

Quest Haven Limited

The Ranch

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

The Ranch is a care home providing accommodation and personal care for up to three people with learning disabilities and/or mental health conditions. There were two people living at the home at the time of our inspection.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

Staff supported people to have the maximum possible choice and control over their lives. Staff involved people in discussions about their support, including support to travel wherever they needed to go.

Staff focused on people's strengths and promoted what they could do, which enabled people to enjoy meaningful, fulfilling lives. Staff supported people to pursue their interests in their local area.

Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Staff communicated with people in ways that met their needs. Staff supported people to make decisions about their day-to-day care and support. For complex decisions, staff ensured decisions were made in people's best interests.

People lived in a clean, homely environment that met their sensory and physical needs.

Right care

People received kind and compassionate care. Staff respected people's privacy and dignity. They understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People understood information given to them because staff supported them consistently and knew their individual communication needs.

People's care and support plans were holistic and reflected their individual needs.

People received care that supported their needs and aspirations, and was focused on their quality of life.

People could take part in activities that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff had identified any risks people might face and put measures in place to mitigate these.

Right culture

People led empowered lives because of the values and behaviours of the registered manager and staff. Staff knew and understood people well and were responsive to their individual needs.

People were involved in planning their care. Staff listened to and acted on people's feedback about the support they received.

The registered manager monitored the quality of support provided to people, involving the person, their family and other professionals as appropriate.

The registered manager and staff worked well with other professionals when necessary to improve people's quality of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service was requires improvement (published on 13 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 2 October 2019. Breaches of legal requirements were found. We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We assessed whether the service was applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Ranch

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

The Ranch 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We spoke with people's relatives to hear their feedback about the support their family members received at the home. We reviewed information we had received about the service, including notifications of significant incidents. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the people who lived at the home, the registered manager and a member of staff. We checked recruitment records for two staff, staff training records, quality audits, minutes of staff and residents' meetings, and satisfaction surveys. We reviewed one person's care records, including their risk assessments and support plans, and the arrangements for managing medicines.

After the inspection

We received feedback about the quality of care from three professionals who had worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure people received safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people were not appropriately recorded. Personal emergency evacuation plans (PEEPs) did not contain accurate information. Some staff had not had a competency check before administering medication.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had carried out risk assessments to identify and manage risks to people, for example, risks due to behaviours and mental health conditions. People were supported to take positive risks to increase their independence.
- Where risks were identified, the registered manager had put guidance in place for staff to understand how to minimise them. A member of staff told us this guidance had been valuable in ensuring staff supported people in a consistent way to manage any risks they faced. The member of staff said, "The guidelines are much clearer for us now. It has been laid out in a way that we know what to do, which really helps."
- Feedback we received from professionals confirmed that staff supported people in a safe way. One professional told us, "From my interactions on home visits, or when they attend clinic, I have observed that the staff support people safely."
- Staff managed the safety of the living environment well. The registered manager carried out regular health and safety checks, including checks on fire safety, and had recorded in people's PEEPs the support they would need in the event of an emergency evacuation.
- People's medicines were managed safely. Staff attended medicines training and their practice was assessed before they were signed off as competent.
- Each person had a medicines profile which contained information about the medicines they took and any allergies they had. There was guidance for the use of medicines prescribed 'as required' (PRN).
- Medication was ordered, stored and disposed of appropriately. Medicines audits were carried out regularly and indicated that medicines were managed safely.
- People's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at The Ranch. They said they knew and trusted the staff who supported them, including the registered manager.
- One person said of the registered manager, "Anything that happens, he is there for me. He really looks after me." Another person told us, "I feel safe here. I get on with [registered manager] and the other staff."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff said they would feel able to speak up if they had concerns about abuse and were confident their concerns would be listened to and acted upon.
- If people had raised concerns about how they had been treated, these had been reported to the local authority and investigated under safeguarding procedures. The registered manager had contributed to safeguarding investigations when asked to do so by the local safeguarding team.

