

Quantum Care Limited

Fourfields

Inspection report

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Ratings

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

Summary of findings

Overall summary

We carried out the inspection on the 25 and 26 September 2017. The inspection was unannounced. Fourfields is registered to provide accommodation and personal care for up to 52 people, some of who are living with dementia. At the time of the inspection there were 48 people using the service.

At the last inspection on 25 January 2016 we rated, the service requires improvement. At this inspection, we found the service had made the required improvements.

Fourfields is divided in to six units on one level, each unit had access to the garden and their own communal lounges and dining area.

Arrangements were in place to ensure there were sufficient numbers of suitable staff available to meet people's individual needs. The provider monitored people's changing needs regularly to ensure the required staffing levels and where we found an area that required improvement the registered manager acted immediately to ensure cover needs were met.

There was a registered manager in post. 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.

Safe medicine practices were in place. However, there were some areas we identified that required improvement and the registered manager told us that following the inspection they had addressed these issues and processes were implemented to improve the management of medicines.

Safe and effective recruitment practices were in place. Staff had received training in how to safeguard people from abuse and knew how to report concerns both internally and externally.

People received support to maintain good health and had access to health and social care professionals when required. Risks to people's health and well-being were identified and regularly reviewed. People were provided with a healthy balanced diet that met their individual needs.

People were involved in planning their care and received care that met their individual needs. Care plans included clear information to guide staff and there were varied activities available and events that encouraged family involvement. Staff were kind and caring, and people's privacy and dignity was respected.

There were systems in place to obtain people's feedback. The registered manager and the provider completed regular audits. We noted where improvements were identified these were accompanied by action plans to drive improvement at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff was fit, able and qualified to do their jobs.

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

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

Is the service effective?

Good 

The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by trained staff that met people's needs effectively.

People were provided with a healthy balanced diet which met their nutritional needs.

Is the service caring?

Good 

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 and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and

respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns, which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

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

People and staff were very positive about and how the home operated and the registered manager.

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

Fourfields

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

This inspection was unannounced and took place on 25 and 26 September 2017. One inspector and two experts by experience carried out the inspection. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before the inspection, we reviewed 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 15 people who lived at the service, nine relatives, five members of staff, the care team manager, deputy manager, housekeeping manager, the chef, regional manager and the registered manager. We received feedback from health and social care professionals. We viewed three people's support plans and three 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. We also reviewed a range of other relevant documents relating to how the service operated. These included monitoring data, training records, complaints, and compliments.

Is the service safe?

Our findings

There were enough suitably experienced, skilled and qualified staff available to meet people's needs safely and effectively. The registered manager monitored people's needs to ensure that they had adequate staffing levels. When staff shortages arose at short notice the shifts were offered to their own staff in the first instance then if required covered by agency staff. We observed this in practice during the inspection and the shift was quickly covered.

Most staff we spoke with felt there were enough staff to meet people's needs. However on one unit that had high dependency needs, staff felt that at busy times they could do with more staff. We observed on this particular unit, staff managing people's needs but were task driven during busy periods. One staff member said, "Most of the time there is enough staff." We spoke with the registered manager about our findings and the registered manager addressed this straight away. The following day they had increased the staffing levels. Staff we spoke with told us the extra person had made a difference.

People who lived at Fourfields told us they felt safe. One person said, "Yes I feel safe. The staff are very good, they'll help you." Another person commented, "Yes I feel safe. I can walk around. I can get out in the garden here. If you stand up, they are all here beside you and asking are you okay."

There was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. The registered manager confirmed that staff always checked with people to make sure they are ok. One staff member told us, "I would report any concerns to the [registered] manager." They also told us how they could escalate concerns if required, this included reporting to the police, social services and Care Quality Commission (CQC). Staff could describe types of abuse and things that would concern them. For example, changes to normal behaviour.

The registered manager had followed safe and effective recruitment practices to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures, which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) which is a criminal records check before they were employed by the service. References were checked and verified.

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 in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, people who were at risk of developing pressure ulcers had appropriate equipment in place and were repositioned regularly to help minimise the risk of them developing a pressure ulcer. Care team managers checked daily to ensure staff followed the guidance and completed documentation as required.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager to ensure that people changing needs were addressed and that

reoccurring patterns were identified.

There were suitable arrangements for the safe storage and management of people's medicines. People received support to take their medicines by staff that completed their training and had their competency assessed. The storage room for the medicine was clean and tidy and was well organised. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. There were protocols in place for medicines given when required. For example for pain relief, these protocols included clear guidance for staff. We completed random stock checks and found the levels were correct, we saw that staff had completed relevant documentation. However, we found that when people had refused there medicine staff had not always documented the reasons as required. We also found some opened medication had not been dated. The registered manager later confirmed by email that all staff were aware of the processes and regular checks will take place.

