Quantum Care Limited

# Richard Cox House

## Inspection report

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Date of inspection visit: 23 April 2015
Date of publication: 25/06/2015

## Ratings

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

## Overall summary

This inspection took place on 23 April 2015 and was unannounced. This visit was carried out by two Inspectors.

Richard Cox House provides accommodation for up to 29 older people, including people living with dementia. Richard Cox House is not registered to provide nursing care. There were 29 people living at the home when we inspected.

The service was found to be meeting the required standards at their last inspection on 18 July 2013.

There was a registered manager in post at this home. A registered manager is a person who has registered with the Care Quality Commission 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.

The CQC is required by law 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 in place to protect people where they do not

# Summary of findings

have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The registered manager and staff were aware of their responsibilities under the MCA 2005 and DoLS. The manager was in the process of submitting DoLS applications to the local authority for people who needed these safeguards.

We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the MCA 2005.

We found that there was not always enough staff available to meet people's needs on the units with only one staff member during busy times.

People were protected from the risk of abuse and felt safe at the home. Staff were knowledgeable about the different types of abuse and reporting procedures. Safe and effective recruitment practices were followed which included appropriate background and employment checks.

There were suitable arrangements for the safe storage, management and disposal of medicines.

Incidents and risks were managed well and reported appropriately and people were supported to take risks safely.

People were supported by staff that knew them well and were involved with decisions about the home, and their own care. Their independence and dignity was promoted by staff that had access to appropriate training and who were knowledgeable about their care needs.

People and their relatives felt cared for and supported by the manager, they felt listened to and that their views were taken into account. There were regular resident and staff meetings for people to express their views and any concerns were acted upon and responded to. The service had a complaints procedure in place.

The service was well led by a manager that supported an open culture. There was support for the manager. There was a quality assurance system in place that included audits to identify where improvements could be made.

# 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 not always safe.

People who used the service felt safe.

Staff had all received training in safeguarding adult and were aware of their responsibilities.

The provider had safe recruitment practices

There was not always enough staff available to meet people's needs.

**Requires improvement**

**Is the service effective?**
The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported to have nutritionally balanced diet.

People had access to health professionals such as GP's, dentists and dieticians.

**Good**

**Is the service caring?**
The service was caring.

Staff were kind, caring and treated people with dignity and respect.

Staff understood the importance of promoting people's independence.

People were involved in decisions about their care.

Staff knew the people they were caring for well.

**Good**

**Is the service responsive?**
The service was responsive.

There were regular activities provided for people.

There were regular meetings for people who used the service, their relatives and staff.

People knew how to complain and were supported with this appropriately.

**Good**

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

People felt the manager was approachable.

There were systems to monitor and improve the service.

The manager promoted an open culture.

People had access to the community.

**Good**

# Richard Cox House

**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 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 23 April 2013 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We spoke with the local authority monitoring officer and reviewed the latest monitoring report for the home.

During the inspection we observed staff practice, spoke with five people who used the service, four relatives and received feedback from healthcare professionals. We spoke to representatives of the local authority commissioning team. We also spoke with the registered manager, the deputy manager and five care staff.

We reviewed care records relating to three people who used the service, two staff files and other documents central to people's health and well-being. These included staff training records, medicines records and quality audits. We used short observational framework for inspections (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

# Is the service safe?

## Our findings

People felt safe using this service. One person said, "I feel safe here, you can't really fault the home". A Physiotherapist told us, "I have no concerns here at all; I feel that people are safe here."

Relatives told us felt that people were well cared for and safe. Staff we talked with were able to describe what constituted abuse and were confident in how to escalate any concerns. All staff had received training in safeguarding adults and were aware of the provider's safeguarding policy. Staff were able to describe signs of abuse. One staff member said, "I would report any concerns to the manager."

We found risk assessments were in place for all people who used the service. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example: one person who was at risk of falls when mobilising was assessed by staff to use an alarm mat to alert staff to help when the person was getting up. Although this person was still at risk of falling staff had put measures in place to minimise the risk and still enable the person to keep their mobility. Staff supported the person to take this risk safely.

The home was divided into units; two of the units had two staff members on each while the other two units only had one staff member each. There was also another member of staff that would assist where required, they were called "floating staff". Staff confirmed that they felt there was not enough staff, for example one staff member said, "Because we are so busy we don't always get to take our break." We were told by staff that in the morning when people were assisted to get up and receive personal care the shortage of staff affected the length of time people were waiting to get their breakfast. Staff were also responsible for supporting activities. One staff member said, "It's so busy I don't get time to do activities".

We observed on one unit a staff member giving people their medicines. On a couple of occasions they had to stop and respond to another person`s needs as they were the only staff member on that unit. The staff member responded in a calm manner and we observed that the medicines was still delivered safely. Being disturbed when giving medication increases the risk of errors being made.

We discussed staffing with the manager and they felt that staffing levels were adequate but they needed to be utilised better. For example, the staff member should have another member of staff on the unit when supporting people with their medicines and that should be the role of the floating staff member. The manager said that this will be reassessed.

