Care Quality Commission

Quantum Care Limited

Freeman House

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection was carried out on 19 May 2015 and was unannounced.

Freeman House provides accommodation and personal care for up to 48 older people. There was a registered manager in post. 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 and associated Regulations about how the service is run.

When we last inspected the service on 4 July 2013 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards. However, there were areas which required improvement.

The provision of activities in the home required a review to ensure they were meeting everyone's individual needs. Communication in the home, in particular between staff, people and their relatives required improvement.

Summary of findings

The home is merging with another Quantum Care home in September at a new building. Plans were in place to ease transition and ensure people living at the home, their relatives and staff were kept informed of the progress and involved in the process.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) 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 to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were fully aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People had their individual needs met. Staff knew people well and provided support in a timely manner. There was sufficient food and drink available and people were assisted to eat and drink where needed.

People had regular access to visiting health and social care professionals. Staff responded to people's changing health needs and sought the appropriate guidance or care by healthcare professionals. Medicines were managed safely to ensure people received them in accordance with their needs.

Staff were clear on how to identify and report any concerns relating to a person's safety and welfare. The manager responded to all concerns or complaints appropriately when they were made aware of them.

Staff were recruited through a robust procedure and provided with regular training to ensure their knowledge was up to date. Staff were clear on what their role. People and staff were positive about the manager and their leadership.

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 supported to ensure their needs were met safely.

Staff knew how to recognise and report allegations of abuse.

People's medicines were managed safely.

Staff who worked at the service had undergone a robust recruitment process.

Good

Is the service effective?
The service was effective.

People were supported appropriately in regards to their ability to make decisions.

Staff received regular supervision and training relevant to their roles.

People were supported to eat and drink sufficient amounts.

Good

Is the service caring?
The service was caring.

People who lived at the home were encouraged to be involved in the planning and reviewing of their care by staff who knew them well.

Privacy was promoted throughout the home.

Good

Is the service responsive?
The service was not always responsive.

People who lived at the home and their relatives were confident to raise concerns, however, they were not sure they would always be dealt with appropriately.

People received care that met their individual needs.

The provision of activities did not peoples hobbies and interests.

Requires Improvement

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

There were systems in place to monitor, identify and manage the quality of the service

People who lived at the service, their relatives and staff were positive about the management team.

Good

Freeman 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 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 visit took place on 19 May 2015 and was carried out by an inspection team which was formed of two inspectors 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. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 10 people who lived at the service, five relatives and visitors, eight members of staff, the registered manager and the quality manager. We received feedback from health and social care professionals. We viewed three people's support plans. We viewed 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.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Freeman House. One person said, “It is really safe here, and they are kind.” Another told us, “Relatives we spoke with also told us they felt that people were safe. One relative told us, “I know my [relative] is safe here in every way. [They have] told me that [they] feel safe here too.”

Staff had a good understanding in their role in relation to protecting people from the risk of abuse and were aware of the whistleblowing policy. They were able to describe what form abuse may take and what to do if they suspected abuse. There was information displayed which detailed how to contact external agencies, such as the local safeguarding team or CQC and staff were able to tell us about this. We found that the manager had completed the correct process when reporting any concerns.

People had clear risk assessments for all aspects of their care. They gave staff guidance on how to support people safely which included moving and handling, nutrition, fall reduction and pressure care management. For example, a keeping safe care plan stated that it was the person’s choice to go into the garden and what they needed to do this safely. This included supervision and their walking aid. We saw that the manager monitored falls, accidents and incidents to identify trends and minimise reoccurrences. This information was shared with the provider to provide oversight and ensure all appropriate action had been taken.

People had access to means of calling for assistance, and when they were unable to use the call bell staff told us they carried out regular room checks where the frequency depended on the person’s individual needs. We observed these checks in practice where staff were looking in on people in their bedrooms regularly. We also saw that in the one lounge where the dependency was greater there was always a member of staff in the room when we passed by. In another lounge area people were by themselves but only for short periods between staff popping in and out.

