Quantum Care Limited

Richard Cox 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 21 November 2017 and was unannounced. At their last inspection on 25 April 2017, they were found to not be meeting the standards we inspected. This was in relation to staffing.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions is the service safe, effective, responsive and well led to at least good. At this inspection we found that they had made the required improvements and were meeting all the standards.

Richard Cox House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 29 people in one adapted building. At the time of the inspection there were 29 people living there.

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

People and staff were positive about the running of the home. Their views were sought and they were consulted in relation to the running of the home.

There were systems in place to monitor the quality of the home, listen to people and value staff. There was a complaint's process which people knew how to use and were confident they would be acted upon.

People were supported in a safe way and staff knew how to recognise and report any risks to people's safety. Medicines were administered in accordance with the prescriber's instructions.

The manager planned for sufficient staff who were recruited safely and people told us that their needs were met appropriately. We found that staff were trained and felt supported.

People were encouraged and supported to make choices and staff were aware of the principles of the Mental Capacity Act 2005. There was a variety of food available and people were supported to live a healthy and balanced life.

People were treated with dignity, respect and kindness. We found that people were supported in accordance with their preferences and wishes and that confidentiality was promoted.

People received person centred care and enjoyed activities provided and they were involved in planning

their care.

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 supported in a safe way.

Staff knew how to recognise and report any risks to people's safety.

The manager planned for sufficient staff who were recruited safely.

Medicines were administered in accordance with the prescriber's instructions.

Is the service effective?

Good

The service was effective.

People were supported by staff who were well trained and supported.

People were encouraged and supported to make choices and staff were aware of the principles of the Mental Capacity Act 2005.

People enjoyed a variety of food and were supported to live a healthy and balanced life.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and kindness.

People were supported in accordance with their preferences and wishes.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People received person centred care and enjoyed activities provided.

People were involved in planning their care.

There was a complaint's process which people knew how to use and were confident they would be acted upon.

Is the service well-led?

Good

The service was well led.

People and staff were positive about the running of the home.

There were systems in place to monitor the quality of the home, listen to people and value staff.

People's views were sought and consulted in relation to the running of the home.

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 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.

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. We reviewed the action plan that the provider sent us following our last inspection which detailed how they would make the required improvements. We had not requested a provider information return (PIR) for this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by one inspector and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with 12 people who used the service, one relative, five staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to three people's care and support. We also reviewed records relating to the management of the service.

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 due to their complex health needs.

Good

Is the service safe?

Our findings

When we inspected the service on 25 April 2017, we found that staffing levels did not always meet people's needs in a timely way. At this inspection we found that although some more development was needed to ensure consistency of staffing levels, the provider had made the required improvements.

Following the last inspection the provider implemented a new staffing structure and daily routine to help ensure care and support was not delayed for people. People and their relatives and staff told us that there were enough staff available to meet people's needs. One person told us, "If you need staff, they're there." We noted that during the inspection that there was a calm atmosphere and that people received support when they wanted it. We saw that call bells were answered promptly.

Most staff told us that there were enough staff to meet people's needs. One staff member told us, "Staffing has improved." However, one staff member told us that although the manager tried to ensure the staffing levels were consistent, there were times due to staff sickness that the levels fell below what they had planned. We viewed the staff rota and saw that this was being planned at the new staffing levels but there had been some days where this had not been possible. However, people we spoke with told us that their care needs being met had not been compromised. The manager told us that staffing was their biggest challenge and they were working with the provider to address any on-going staffing issues. We noted that staffing and the recently implemented daily routine was monitored to ensure its efficiency and that staff were working in the expected way.

There were systems in place to help promote infection control. These included cleaning schedules and training for staff. We observed that staff took appropriate actions to protect people from the risk of infection. They had a good supply of personal protective equipment (PPE) to use while they attended to people in order to provide them with personal care. Staff used aprons, gloves and frequently washed their hands between the tasks they carried out. However, we did note that a person dropped a tablet on the floor and it rolled across the dining room. The staff member picked it up and gave it back to the person to take. We raised this with the management team to address as practice such as this increases the risk of cross contamination. The environment was clean and but was not always odour free. Some areas and soft furnishings had a residual odour. The management team was aware of this and there was a plan in place to address this. However, this was an area that required improvement.