There were safe and effective recruitment practices to ensure staff were of good character, physically and mentally fit for the role and able to meet people's needs. New staff did not start work until satisfactory employment checks were completed. There were systems in place to ensure The staff working and covering the home had the correct skill mix.

People were supported to take their medicines by staff that were trained in safe administration of medicines. There were suitable arrangements for the safe storage, management and disposal of people's medicines. A mobile trolley was used during each medicine administration round which was kept locked and secure at all times when not directly supervised. We observed people were supported to take their medicines safely and in a dignified manner.

Good

# Is the service effective?

## Our findings

One Staff member said, “This is a good home, the training is good here.” We spoke with the Physiotherapist who said, “I am confident that people’s needs are met.” A Community nurse said, “Staff here are competent, there are good relationships between staff and people”. One person who used the service said, “It’s lovely living here, staff are great and the food is really nice.”

We found staff were up to date with their training which covered areas that were relevant to their roles. For example, dementia training. One staff member told us that when they started they had completed an induction and as part of their training shadowed another staff member until they were competent enough to work on their own. They also said, “I am completing my three day dementia training, level two dementia care”. Staff told us, and we saw from records, that they were supported by regular supervisions and appraisals to help with their development. There was a system that helped the manager to monitor staff training needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). They explained the importance of giving people as much choice and freedom as possible and the importance of gaining peoples consent. Staff told us they explained what they were doing and respected people’s choice. One staff member said, “You should always assume people have capacity and give people choice.” We saw in people’s care plans that capacity assessments and best interests had been followed. People’s families were involved where people lacked capacity and the manager was aware of the role of the independent mental capacity advocate’s (IMCA) service if required. We observed staff gaining consent for the support they were giving in assisting people. The manager had appropriately made applications for Deprivation of Liberty Safeguards (DoLS).

We found that there was a menu in place that offered nutritionally balanced meals. We saw people had access to fluids throughout the day and staff regularly offered people drinks. There was fresh fruit available and staff confirmed that snacks were available on demand. One person said, “It’s lovely living here, staff are great and the food is really nice.” “I get well looked after here.” People’s dietary needs were well documented and staff were aware of their needs. We saw that people were supported at meal times where needed. The chef told us that when people came to the home their food preferences and cultural needs were sought. There was a list of people’s dietary requirements and preferences. The home used a selection of moulds for people who were on pureed food diets. For example pureed carrots would be placed into a carrot mould with thick and easy (Thick and easy is used to thicken liquids to help with swallowing). By doing this the people who were on pureed diets received their food well-presented and looking more appetising. This also showed that the staff recognised people`s individual needs and ensured person-centred approach towards nutritional needs.

People were supported to access health professionals such as GP’s, dentists and dieticians. People told us that a GP visited the service on a regular basis and that they were happy that they were able to see the GP when required. One person said, “I get to see the GP when I need to, saw one yesterday actually.” We saw that where a person became unwell during the day of our inspection, they received a visit from the GP shortly afterwards.

Good

# Is the service caring?

## Our findings

People and relatives were all positive about the care provided by the service. One person said, “Staff are all very good, they are very kind”. One relative told us that they were really happy with the home, “All the staff are caring and they look after me as well.”

During our inspection we saw that people received care and support in a calm and relaxed manner. We saw that staff interacted with people in a positive way and used the names of the people they cared for. We saw that the staff were kind, attentive and gentle. For example, we saw one staff member approach a person, they knelt down to the person’s level, quietly explained that it was time for their medicines. They reminded the person what the medicine was for and asked if they wanted support to take it. They also asked the person if they wanted to do this in the lounge or would they prefer to do this somewhere more private. One staff member said, “I would be happy to put my Nan here because the staff are all really caring.” One person told us, “Staff are very kind.”

People who used the service and their relatives told us how involved they were in making decisions about their care and support. One relative said, “We discussed my [relatives] needs and my [relative] was also involved, we talked about their likes and dislikes and their life history. One staff member talks to my [relative] about the old times because they know they love to reminisce.” Staff told us they reviewed people’s care regularly. We observed good relationships with staff and people who used the service. Staff were able to tell us about the people they cared for, they knew the people well.

There were regular resident meetings held on the units. We saw minutes of the meeting for March. Topics included entertainment, food menus and choice, complaints and concerns and people were also asked whether they felt that they were being listened too. People felt that they had choice and were listened to. People and relatives all felt the staff were caring One relative said, “Staff are really friendly, and they care for my [Relative].”

Staff understood the importance of promoting people’s dignity and respect. Staff told us that they knocked on doors and made sure people had privacy whilst being given personal care. One staff member said, “People tell us what they like and we always ask what they need. We respect people’s choice and encourage people to be as independent as they can be.” One relative told us, “Staff encourage my [relatives] independence, they are very caring.” One relative said,” You can’t fault the staff they are fantastic. My [Relative] is always clean and looked after well.”