Staffing levels were meeting people’s needs on the day of our inspection. People told us that there was enough staff and that they do not have to wait long if they ring the call bells even at night the response time was quick. One person told us, “There are lots of people here who will help me.” Staff told us that they felt staffing levels were sufficient to meet people’s needs.

The service followed robust recruitment procedures. This included a thorough interview process, written references and a criminal records check. This helped to ensure people were being supported by staff who were fit to do so.

Medicines were managed safely. We saw that there were checks in place after each medicines round to ensure that they had been correctly administered. This included a second staff member counting the amount of tablets of boxed medicines and checking the medication administration records (MAR) for any omissions. Prior to medicines trolleys being put away, the unit manager also carried out a further check. We observed medicines administration and saw that staff followed safe practice and explained to people what they were taking. We counted stock and found that the amount of medicines was accurate to the amount recorded on the MAR. However, we noted medicines held from the previous month had not been accurately recorded on the current MAR. We brought this to the manager’s attention who addressed this following the inspection to ensure all records were accurate.

Good

Is the service effective?

Our findings

People felt that they were supported by skilled and knowledgeable staff. One person told us, "They go on training courses on how to help people, they are good." Relatives told us that they felt staff had appropriate training. One relative told us, "[Relative] needs help moving around, they have good training in that." However, two relatives told us they thought staff would benefit in further training in communication.

Staff told us they received the appropriate training and support for their role. One staff member said, "I have supervisions every 6 weeks, my unit manager does this and I am supported to do further training." We saw that all staff had regular one to one supervision to discuss their role and development needs. we also saw that staff were assessed as they worked to ensure they were competent. Where gaps in knowledge or skills had been identified, additional training and supervision was held and this was discussed during staff meetings.

People had their ability to make decisions assessed where needed and the appropriate support was provided. People who had been assessed as not having the ability to make their own decisions had best interest decisions recorded. There were advocacy services available if needed, however, we saw that people's relatives had been involved in the decisions we viewed. People felt that they were given choice about how they spent their day and we observed this in practice. For example, we saw a person who was tired after breakfast and staff gave the choice of going to the lounge or going back to bed. This person was seen to have fluctuating capacity but staff offered the choice and adhered to their decision.

Staff understood their role in relation to the MCA and DoLS. One staff member said, "Even if people can't talk they can still make gestures to indicate their choice." For example, if a person couldn't walk to the wardrobe, to open the door so they could point to what they wanted to wear. Another staff member said, "Always assume the person has capacity." Staff were able to describe situations where they would need to raise issues with the manager in relation to people's capacity and any restriction to be considered. The manager had appropriately applied for and reviewed DoLS applications to ensure people were not being unlawfully deprived of their liberty.

People told us that there was plenty to eat and drink. One person said, "The food is really good, I get a lot of choice here. You can have what you want." There were snacks available and some people had bowls of fruit. We saw a platter of food come from the kitchen to be offered round between meals. Everyone had drinks of either tea or water and in one case a cup of soup. Staff were asking if people wanted refills on a regular basis. Lunch was a light meal with the main meal being provided in the evening. Lunch was a hot and cold choice and alternatives if anyone wanted something different. Staff showed people the choices at the mealtime to help them decide. However, observations during lunch showed that it was slightly disorganised as staff were moving around between rooms and tables without clear responsibility for one task. This left staff not knowing if people had been given their dessert. We saw that one person did not get dessert as a result. This was an area that needed improving to ensure that people did not get missed during busy periods.

People who were at risk of not eating or drinking enough had their intake monitored and this was reviewed by senior staff at the end of each day. There was an action plan to follow if concerns about a person's intake arose which included contacting medical professionals and amending the person's care plan.

There was regular access to health and social care professionals. We saw recorded visits from GPs, mental health teams, dieticians and social workers. We also saw that people had regular visits from a hairdresser, who was there on the day of our inspection, a chiropodist, optician and a dentist.

