking people how their meals were and offering people second helpings. One person said, "Well I am a fussy eater but can usually find something I like".

Consent to care was sought in line with legislation and guidance. We saw that most people were able to give verbal consent to their care and support, and staff told us that they always asked for people's consent before care was provided. Where people were unable to provide verbal consent, staff would look for gestures or body language that people used to communicate their needs. One staff member told us, "We always ask them what they want help with. You cannot assume people do not have capacity even if they live with dementia. They still have the ability to make choices." We saw that consents had been recorded in peoples care and support plans.

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. Staff had been trained on the MCA and they showed good knowledge of the actions they needed to take to ensure that people's rights and choices were protected. We saw that people had their capacity assessed and where required appropriate applications had been submitted to the relevant authorities. Some had been authorised while others were pending.

People were supported by staff who received appropriate training and support in relation to their roles. People told us that they felt the staff were well trained and supported them in accordance with their assessed needs. One person told us, "I think most of the staff who work here have some kind of training, but am not sure what they do". A visiting relative told us, "The staff do have training but most of the staff have changed in recent months so it does take time for them [Staff] to get used to the people they support". Other relatives we spoke with and those who provided written feedback as part of the inspection process agreed that staff were well trained and knew how to support their family members effectively.

The provider had an effective induction and training programme in place which staff told us was appropriate in supporting them in their roles. We saw training records which included a broad range of training in topics such as safeguarding, fire safety, MCA, administration of medicines and moving and handling people. Staff told us that they received on-going support through individual supervision team meetings and an appraisal. One member of staff told us, "I have found the training very useful for my role. We do lots of training." Another member of staff told us, "I feel well supported from all senior staff. Things have really improved since the new manager took over, even though a lot of staff have left."

People were supported to access a range of healthcare professionals when required. This included access to their GP, dentist, opticians and chiropodists. District nurses were readily available to support people when required.

Is the service caring?

Our findings

People, and their relatives, told us they were mostly happy with the staff that provided their care. One person told us, "Yes, the staff generally are kind and caring. There has been a lot of changes of staff since Christmas and it takes them some time to get to know individual people's routine". A visiting relative told us, "I can't complain, I visit fairly regularly and find the staff to be very patient. [Name's] mood can change and most of the staff will try their best to calm then down and distract them, sometimes it works and sometimes not." and we observed staff supported people overall in a way which was kind and caring.

We did observe a situation where a person's dignity was compromised. However as soon as staff became aware they did assist the person but it took them a couple of minutes, this was referred to the registered manager to enable them to learn from this situation.

We observed staff supporting people through a range of activities throughout the inspection and noted their approach was respectful and they demonstrated they were kind and caring and had the best interest of people at heart. For example, we noted one person became a little distressed and the staff member reassured them that they were ok. They then offered the person a glass of juice and the person sat down looking much more content.

A relative who gave us written feedback as part of the inspection process told us, "I would like to start off by saying that I think that the care that my [Name] gets is good. I know that [Name] is safe and well cared for by all the carers". They went on to say, "My only concern is that sometimes there are only two carers on a unit which can put pressure on them". Another relative who provided written feedback told us, "My relative has been a resident of Meresworth for the past two years. I find the staff to be very kind and thoughtful. I am always offered a cup of tea or a snack which is very nice."

Staff were able to demonstrate they knew people well and talked confidently about peoples preferred routines. One staff member told us "[Name] likes to have a lie in, they will get up when they are ready, as long as they have had their cuppa, they are quite content."

Staff respected people's dignity and made sure that they supported them in the way they wished whilst encouraging them to remain as independent as possible. Staff were always courteous and kind towards people they supported. We saw people laughing and joking together and it people looked comfortable interacting with staff.

Staff promoted people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms. Throughout the inspection we noted there was good communication between staff and the people who used the service and they offered people choices. For example, choices of main meal, snacks, drinks and opportunities to participate in activities and things that were going on.

The environment throughout the home was welcoming and inclusive. People's individual bedrooms were personalised with many items that had been brought in from their home such as soft furnishings, small items of furniture and family photos.

People's care records plans were detailed, personalised and provided staff with adequate information to enable them to support people in the way they wished. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented within the homes 'rhythm of life' project if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home.

