Quantum Care Limited

Meresworth

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

Overall summary

This inspection took place on 26 January 2015 and was unannounced. Meresworth provides accommodation and personal care for up to 51 older people, some of whom may be living with dementia. On the day of the inspection, there were 49 people living in the home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from avoidable harm or abuse. Risks to individuals' had been assessed and managed appropriately. The service followed safe recruitment procedures and there were sufficient numbers of suitable staff to keep people safe and meet their needs. There were safe systems for the management of people's medicines and they received their medicines regularly and on time.

People were supported by staff who were skilled and knowledgeable in their roles. Staff were aware of how to support people who lacked the mental capacity to make decisions for themselves and had received training in Mental Capacity Act (2005) and the associated

Summary of findings

Deprivation of Liberty Safeguards. People's nutritional needs were met and they were supported to have enough to eat and drink. They were seen by their doctors or other health care professionals when required.

The experiences of people who lived at the care home were positive. They were treated with respect and their privacy and dignity was promoted. People were involved in the decisions about their care and support they received.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure.

There was an open culture and people were encouraged to air their views about the quality of service provision. There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out.

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 protected from the risks of possible harm or abuse.

There was a robust recruitment system in place and sufficient numbers of staff were rostered on duty to care and support people safely.

People's medicines were managed safely and they received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People's dietary needs were met.

People were able to access other health care professionals when required.

Good

Is the service caring?
The service was caring.

People were treated in a kind and caring way.

People's privacy and dignity was respected and their human rights were promoted.

People were involved in the decisions about their care.

Good

Is the service responsive?
The service was responsive.

People had their care needs assessed and reviewed regularly.

People's choices and preferences were respected.

People were supported to pursue their social interests, hobbies and joined in activities provided in the home.

There was an effective complaints system.

Good

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

There was a caring and 'open' culture at the home and the views of people were sought, listened to and acted on.

There was a registered manager who was visible, approachable and accessible to people.

There were systems in place to assess and monitor the quality of service.

Good

Meresworth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 January 2015 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spent time talking with people, staff, visitors and the registered manager. We observed how staff interacted with people. 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.

We spoke with 10 people who lived at the service, three relatives, eight members of care staff and the day activity coordinator. We observed how people were supported by staff in meeting their needs. We looked at the care records of five people, 16 medicines administration records (MAR), six staff files including their recruitment documents and training records. We also looked at other records such as health and safety, fire safety and infection control, care plan and medication audits.

Is the service safe?

Our findings

People said that they felt safe because there were always others around. If they did not feel safe, they said they would use the call bells to summon assistance. One person said, "I feel safe. Staff are here during the day and at night."

The service had a safeguarding policy and also followed the local authority safeguarding procedures. Information on how to report any allegations of abuse had been displayed on each unit. The safeguarding posters included the contact details of the local authority safeguarding team and the Care Quality Commission. The staff had attended training in safeguarding and the unit managers were trained to train staff in safeguarding. Staff were able to explain to us the various types of abuse and they were aware of their responsibilities to report any allegations of abuse to their managers or outside the home. The manager confirmed and our records showed that they had reported allegations of abuse previously and were familiar with the procedures.

There were personalised risk assessments for people who lived at the home. Risks identified gave clear instructions for staff, the steps they should take mitigate the risk. For example, the risk assessment for one person relating to how they should be transferred from one place to another had stated the type and size of sling should be used to minimise the risk of injury. Risk assessments had been reviewed regularly so that people were supported safely. People confirmed that staff had discussed the risks with them and were aware of how to protect themselves. One person said, "When I use my Zimmer frame, I have to be careful and balance myself so that I do not fall sideways." Staff were aware of each person's risks and they knew how to support people safely.

The service had an emergency plan which included the use of a 'grab bag' which staff would require in an emergency. There was a plan in place to ensure continuity of service was maintained in the event that could affect the running of the service. The plan included contact details of the management team, the utility companies and the local facilities where people would be able to move to and stay safe when required. Each person had a personal emergency evacuation plan as part of the fire safety risk assessment so that people would be evacuated safely.