Lessons learned were shared at team meetings, supervisions or as needed in one to one meetings. We noted that any issues were discussed and remedial actions put into place. For example, the previous inspection outcomes and plans to address the shortfalls had been discussed and staff had signed to say they understood what the new routines were. One staff member told us, "They [management team] always explain things to you."

People told us that they felt safe. Relatives also felt people were safe. People were supported by staff who knew how to keep people safe. Staff knew how to recognise and report abuse. They received regular training and updates. There was information about safeguarding people from abuse displayed around the home to

raise awareness and it was discussed at meetings. The manager had raised safeguarding alerts appropriately.

Potential risks to people's health, well-being or safety had been identified. These were assessed and reviewed regularly and we saw staff working in accordance with these assessments. Risk assessments were in place for areas including falls, skin integrity, the use of equipment and nutrition. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. People who were at risk of developing pressure ulcers had risk management plans in place to support staff in understanding how to mitigate these risks.

The management team maintained a log of incidents and we saw that all accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced. Information that needed to be shared with the staff team was done so through meetings.

Regular checks of fire safety equipment and fire drills were completed. Staff knew how to respond in the event of a fire. The provider ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable to support people who may be vulnerable. All pre-employment checks were completed to help ensure staff were fit for the role. This included written references, proof of identity and qualifications and criminal record checks. There was a recruitment checklist to ensure that there were no gaps in employment and there were also interview questions recorded.

People's medicines were managed safely. One person told us, "They are very good helping me with my tablets." Staff who were administering medicines worked safely and in accordance with their training.

Medicines were stored securely and administered by trained staff. We checked a random sample of boxed medicines and all but one of these were accurate with the records. This may have been due to a staff member not signing for medicines administered. The care team manager started to investigate this immediately. There were regular medicines audits completed and any issues found were addressed. For example, gaps on records were discussed with the staff.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One person said, "They are very good."

Staff received training to support them to be able to care for people appropriately and safely. This included training such as moving and handling, safeguarding, falls, communication and dementia care. Staff told us they were well prepared for their role. Newly employed staff members told us they received induction training. One staff member said, "I feel like I have learnt so much since I have been here."

Staff told us they felt supported by their managers to carry out their roles effectively. One staff member said, "The manager, my colleagues, they are all so helpful and supportive." We noted that training was up to date and there was information displayed in the training room to help maintain an awareness of key facts. The manager told us that they had worked on ensuring supervisions were up to date but they were still in the process of ensuring all appraisals were completed. We saw from records that most staff had received regular supervisions.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management team demonstrated an understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They knew what steps needed to be followed to protect people's best interests and how to ensure that any restriction placed on a person's liberty was lawful and they had their human rights to freedom protected. The appropriate applications and documentation was in place for all aspects of people's lives.

Peoples` mental capacity was assessed when there was a need for it. Where people had a diagnosis of dementia, staff assessed if they were able to understand and make decisions about receiving care and support in the home. Where people lacked the ability to make their own decisions, best interest decisions were in place to ensure the care and support people received was in their best interest. For example, where people needed to use of bedrails to help prevent them from falling out of bed.

People were supported and encouraged to make their own choices. People told us that their choices were sought and listened to. One person told us, "They always ask me." We heard staff offering choice frequently. This included what they wanted to eat, if they wanted a blanket and if they wanted to attend the planned activities. We noted that staff listened for people's response and responded appropriately. Staff told us that they supported people to make their own choices. One staff member said, "We ask what time they want to

go to bed, get up, what drink they would like, if they can't tell us, than we help them to decide." Another staff member said, "They have the freedom to choose what they want."

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and a chiropodist. One person told us they had recently got new spectacles, organised by the care team, through a local optician. We found that the staff team sought the support from professionals, such as a district nurse or mental health team, when supporting a person with a health need that required additional intervention.

The home was designed in a way so that people could move around easily, whether this was independently or with the use of mobility aids. Equipment was available in bedrooms and bathrooms to enable people to be independent where possible and there was an appropriate supply of mobile equipment, such as hoists or commodes, to help ensure there was not a delay for people waiting for assistance. There were call bell points available in all rooms in case a person needed assistance. There were lounges with ample seating on each floor and sufficient dining tables so people could enjoy a meal together if they wished. Bedrooms were personalised and clean. There was an accessible garden which people told us they enjoyed.