People and staff paper records were stored in a lockable office in order to maintain the confidentiality of people who used the service. The office was closed when staff were not using it.

Information was available and accessible to guide people and their relatives about how to access to advocacy advice if required. Advocates help people to access information, make decisions about their lives, and understand about their choices.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing their care plans. People's care plans were reviewed regularly with them to help ensure they continued to meet people's needs if there were any changes. The registered manager told us that if staff identified any changes their care would be immediately reviewed to ensure the service was responsive in meeting those changed needs.

People's and where appropriate, their relatives were invited to attend monthly review meetings. A relative told us that the staff were good at keeping them up to date with important events in people's lives. One relative told us, "GP's and nurses are called in as necessary and the manager always lets me know if a visit is made and the outcome. I am informed immediately if [Name] has had a fall".

Another person told us "The home has been well managed by the new registered manager and the deputy. They are very amenable and readily available to discuss and resolve any issues that arise. I like the monthly 'you said, we did' taking on board resident and relatives' suggestions". People's care plans contained sufficient details to enable staff to provide people with the type of support they required and meet their individual care needs.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and their personal circumstances. For example, if they had family involved and when they visited and what they enjoyed doing. We saw that one person had a door gate across their bedroom door. We spoke to staff about this and they told us the family had asked for it to be put there to prevent people from entering the persons bedroom while they were in bed. The person was not restricted from leaving their room should they wish to. This was respected and showed us that staff considered people as individuals. The information was also clearly documented in their care plan.

Throughout the inspection we observed several examples of staff being proactive in assisting people and responding to their needs in a way that confirmed they knew people very well. The service was managed in a way that responded to people's changing needs.

There were regular quarterly meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Meresworth. For example, the registered manager showed us minutes which contained outcomes. It was recorded as 'You said, we did'. This helped people to understand what had changed and what had not changed and what the registered manager was doing about it.

People were supported to engage with a range of activities, both within the home and the local community. We saw that outside entertainment was provided which included singers, dancing, gentle exercises and small animals visiting the home. One relative told us, "[Relative} chooses not to take part in activities, preferring to 'live' in his room, but is always invited to attend those which might be considered of particular interest to them. This is due to the excellent attitude of the Activities Coordinators. They have taken time to get to know [Name] and the kinds of things they are interested in. They like animals and so when there are

animals visiting they are brought into resident's rooms so they can meet those who wish to participate. The team have transformed the gardens and this is of benefit to [Name] who becomes their old self and much chattier when they are out there."

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People and their relatives told us that they would be confident to raise any concerns with the registered manager. One relative said, "The [registered] manager is very approachable. I have no concerns but I would be completely confident to raise anything if I needed to." We saw compliments had been received from relatives of people who used the service praising the staff team for the care and support provided for people and their relatives.

Is the service well-led?

Our findings

The service was not consistently well led. On the first day of our inspection we noted that staff did not always follow the correct procedures. When we spoke with staff it became apparent that there was 'confusion' about who had supported a person with personal care.

We then established that records were completed by another person which were inaccurate. This gave us cause for concern as the same member of staff had written the same notes for five other people on the unit. We could not be assured that the records accurately reflected the support provided.

Staff did not always follow correct procedures. For example, when people refused medicines this was not recorded. We established that where people were prescribed PRN medicines (This is a medicine used for pain relief which can be administered to help manage pain or other health related symptoms when they are present) staff did not record that the medicines had been offered or when it was refused. The registered manager agreed to review the procedure to ensure that the recording of medicines were more robust and that all staff followed the same procedure of recording.

The registered manager had a range of quality assurance systems and audits in place to constantly monitor the quality and safety of the service. In addition to those the provider also completed monthly audits. Where shortfalls were identified actions were put in place to address them within a set timescale these actions were reviewed by the regional manager which helped ensure that things were addressed in a timely way.

The registered manager operated an open transparent and inclusive culture in the home. The registered manager had only been managing the service for a short time. They demonstrated they had a clear plan for the service and was working hard to engage people in the development process.

We found the registered manager to be extremely receptive to our feedback and took immediate remedial action when problems were identified on the first day of our inspection. We found that measures had been put in place to address some of the issues we identified.

The registered manager was committed to making continual improvements and generally feedback about the quality of the service was positive.