Plans and guidance were available to help staff deal with unforeseen events and emergencies, which included relevant training such as 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. For example, the fire alarm systems were regularly tested. We saw people had personal evacuation plans in place in the event of a fire.

Is the service effective?

Our findings

People and relatives told us about the food. One person said, "the food here is good." One relative said, "The food is always good. It smells good. We came for Christmas Dinner. It was lovely."

There were menus in each dining room. One person told us, "There always plenty of choice." We observed during mealtime staff were pleasant, patient and offered choices. There were six units and our observations confirmed that meal times were managed well on all units. We saw that staff showed visual choices of food and people were encouraged to have what they liked. We saw where people did not want choices offered, alternatives were available and freshly prepared by the chef. We also saw where one person had refused all food choices offered, the staff member came back shortly after and said discreetly, "Can I make a suggestion, how about a fish cake and a little bit of mash potato." The person agreed and enjoyed their meal. We noted that people were weighed regularly where required and people's daily fluid and food intake were monitored to ensure their dietary needs were met.

Staff had the appropriate training to support people. We reviewed the training provided and saw that this included moving and handling, safeguarding people from abuse, dementia care and first aid. One staff member said, "The training here is very good." Another staff member commented, "It's a good home, our training is always up to date." They also told us that they wanted to learn more about diabetes and the registered manager arranged for them to complete the training. Another staff member commented, "We have regular updates. We have in-house training, all different topics, moving and handling, fire safety, first aid, safe guarding and dementia." There were champions for dementia, falls prevention, engagement, nutrition, wound management and health care. Champions provided guidance and training to staff on best practice and this ensured people received appropriate care.

New staff received an induction before starting at the home and they worked alongside experienced staff to enable them to get familiar with the people they supported. Staff had regular meetings, handovers and supervisions. Staff we spoke with confirmed they felt supported and the registered manager's door was always open. The registered manager told us they wanted their staff to be ready for the next level and encouraged people to progress.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People had capacity assessments and best interest decisions were recorded. We noted that when people did not have capacity staff still involved them in decisions about their care and day-to-day choices. The registered manager had applied for DoLS authorisations appropriately. We noted where restrictions were in place the less restrictive options had been considered. One staff member told us, "People have a right to choose, we are here to keep people safe. We help people to make choices." One person commented, "I can go to bed when I choose. I go to my room to watch my TV programmes about 7pm and go to bed when I'm ready."

People had regular access to health and social care professionals. We saw a medical professional on the day of our inspection and they confirmed they were happy with the home. We noted in people's care plans that they had received regular visits from district nurses, dentists and speech and language therapists.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and respectful. One person said, "They [staff] are very kind." Another commented, "I like it here. If I did not I would not have come back." A relative said, "I can see how [staff] treat residents here and it makes me happy."

We noted that all interactions observed were positive. Staff were attentive and patient and they knew people well. For example, the alarm for an outside door alerted staff to check to ensure people were safe. Staff told us that one person in particular liked to walk the grounds and staff just checked they were ok. All staff we spoke with were able to tell us about the people they cared for and we saw examples of care that met people's needs.

We noted staff interaction was kind and caring on all the units. One staff member commented about the ethos of the home titled "The Rhythm of Life." They told us that all staff received this training. The staff member said, "Rhythm of life is about individuality, relationships, care, engagement and choice. It is about caring for people. I always ask people what they want to do."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect by closing doors and good communication. We saw staff knocking on people's doors. One person said regarding privacy and dignity, "They always knock on the door. They tell me what they are doing and ask, is that okay." Another person said, "I am very happy here they are very good to me. They are very kind and caring."

People were involved in the planning and reviewing of their care. We saw that people were invited to participate in review meetings even when they may not have capacity to make decisions independently. Relatives were also involved when appropriate. One relative told us, "Three to four months ago my [relatives] care was reviewed. I was here when a local authority commissioner was here doing an annual review with my [relative]." Another relative commented, "They came and visited us at home and did a care plan. I've done a lot of signing of papers."

Staff understood the importance of confidentiality of people's records. We saw that all records were stored securely and staff were discreet regarding people's needs.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took account of their life history and personal circumstances. We saw staff deliver care that followed the guidance. For example, one person's support plan gave guidance to staff about their challenging behaviour; this included the triggers and guidance around how best to support the person when showing this behaviour. We noted that the person was becoming agitated and we observed staff dealing with the situation in a calm and reassuring manner. We noted they had followed the guidance within the care plan and they explained to us the reasons for the support and the benefits for the person.

Staff had access to information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs. We noted that care plans were personalised and captured the individual well and all the details that mattered to that person were included. For example, their likes and dislikes, individual cultural and religious needs were documented.

People had their needs documented and reviewed to ensure that the care and support provided helped maintain good physical, mental and emotional health. For example, pre assessments were completed when people came to use the service. We noted on the day of our inspection, one person had just arrived at the home for respite and they had stayed at the home before. The care team manager confirmed that they had already had contact with the person's relative and had checked that all contact details were correct. They were planning to sit down with the person to discuss their care and complete risk assessments.