People living in the home and their relatives told us they were happy with the medical input received and that the staff supported them to get referred to additional health care professionals. For example, the falls and leg ulcer clinic. One person said, "I'm diabetic, the nurse comes in regularly and checks my blood." A relative told us, "[Relative] is very well looked after. It is easier to get appointments here than it is for us to be able to see a doctor."

Good

Is the service caring?

Our findings

There were very mixed views about the caring and compassion of staff. One person told us, "The staff are very accommodating and caring." However, another person said, "Some of the carers are nice, some are not." A third person said, "Some are OK. I have a keyworker and she's lovely, but some are better than others." One relative told us, "The day staff are lovely, I've not met one that I'm not happy with. They are always popping in to [relatives] room to have a chat." Another person told us that their relative said that night staff were not as good as day staff. We brought this feedback to the manager who told us they would review the comments.

During the inspection we observed that staff were kind and considerate when supporting people. Staff displayed good communication skills with people they were supporting. For example, holding hands, touching shoulders and coming down to people eye level.

People told us that they were treated with dignity and respect and that their privacy was respected. One person said, "They [staff] are always careful that the doors are shut when I am washing." We observed throughout the inspection that staff ensured doors were closed when needed or requested. We saw that staff knocked on doors and waited before entering. One relative said, "They [staff] always knock on doors." Two people told us that they had a choice on gender of the staff who supported them. One said, "I have women carers, I wouldn't have a man, yes I have a choice."

Staff knew the importance of promoting people's privacy and treating them with respect. One staff member said, "When we give personal care we close doors and use towels to cover people to maintain their privacy. We communicate everything we are doing and encourage people to do as much as they can for themselves."

People living at the service and their relatives were involved in planning and reviewing their care. One relative told us, "We have regular care reviews. We have just had one with the Manager and we have also had two reviews with the Doctor." People told us that they felt their likes, dislikes and preferences were known and that care was delivered in a way they chose. For example, the time they liked to get up, go to bed and type of assistance they received.

Staff knew people well. They were able to tell us about people's needs and preferences. One staff member told us, "Each person is different, is an individual and we look at care plans to understand their history, when someone new moves in you have to get to know the person."

Requires Improvement

Is the service responsive?

Our findings

People told us that they received care that met their individual needs. One person said, "These people are experts." Another person told us, "When I [sustained an injury] I couldn't move. Now I know that if there is a problem I will be properly taken care of and looked after."

Care plans viewed included clear information about people's needs and how staff should support them with these needs. The plans were individualised and included support with personal care and continence, communication, dementia and skin integrity. They documented people's choices and preferences. For example, a care plan for supporting a person to sleep well included specifics about retiring times, room checks and any medicines needed. We saw that care plans were reviewed monthly with an expectation that they would be amended in between if a person's needs and required support changed.

There were scheduled activities Monday to Friday. However, people did not feel supported to maintain hobbies or interests. For example, one person was interested in art and computers and another in crochet but this had not been taken into consideration when planning the activities. One person said, "I'm very bored here." Three people told us that the activities were, "Boring." Most people were watching TV. Another person told us, "It isn't very stimulating here." One relative told us, "They do bits and pieces, not much."

The activity organiser told us they did a lot of 1:1 with people. On the day we visited there was a 20 minute story time in the lounge and afterwards an activity throwing a ball which people appeared to enjoy. Later on in the day we saw hand massages being offered to people. However, we noted with 40 people with varying needs and dependency needed to be provided with activities, this was difficult to be delivered by one staff member in 25 hours per week and as a result may have been more task oriented than meeting individual needs.

There were limited community activities on offer unless arranged by people independently. One person told us, "The other day I took a taxi to Tesco in [town] and spent a nice hour and half up there." One relative told us, "They used to have a pub lunch but they don't do that anymore."