People were supported to enjoy a variety of food and their individual preferences and dietary and support needs were well known by staff. One person said, "Staff always ask what you want." Assessments had been undertaken to identify if people were at risk of not eating or drinking enough and if they were at risk of choking. We observed staff supporting people appropriately. Dining areas were appropriately decorated to support a positive dining experience. Tables were nicely laid with condiments on the table, glasses and cutlery. This was particularly effective for people who lived with dementia as it gave them a visual prompt that there was food served in there.

People were offered a choice of drinks and snacks throughout the day and staff were monitoring people`s nutritional intake. People were weighed regularly and where a weight loss or excessive weight gain was identified staff involved the person`s GP and a dietician to ensure they had specialist advice in meeting people`s nutritional needs. We noted that there were picture menus to help people to make a choice. We saw people enjoying a variety of foods at lunchtime which indicated people could choose food they fancied and enjoyed. Some people needed assistance to eat but staff supported them in an unhurried and calm manner, chatting as they assisted them.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "They treat you like you're someone special." Another person told us, "They are marvellous, and nothing is too much trouble." A third person described living at Richard Cox House as being, "Like half way to heaven."

People received care from staff in a kind, caring and respectful manner. Staff were friendly, courteous and smiling when approaching people. We observed sensitive and kind interactions between staff and people who used the service. One person told us that they sometimes, 'got a bit lost' and that staff were really kind, guiding them back to where they wanted to be.

We observed staff supporting people. Staff treated people with dignity. They addressed people using their preferred names and it was clear that staff knew people well. They knocked on bedroom doors and greeted people when they went in. Bedroom doors were closed when staff provided personal care to people.

People looked well groomed, their hair looked clean and combed. There was a calm and happy atmosphere in the home. The relaxed manner staff approached people with created a sense of calm and a warm homely feel in the home where people were smiling and seemed happy. People were laughing and joking with staff.

Staff respected people and supported them with dignity. We noted that there was a clear ethos that people's needs were to be met before anything else. When staff spoke about the people they supported they described them fondly. One staff member told us, "The residents are so lovely and kind to us. I love working here."

Care plans we looked at evidenced that people made decisions about their care and staff respected their choices and wishes. One person told us that the staff knew them very well and respected their wishes, including sitting quietly in their chair without music or TV in the background.

People were supported by staff who knew them well. This was evident in how people responded to staff and the awareness staff had about people's needs, life histories and preferences. For example, one person was living with quite advanced dementia and we were unable to communicate with them but the staff member demonstrated a very good understanding of their needs and supported them with what they wanted. They were able to tell us about people's health, families and important relationships and their interests.

People were encouraged maintain relationships in whatever form they took. Relatives and friends of people who used the service were encouraged to visit at any time. One relative told us, "We are given regular 'private' dinners, served in a quiet area so we can enjoy each other's company."

People's records were stored in a lockable office in order to promote confidentiality for people who used the service. We also noted that staff spoke discreetly when discussing people's needs.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and any changes to their welfare. One person told us that they had been feeling 'a bit low' for a couple of days and that the staff had recognised this, without the person having to tell them. The person said staff had been very supportive. One person told us, ""They're really helpful."
We saw that a member of staff saw that a person was having difficulty hearing so they helped them by cleaning the hearing aid and replacing a battery. We noted that all staff supported people throughout the home. For example, we noticed that the maintenance person chatted with a person who was a bit muddled and offered to carry their coffee to the lounge for them and a housekeeper sat with a person who was complaining of pain and offered them comfort. This demonstrated that the culture in the home was that all staff played an important role in putting people first.

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. A person who used the service told us that the care was 'excellent' and that staff responded to their changing needs respectfully.

People's care plans were detailed and person centred. They contained information about people`s medical conditions, personal care needs and care reviews. Preferences and life histories were also documented to enable staff to deliver care and support in a way people liked. People told us that they had been involved in reviewing and planning their care. One person said, "Staff have reviewed my care plan with me and my [relative]." Another person reported that they were regularly consulted on their care plan. However, we noted that one plan we viewed did not have update care needs documented and their daily notes did not reflect the care delivered. This was an issue that the manager had identified and was working to address.