People were supported to maintain their interests and to take part in activities that they enjoyed. We observed that activities were completed on all six units. We observed an activity where people used foam hammers to reach up and hit balloons held up by the Activities Co-ordinator. There was a lot of laughter and fun as people joined in. Following this activity people were singing or humming along with music in the lounge. The activity co-ordinator explained although people had a lot of fun with this activity it also promoted exercise including stretching.

The activities programme ran seven days a week and included outings approximately once a month. The home had its own minibus and volunteers assisted with outings. We saw pictures of people engaged in activities. For example, we saw people holding baby goats and chicks, and pictures of 'Elvis' singing with people and dancing with staff. 'Elvis' also visited people who were unable to leave their rooms and join in the event; in particular one resident who was a fan. He sang a song to them. The activity coordinator told us they always involved residents who cannot join in a big event or cannot leave their rooms that day. For example, every Tuesday they received one to one time that could include a hand massage, chat or whatever the person wanted.

There were two activities coordinators in the daytime and another who worked in the evening. They ran a Choir and a Book & Pen Club. There were 'Getting to know you' sessions which were used to review care needs and find out how residents are feeling. A pub night had been arranged at the home and relatives were invited. There was also a breakfast club held in the café area for people to meet and interact from the

different units. We noted the activities coordinators fundraised for outings and events and arranged events in aid of other charities such as a MacMillan Coffee Morning.

The provider consulted and updated people and their relatives about services they provided. People were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management team responded to any complaints or concerns raised. One relative said regarding concerns, "We would talk to (care team manager). [They] say 'leave it to me' and it's sorted out." One person told us that they had had a minor complaint and that it had all been resolved for them. We saw where complaints had been received these were responded to in line with the service complaints procedure. We also saw that people had sent in compliment letters thanking the staff for the care and support provided.

Is the service well-led?

Our findings

At our last inspection on 25 January 2016, we found the service not to be meeting the required standards in the areas we looked at. The provider did not ensure that potential risks to people's health and well-being were managed effectively in a way that promoted people's safety. Some care records were incomplete with gaps in the information about the person's current needs. Assessment tools used to monitor the risks to people's nutritional needs and development of pressure sores were not always accurately completed or reviewed. People's care plans for identified health needs, were not always updated or completed when required.

At this inspection, we found that the provider had made the improvements required. Care team manager were now responsible for ensuring people's nutritional needs were met daily. People's care plans, were up to date, contained good information and guidance for staff and these were reviewed monthly. We noted potential risks to people's health and well-being were identified and risk assessments were in place as required.

People and their relatives told us they knew who the registered manager was and they were pleased and happy about how they managed the home. A person said, "The [registered manager] who comes round, they are quite nice to talk to." A relative said, "[Registered manager] is around, also the deputy manager came round just now, we genuinely don't have any concerns, nothing we would change."

The registered manager, deputy manager and care team managers walked around the home, checking in with staff and looking for any issues. There were also weekend and night visits by the management team to ensure good standards of care. Care team managers were very visible on the floor and ensured staff worked to best practice. Staff received regular training and competency assessments were in place.

We observed the registered manager during the day. They were involved on the floor at various times, it was clear people and staff knew them well. One person said pointing to the registered manager, "They always come round to see us." Staff confirmed that the registered manager had an open door policy and they could approach them at any time for support. Care team managers ensured that documentation and equipment checks were in place and were on hand to support staff at busy times or when requested.

Staff we spoke with confirmed they had daily hand overs that included good communication about all six units. Staff understood their duties. Staff we spoke with all told us there was good team work and that the home was a lovely place to work. People and staff described Fourfields as homely.

The registered manager reviewed all accidents and incidents occurring in the home to ensure that all required actions were considered to minimise the risks of reoccurrence. They checked for themes, trends and other contributing factors to help ensure further risks could be mitigated. For example, we noted for one person who had been at risk of falls, a low profile bed had been introduced. We also noted that where bed rails had been implemented, this had been introduced after alternative options were discounted to ensure people were kept safe.

There were effective quality assurance systems in place. We noted that there was a range of audits which were accompanied by action plans. These covered areas such as medicines, care plans and health and safety. Although we noted that the medicines audit had not identified the shortfalls we found on inspection. We noted that actions developed following an audit were signed when complete. We reviewed these and found that the actions had been completed. The registered manager confirmed that quality assurance teams completed regular audits of the home. The registered manager told us they felt supported by their regional manager and had regular supervisions. They attended regular manager meeting to share ideas and resolve any issues. There were buddy systems used to support registered managers. For example, a manager could work at another care home for a couple of days a week to improve learning and support training needs.

People and relatives were given opportunities to feedback about the service through regular meetings and surveys carried out by the registered manager and the provider. The feedback we saw was positive.