A review of accidents and incidents documents showed that detailed records of each incident had been made with the actions taken to prevent, where possible a similar occurrence. For example, when a person had slipped out of bed, the use of bed rails had been discussed and introduced. Information about incidents and accidents was shared with staff both during change of shifts and in subsequent staff meetings. We noted that near misses such as slips had been recorded as incidents.

There were sufficient numbers of staff allocated on duty to care and support people safely. One person said, "The call bells are answered promptly." Staff confirmed that there were always enough members on each shift to look after people and meet their needs. They said that when they were short of staff, the manager would call other staff who were off duty or arrange for agency staff to provide cover. A recognised dependency tool had been used to establish and review staffing levels. A review of the duty rotas showed that there were sufficient numbers of staff rostered on duty, both day and night. We observed there was a constant staff presence in the lounge area and call bells had been answered in a timely manner.

The service had a recruitment policy and disciplinary procedures which the manager followed to recruit new staff and if necessary to terminate staff contracts respectively. Staff records showed that all the required checks had been carried out before an offer of employment had been made. We noted in each file that an application form had been completed and interview notes had been kept. Written references from an appropriate source such as a current or previous employer had been obtained, and Disclosure and Barring Service checks had been carried out to ensure that staff of good character were employed to work at the home.

People told us that they received their medicines regularly and on time. One person said' "The staff make sure I take my medicines and sometimes I ask for tablets when I have got a headache or pain in my joints." People's medicines had been stored safely and kept locked in medicine trolleys. There was one person who received their medicines either in their food or drink without them knowing. This decision had been agreed by their relatives, their GP and the pharmacist.

Staff confirmed that they had received training in the management of medicines and only staff who had passed the competency test were able to give medicines. The

Is the service safe?

Medication Administration Records (MAR) showed that there was appropriate guidance for staff to administer medication, and that staff had signed the MAR appropriately. There were no gaps which indicated that the prescribed medicines had been administered. People said that they received their medicines regularly and on time. We saw that when 'as required' medication had been given, the reason for the administration had been recorded on the back of the MAR. A record of the quantity of medicines received had been maintained and checked regularly against the MAR to ensure the correct balance had been kept. Appropriate records for the management and administration of controlled drugs had been kept, these had been signed by two members of staff and a total of all medicines remaining had been recorded. Medicines that were no longer required had been returned to the pharmacy for safe disposal.

Is the service effective?

Our findings

People told us that staff cared and supported them in a respectful manner. They felt that staff were skilled, experienced and knowledgeable in what they did. One person said, "I do know they go on training. Staff know how to help me." Staff confirmed that they had completed an induction programme and had shadowed experienced members of staff when they had first started work at the care home. They said that during the first few weeks of their employment, shadowing other experienced members of staff had helped them to know how to support people appropriately and built their confidence in the work they did.

The training records for staff showed that they had completed the relevant training to maintain and update them with skills to enable them to provide care and support people appropriately. The training included yearly updates on topics such as medication, fire safety, manual handling and infection control. We observed staff were competent when assisting people to mobilise and move. Staff told us that following each training, they had been assessed by the senior staff to check that they applied their learning into practice and were competent. For example, senior staff observed how staff were operating the hoist when supporting people for transfers. We noted that staff had received regular formal supervision and appraisal so that their work was appraised. Areas identified for training had been discussed and provided. The staff members confirmed that they had received other training such as dementia care, safeguarding and Mental Capacity Act (MCA).

Applications had been made to the local authority for authorisation to restrict people's liberty under the Deprivation of Liberty Safeguards (DoLS) and the manager was aware of the requirements of the Mental Capacity Act. Some people who were assessed as not having the ability to make or decisions for themselves, had a 'best interests' decision agreed with the involvement of their relatives. This included the provision of personal care, giving their medicines, and other decisions so that their health and wellbeing was maintained. Staff were able to explain what a 'best interests' decision was and confirmed that they had attended the Mental Capacity Act training and Deprivation of Liberty Safeguards (DoLS). This legislation is used for decision making on behalf of the people who did not have mental capacity and that the decisions taken would be in their best interest. Some people had an 'end of life' care plan with a Do Not Attempt Resuscitation (DNAR) in place which had been appropriately completed with the involvement of the GP and family.