People were supported to participate in activities and told us that they enjoyed them. One person said, "Activities are the best part, the heart of the home." Another person told us that staff had sat with them to explore their preferences and history. They explained that they particularly liked puzzles which their family supplied during their regular visits. Richard Cox House offered an activity area in the 'Q Club' day centre which was based in the main communal lounge. A number of the people living at the service were taking part in activities which included painting ginger bread men for the planned Christmas display and a card game using large-format playing cards. The atmosphere was light-hearted and fun. People interacted with each other. One person who needed support was helped by another person to reposition their template to paint another part.

The activities coordinator worked in the day centre, in all four units, and with individuals in their rooms to encourage them to take part in activities that suited them. For example, two people had been ballroom dancing champions in earlier times in their lives and they had bought 'Strictly' DVDs to let them enjoy the routines. Another person had a passion for the Royal Air Force 'Red Arrows' Aerobatic team so trips to the near-by Imperial War Museum at Royal Air Force Duxford had been arranged. They told us that they enjoyed the close up action. There was community involvement, both from a local school and businesses. Local supermarket staff had refurbished the garden in the Spring. There was an extensive library of photographs

of activities, these were regularly shared with people's families and friends.

Recent activities had included a Remembrance Day service, and a visit by a 'magician' which had been very popular. The activities coordinator organised regular Saturday coffee mornings which let families visit informally and raised money for additional resources for activities by popular cake sales. There was a 'Daily Chat' news sheet found in all areas, and several people were reading it, featuring events 50 years ago, and snippets of information about the home. However, two people told us that they had an interest in horses and this was an area that the service could look into developing to ensure all individual hobbies and interests were catered for.

The service did not provide nursing care but at times supported people at the end of their life. People had their wishes documented in their care plans and people's palliative care needs were audited monthly to ensure all equipment was in place and needs were being met.

Complaints and minor concerns raised had been fully investigated. People and relatives told us that they knew how to raise concerns and were confident to speak with a member of the management team.

Good

Is the service well-led?

Our findings

There were quality assurance systems in place. These were used consistently and appropriately. As a result any issues found were addressed. This included addressing infection control, updating care plans and gaps in recording in daily notes. Following the last inspection, there was a new routine implemented to help ensure staffing levels were maintained at a level that people's needs. The effectiveness of this routine was monitored by the manager, regional manager and quality team to ensure that shortfalls or deviation from the plan was identified. They had found that at times, staff sickness or absence was causing difficulties. The provider had a rolling recruitment process ongoing to help address this. The manager told us that the provider was willing to provide staff where needed. They said, "We have moved away from following strict staffing levels rules to wanting a safe service." We found that the staffing levels had improved and that although at times shifts may have had shorter numbers than planned, the routine in place minimised the impact on people.

Systems in place included recording all incidents, complaints, wounds, people's dependency and outcomes of audits. These were discussed and reviewed at staff meetings.

People were asked for their views in relation to the running of the home. There were regular meetings and surveys completed. People were asked about menu suggestions, activities, informed of any staffing changes and informed of other relevant information. There were ongoing discussions around the changing of the time of the main meal. A consultation questionnaire was to be used at the next residents meeting before decisions were made. One of the units was in the process of being refurbished. The theme was 'London' which had been requested by people who lived on the unit.

The manager was new to the home and was spending time getting to know people. They told us that they were spending time on the floor, out of the office to get to know people and relatives and to offer guidance to staff when needed. Staff confirmed that this was the case. People were not yet familiar with the manager but all spoke of the deputy manager who they knew well.

Staff were positive about the manager and how the service was run. One staff member said, "The manager is so nice. All the managers (Care team managers) are great, I don't have a problem but if I did, I know they would sort it." The staff told us that the ethos of the home was to put people first and the management team monitored this to ensure staff worked appropriately. One staff member told us, "I'd be happy for my mother to live here."

The service worked in partnership with other agencies to help ensure people received the appropriate support. They also ensured they kept them informed of any changes to practice or guidance to ensure their knowledge was up to date. For example, they were working with a local agency who providers and recently attended some fire safety talks at the local fire service. They shared any events or concerns, including any safeguarding concerns and queries, with the local authority who commissioned care services for people. There had not been a recent visit from local authority but the manager was aware of who the newly appointed monitoring officer was. This showed that they maintained regular contact.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help keep staff informed about changes to the home and future plans.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.