Staffing and recruitment

- There were enough staff on each shift to keep people safe. People told us staff were available when they needed them and we observed this to be the case.
- There were vacancies on the staff team at the time of our inspection. The provider was actively recruiting to these and had placed job advertisements on local and social media. In the meantime, the registered manager was working additional hours to ensure people received the care and support they needed.
- Although the registered manager and other members of the staff team were committed to ensuring people's support was provided as planned, there was a risk that staffing resources would not be sufficient to cover any unplanned staff absence, such as sickness.
- To mitigate this risk, the provider had engaged a local home care agency to supply agency staff to the service should they be required. The provider had updated the business contingency plan for the service to reflect the arrangements in place to deal with unplanned staff absence.
- The provider operated robust recruitment procedures which helped ensure only suitable staff were employed. This included obtaining proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Learning lessons when things go wrong

- When accidents or incidents occurred, these were recorded and reviewed by the registered manager to identify any actions that could prevent a recurrence of the incident. For example, following a fall, the registered manager had reviewed a person's risk assessments and ensured staff were aware of the measures implemented to keep the person safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2002 (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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to provide people's care in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's capacity to make decisions about their care had not been appropriately assessed and documented. Best interests procedures had not been followed when people lacked the capacity to make decisions.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's care was provided in line with the MCA. People were encouraged to make choices about their day-to-day care and support. For complex decisions, mental capacity assessments had been carried out by a best interests assessor to determine whether people were able to make decisions for themselves.
- If people lacked the capacity to make informed decisions about their care, appropriate procedures had been followed to ensure decisions were made in their best interests. This included involving and consulting with professionals and people's families.
- If restrictions were necessary to keep people safe, such as being unable to leave the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support, training, supervision and appraisal. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We saw evidence that staff who had joined the home since the last inspection had a comprehensive induction, each element of which had been signed off by the registered manager.
- The home's training record demonstrated staff had attended mandatory training in areas including safeguarding, health and safety, infection control, first aid and food safety. Staff had also attended training relevant to people's individual needs, such as autism spectrum conditions and mental health.
- The registered manager had implemented regular one-to-one supervision, which gave staff opportunities to discuss their performance, training needs and any concerns they had.
- The member of staff we spoke with said the registered manager had improved the support provided to staff and the access to training. The member of staff told us, "It is much better now. [Registered manager] talks to us and if we need anything, we can speak to him. He is always ready to help us."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and to obtain treatment if they needed it. A professional told us, "I have seen staff promoting good general advice around keeping healthy."
- A relative told us the registered manager and staff supported their family member to maintain good mental health by implementing guidance provided by mental health professionals. The relative said of the registered manager and staff, "They have tried to put things into practice based on what they have been advised by psychiatrists and psychologists."
- People were encouraged to attend an annual health check and staff supported people to make and attend healthcare appointments when necessary. A professional said of the staff team, "They support the individuals in their care to attend their appointments and engage well with community services."
- Since the last inspection, the registered manager had developed a health action plan for each person, which outlined the support people needed to stay well and to maintain a healthy lifestyle.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager encouraged people to be involved in planning the menu and preparing their meals. The registered manager told us, "We plan a weekly menu, which we keep as healthy as possible. It is mostly home-made and we avoid processed food. [People] are very involved - they help with a lot."
- People told us they enjoyed the food at the home and being involved in meal preparation. One person said, "[Registered manager] cooks us lovely meals. He is an excellent cook." Another person told us, "I like cooking. We had chicken curry last week. I cooked it with [registered manager's] instructions. Step by step I cooked it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and kept under review to take account of any changes. Professionals had been involved in assessments where appropriate and people's individual wishes and preferences were taken into account.
- Staff completed functional assessments for people who needed them and took the time to understand

people's behaviours. A functional assessment involves observing, asking questions, and analysing skills and behaviours in everyday routines and activities.