Good

# Is the service responsive?

## Our findings

People had contributed to their assessments and planning of their care. We saw that people's preferences, life style choices and aspirations had been sought to promote individual care. We also saw that relatives had contributed to the care planning process. Relatives told us that they had been involved. There were regular resident and relative meeting held for people to discuss ideas and any issues they may have, For example, one relative said, "Some of the furniture looks tired." This was addressed by the manager and as a result the furniture was updated where required.

The activities co-ordinator told us that they talked with people and they looked at people's interests and hobbies to help develop activities people may like to participate in. We saw activities that included a wide range of interests for people to be involved with. Activities were also discussed at resident meetings and there were posters on walls to remind people of up and coming events. One person had requested at a meeting that they would like a pianist for their entertainment and this has been booked for the following month. There were regular entertainment events, for example the day before our visit there was an opera evening and people told us they had enjoyed themselves. The home was celebrating St George's day while we were there and at lunch time most people across the home were having a celebratory lunch together. We observed people enjoying themselves and they were offered red or white wine amongst other refreshments with lunch. One person requested to eat in the garden, staff were responsive to this and the person enjoyed their meal in the garden.

We were told that care staff were also responsible to assist with activities on the individual units. Although we saw some people involved in activities, for example, playing dominoes, this wasn`t happening on all units. Staff told us that at certain times that they were too busy and had no time for activities. We did see some people involved in chores around their home, for example, one person liked to lay the breakfast tables on their unit. We talked to the manager about the activities not being consistent across all units and again the manager felt that this was down to the way the staff were organised and said she would review this.

People who used the service and relatives confirmed that they knew how to raise concerns. They told us that staff and the manager were approachable and had confidence that their complaints would be dealt with. One relative told us that the manager had on several occasions encouraged them to talk should they or their relative have any concerns and they felt confident to do this. One person told us they had complained. Staff all understood their role in addressing people's concerns. We saw one concern raised about the lack of support on one unit. This was then discussed with the unit manager to resolve and additional support was put in at certain times to provide the support. We found that complaints received had been fully investigated and responded to in a timely manner and there were action plans in place to resolve any issues or concerns raised.

One person said, "Staff always let me know what's going on, there is a box you can use to raise concerns but I have no problems with talking to staff." The box was well displayed as you entered the home and was called "Tickety boo". It was another way the home encouraged people to raise concerns or ideas they may have.

Good

# Is the service well-led?

## Our findings

People who used the service and their relatives told us that they thought the manager was approachable. The manager carried out monthly home manager and weekly environment checks to ensure standards were maintained and people kept safe. The manager told us that they have an open door policy and made themselves available to people who used the service, their relatives and staff. They told us that staff are encouraged to raise any concerns or ideas they might have. We were told by relatives that they felt able to approach the manager and one said, “We are encouraged to speak to the manager if we have any problems.”

Staff also told us that the manager was approachable. The manager promoted an open culture and people and staff were reminded of this via meetings and supervisions. The manager said, “It is important that staff know I have an open door.” Staff were aware of the whistle blowing policies and contact numbers for external agencies were available should they have concerns.

The manager was supported by the area manager and all managers who worked with the provider had regular bi-monthly meetings. These were also used as learning events to discuss policy changes and any updates to their training. There was also sharing of information between managers to support learning. Area managers supported the manager with spot checks and audits to ensure good practice. They also spoke with staff, relatives and people who used the service to ask questions. Responses to these questions were positive and this promoted an open culture. This was also supported by regular meetings for people who used the service and their relatives. In addition there were annual surveys used to seek views from people and professionals and these were used to improve the quality of the service.

The home had vision and values which were promoted as part of staff inductions into the home and we were told by the manager that these values are embedded in everyday life at the home through person centred care plans and resident meetings. However not all staff were aware of the homes vision and values.

People had access to the community for shopping and days out. People living in the home also had access to local community facilities, for example. The library supplied the home with reminiscence books, games and memory boxes that were changed every six weeks. There were two fully trained staff who held ”Namaste spa” sessions each Thursday morning where people could have hand and foot massages in a calm environment with scents and soft music. There were lots of events held through the Q club that residents can be involved with. The Q club is a day service for people to attend from outside but people were able to equally be involved and join in with any activities that were going on. People had access to the local town and market and people went out for lunch, to the local garden centre and to other places of interest close by these included Wimpole Hall and the local Museum.

The home was a member of the Hertfordshire Care Providers Association. This gave them access to training and helped to maintain best practice. The manager told us that all their trainers had to attend key training sessions to enable them to provide best practice to their colleagues. The home had champions in Dementia, infection control, health and safety’ dignity, falls, pressure care, end of life, care plan and Mental capacity Act 2005 and DoLS. These champions were a resource for best practice and provided updates to Practice when needed.

Accident and incidents were regularly audited and were placed on an overview log which allowed for trends to be picked up. For example: one person who was prone to falls due to weakness in their legs was at high risk of falls when they tried to stand. The home responded by introducing a tab alarm during the day this alerts staff when the person is getting up. It does not restrict their movement but has significantly reduced their falls.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.