A variety of nutritious meals had been provided for people. One person said, "You get a wonderful choice of meals here." People were offered and encouraged to have enough to drink throughout the day and they asked for more drinks when they wanted them. We looked at the fluid charts for two people and found that both had been fully completed. The fluid charts had been totalled up each day to ensure that people received enough to drink.

Care records showed that people's weight had been monitored regularly so that any change could be investigated quickly. We looked at the Malnutrition Universal Screening Test (MUST) assessments for four people. 'MUST' is a screening tool to identify people, who are at risk of not eating and drinking enough or people who needed to reduce their food intake. We found that the assessments had been reviewed regularly. We noted from the care records that Speech and Language Therapist (SALT) had been involved in the assessment of people who were at risk of choking and had provided guidance for staff on how to support the individual's appropriately.

People told us that they were able to see their doctors as and when required. They confirmed that they also saw other health care professionals such as the optician and dentists on request or when they visited the home. Appointments or referrals to the doctors, hospitals or other health care services had been made by staff when required. People told us that the health care professionals such as the doctors always explained to them about their illness and the treatment they prescribed.

Is the service caring?

Our findings

People were complementary about the care and support they received. One person said "They are all very caring. Staff explain to me and ask me how I would like to receive my bath or a wash." People told us that their privacy and dignity was respected. They said that staff always made sure their privacy was maintained by closing doors and drawing the curtains. They also said staff covered them appropriately to protect their dignity when assisting with any intimate or personal care, such as bathing. Staff members said that they talked to people before providing personal care so that they would be able to decide how they would like to be supported. They encouraged people to do as much as possible for themselves so that they maintained some of their independence.

People said that staff knew them well and on occasions they have a chat about their life history with them. Staff confirmed that they talked to people and find out about them when they attended to their personal care. Staff also said they knew about people's past histories when they had read their care plans which helped them to understand the person well.

We observed that people were spoken to in a respectful manner and staff treated them with kindness and compassion. There was a good ambiance in the home and the atmosphere was calm and relaxed. People said that the staff were very good, kind and caring. Observations at lunchtime were very positive. People who required assistance with eating were supported in a respectful and dignified manner, with staff sitting down and on the same eye level as the person. We saw staff explain to one person, who was confused, what they were being offered before each mouthful.

We noted that Equality, Diversity and Human Rights issues had been taken into account within the care records. For example, whether people required the services of an interpreter or communication equipment. The manager stated that staff had been provided with training regarding discrimination and that they treated each person equally.

Care records showed that people and their relatives had been involved in the decision making process about their [relative's] care and support. People said that they and their relatives had been involved in the decisions about their care and their key workers showed them the care plan that had been developed and updated. People had been asked whether they agreed with the care plan or not and whether they would like to change any aspects of it so that their needs would be met as agreed by them. We noted that information about the advocacy service was displayed on the notice board and the manager said that they would access this service if required.

The service had a policy of maintaining confidentiality and staff spoken with confirmed that they were aware of the policy and that confidentiality had been discussed in their induction training. They said that they did not discuss people outside work and that information is only shared with others who were involved in their care.

Is the service responsive?

Our findings

People's choices, their preferences and likes and dislikes had been reflected in their care plans. Staff told us that they had read the care plans and they ensured that people's preferences were respected. For example, people chose what to wear on a daily basis and where people did not have capacity, the staff showed them different coloured clothes and discussed choices with them. One person said, "I have a choice if I want a shower or a bath and I prefer a lady, not a man to bath me."

An assessment of needs had been carried for each person before they came to stay at the home. An established needs assessment tool had been used by staff to identify the levels of independency of people in areas such as personal hygiene, dressing and nutrition. Information obtained during the assessments had been used to develop care plans which had been reviewed regularly to enable people's changing needs to be managed efficiently. People confirmed that they were aware of the content of their care plans and that they had discussed their needs with the staff. Care plans were focussed on the person's needs, giving clear guidance for staff on how to support them in meeting their needs.