People and their relatives were not aware of any church service available to them. One relative told us, "We are trying to arrange to take [them] to Church because this was an important part of [their] life." They went on to say, "No one has told us there is anything and they know we are trying to arrange something."

People knew how to raise concerns and give feedback. There was a 'Tickety Boo' system in place which had a pictorial poster to help people understand the complaint process. There were complaint or feedback forms attached to support and encourage people to make suggestions and raise concerns. However, they told us that having the issues resolved did not always happen efficiently. One person said, "I've had some minor grumbles. No toilet paper in the toilet and three days later they still hadn't sorted it out." Another person told us, "I can talk to [deputy manager] about anything and they will help." Relatives gave us a mixed response. Two told us that they had raised issues and not had a response. We found that where the manager had been made aware of a concern this was recorded and appropriately responded to. However, we found that there had been a breakdown in communication between staff and the manager in relation to verbal complaints and there were occurrences where they not been passed on to the manager. For example, reoccurring issues in regards to a person's administration of eye drops. Therefore staff were not following the organisation robust complaints policy.

The service sent out questionnaires to get people's feedback. As a result actions were developed. However, we noted that one concern raised was in relation to staff smiling and this was noted as something that could not be actioned, recorded as, "You can't make staff smile." This did not demonstrate that people's feedback was not always reviewed and acted upon. Other concerns in relation to staffing had been addressed and there had been a review resulting in an increase of staff at peak times.

We spoke with the manager about staff not adhering to the complaints procedure and people's feedback relating to activities and they told us they would review the concerns raised by us as these were areas that required improvement.

The deputy manager told us about key workers and how they were encouraged to communicate with families and

Requires Improvement

Is the service responsive?

ensure they were invited to family reviews. They told us that they get feedback from staff on issues in supervisions, meetings and handovers which were done at the start of each shift.

Good

Is the service well-led?

Our findings

People thought the home was well led. However, all but one of the people we spoke with did not know who the manager was. One person said, “I know [manager] and can talk to [them] but I usually talk to [deputy manager]” Other comments included, “I don’t know who the manager is, I just talk to the care staff.” and “Don’t have a clue who the manager is.”

The new deputy manager was very ‘hands on’, engaged with people and staff in a very positive way. They provided guidance throughout the inspection and we saw them doing regular checks on people, their records and staffing performance. They told us, “I do my rounds.”

The unit manager was seen to be checking in on staff, supporting people and various other quality checks, such as medicines. We saw them ensuring staff were meeting people’s needs and providing guidance.

Staff were positive about the manager and leadership. One staff member said, “It has been a good home, families have given good feedback but it has had its ups and downs. Since [Manager] has been here it has moved on to a better place.” They went on to say, “The manager is approachable, [they are] helpful and supportive.”

All staff felt management were approachable. The deputy manager told us, “We muck in and help out and staff see this and feel you are more approachable.” A staff member told us, “They [Managers] encourage us to be open and approach them. This is also done in supervisions and they say don’t wait for the next one if you need to talk.”

There were systems in place to monitor and improve the quality of the service. This was done by unit managers, deputy managers, the manager and by the provider. There were regular weekly checks by unit managers which were checked by the manager and were flagged if additional action was needed. For example, to ensure a staff member had received a supervision. These checks included medicines, people’s welfare and staffing which included supervisions. Monthly audits were carried out by the manager, the deputy manager and the regional manager. Areas audited included medicines, health and safety and care plans. Where shortfalls were identified, an action plan was developed and this was signed when completed. For example, missing information in a person’s care plan was identified and allocated to a staff member to rectify. This was then rechecked at the next audit. Information collated by the manager was provided to the regional manager for review and this ensured that all appropriate action had been carried out.

The home is merging with another Quantum Care home in September at a new building. Plans were in place to ease transition and ensure people living at the home, their relatives and staff were kept informed of the progress and involved in the process. These plans included displaying information in public areas, holding meetings and people, their relatives and staff spending time with others from merging home to establish relationships.