- People's care plans were personalised, holistic, and reflected their needs and aspirations, included physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Adapting service, design, decoration to meet people's needs

- The design, layout and furnishings of the home were suitable for people's individual needs.
- The home was single-storey, which meant all areas were easily accessible, and domestic in character, which reflected the principles of Right support, right care, right culture. Communal rooms were comfortable and homely and people were able to personalise their bedrooms as they wished.
- The provider had carried out a quality monitoring visit in January 2022 and noted, 'Some areas need repainting and change of carpets throughout the home is needed.' The provider had agreed that the home's annual budget would reflect these refurbishment works.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to carry out quality checks and to provide adequate support to staff. People's care plans did not reflect their needs and did not always contain up to date information. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new registered manager had joined the service since the last inspection and had made improvements to all aspects of the service.
- The registered manager had developed effective systems to monitor the quality and safety of the home. This included regular audits of key aspects of the service such as IPC, medicines and health and safety.
- The registered manager had rewritten people's care plans to ensure they contained accurate, up to date information which reflected their individual needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked directly with people and led by example in their attitudes and behaviours. Because the service was small, the registered manager often spent their time supporting people, which people told us they enjoyed. One person said, "[Registered manager] helps me a lot. I like him." Another person told us, "I am happy here. [Registered manager] has made things a lot better. He is a good manager. I trust him."
- The registered manager had emphasised to staff the approach they should take when supporting people, which was based on treating people with dignity and respecting their decisions about their care.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, families and other professionals had to say. People told us the registered manager had increased their opportunities to make choices about their support and to live their lives in the way they chose.
- One person said, "I do art, go out for rambles, to Bushy Park. I am happy with that. We go all over the

place. I am going on holiday to Dorset with [house mate] and [registered manager]." Another person told us, "If I want to go out for a walk or for a drive or for something to eat, [registered manager] will take me. What I do, I choose to do."

- The member of staff we spoke with confirmed the support people received had improved since the registered manager's arrival. The member of staff said, "Service users go out more now; they have different choices. They are happier now. They are always bright when you see them, which is good."
- Relatives told us they were kept up to date about their family member's health and wellbeing. They said the registered manager communicated effectively with them and listened to their views about their family member's care. One relative told us, "I ring about once a week and have a chat with the manager. They get in touch if there is anything need to know about."
- The registered manager understood their responsibilities under the duty of candour and the need to act in an open and transparent way if concerns were raised.
- Any notifiable incidents had been reported to relevant agencies, including the local authority and CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us their day-to-day views and wishes were listened to by the registered manager and staff.
- People also had opportunities to give feedback about their care and how the home was run at house meetings and in satisfaction surveys.
- People had completed surveys in December 2021 in which they indicated they were happy with the support they received at the home and that they could make choices about how they lived their lives.
- We saw evidence that the registered manager and staff acted on people's feedback. For example, at the last residents' meeting in February 2022, people had been asked what they would like to see on the home's menu. People had requested items including fishcakes, jacket potatoes, quiche, chilli con carne, chicken wraps, and stir fry chicken noodles. We saw that these items had been included on the menu.
- The staff group met to discuss people's needs and any changes to their support. Any learning from incidents was shared at team meetings. Staff felt able to speak up if they had concerns and were confident their views would be listened to.
- The member of staff we spoke with told us the registered manager had made many improvements to the service since arriving in post and had demonstrated a willingness to listen to staff. The member of staff highlighted improvements including, "The paperwork, the cleanliness, our approach with the service users. He is more open to what we have to say."

Working in partnership with others

- The registered manager and staff had established effective with other professionals to ensure people received the care they needed. Professionals said staff referred issues to them appropriately and implemented any guidance they put in place regarding people's care.
- Professionals told us the registered manager had a good oversight of the service and of people's individual needs. One professional said, "[Registered manager] is very knowledgeable. He is really appreciative of any information I share with him and always gets back to me when needed."