We observed how a member of staff was able to support one person who appeared confused and in distress. The staff member spoke with the person in a calm and quiet voice and engaged them in conversation to divert their attention and calm the person down. We noted the timing of the main meal had recently been changed after people said that they were feeling hungry at the end of the day. Therefore, the main meal was now served in the evening. One relative commented "Nothing is too much trouble here, the staff are always around to help or just listen to me."

People said that there were enough activities planned for them and that the staff reminded them each of the activities taking place. One person said, "I do not always attend but I choose to join every now and again. Knitting is my hobby which I do." We noted that there was a schedule of daily activities planned for people who said they had been involved when planning the activities. These included regular activities such as board games, quiz sessions and ball games. Sing along also took place regularly and other sessions such as poetry and bell ringing had been planned. We spoke with the activity coordinator who told us that they encouraged people to join in. They told us, "Some of them enjoy the activities and others prefer to listen to music or watch the television." People who chose to stay in their rooms were regularly checked by staff so that they did not feel socially isolated.

The service had a complaints procedure, a copy of which was displayed on the notice board. We asked people if they knew how to complain and they all said that they had been informed about the process when they moved in. One person told us, "There is nothing to complain about, nothing is too much trouble." There had been 12 complaints received since August 2014. Some of these related to problems with the hot water system, maintenance of the premises and poor communication. We noted that the complaints had been dealt with and responded to the complainants in accordance with the home's complaints procedure.

There were systems in place to learn from concerns raised and complaints made. Where appropriate, the manager discussed and shared the concerns with staff at the start of their shift, or in the staff meetings. The manager said any concerns raised by people were recorded in their care plans and addressed accordingly. If complaints related to people's health, the advice of the GP was sought and any treatment prescribed was recorded in their health care plan.

Is the service well-led?

Our findings

The service had a registered manager and people spoke positively about them. They said that they spoke with the manager regularly and that they were approachable. One person said, "I am sure if I had a concern and spoke with the manager, they would deal with it straightway."

There was a culture of continuously seeking to improve the quality of service provision, compassionate and personalised care. Regular resident's meetings were held to discuss issues relating to the quality of care and the day to day management of the home. We noted from the minutes of the last 'residents meeting' held in December 2014, they had discussed the current menus, the activities provided, fire safety, special events and decoration of rooms. Five people who attended the meeting, all gave positive comments about the service. One person said "It's like a real home, one big family." Another person said, "I don't feel lonely anymore."

We spoke with the registered manager about the challenges the service currently faced. They stated that their priority was to continue with the recruitment of more permanent staff to bring the staffing establishment to the required level so that they would have a reduced need for agency staff.

The response from the last questionnaire surveys carried out in 2014 had been mixed. There were positive and negative comments. Some of the negative comments related to the management of laundry, loss of personal belongings, lack of activities and the current menus. In response to these, an action plan had been developed with timescales. We noted from the action plan that some of the issues had been addressed and others were on-going. For example, because there had been issues raised about the quality of food, the catering staff were present at meal times to obtain feedback from people about the food. Regular 'families and friends' meetings were held to seek their views and discuss any issues they might have or suggestions for improving the quality of service.

We looked at the minutes of the staff meeting held in January 2015. We noted from the minutes of the meeting that a reflective learning discussion had taken place following the recent outbreak of an infection. Staff confirmed that the manager promoted a learning culture so as to prevent similar incidents happening again.

A number of audits had been carried out to ensure that safe practices of care and support was provided in meeting the needs of people. These included regular audits of the management of medicines, infection control, care records, fire safety and health and safety. We found where the audits had identified any issues, an action plan had been put in place to address the issues. For example, senior staff had to check each MAR chart daily and any gaps identified had to be reported and action taken.

We found that there were systems in place to ensure that confidential records and files were kept safely and securely. The manager said that they archived old records in accordance with the home's policy and that they had the use of a shredder to ensure that records were destroyed securely taking into account the retention schedules.