Quantum Care Limited

Greenacres

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 took place on 8 March 2016 and was unannounced. The home provides accommodation and personal care for up to 60 older people, some of whom may be living with dementia. On the day of the inspection, there were 57 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 safe and there were systems in place to safeguard them from the possible risk of harm. Risks to each person had been assessed and managed appropriately, and there were risk assessments that gave guidance to staff on how risks to people could be minimised.

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 trained, skilled and knowledgeable on how to meet their individual needs. Staff received supervision and support, and were competent in their roles.

Staff were aware of how to support people who lacked mental capacity to make decisions for themselves and had received training in Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. People's nutritional needs were met and they were supported to have enough to eat and drink. They were also supported to access other health and social care services when required.

People were treated with respect, and their privacy and dignity was promoted. People were involved in 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 in place.

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

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.

There was sufficient numbers of staff to support people safely.

There were systems in place to safeguard people from the possible risk of harm.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's consent was sought before any care or support was provided and staff understood their roles to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People had enough to eat and drink.

People were supported to access other health and social care services when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

Good

The service was well-led.

The manager provided effective support to the staff and promoted a caring culture within the service.

People who used the service, their relatives and professionals involved in their care had been enabled to routinely share their experiences of the service and their comments were acted on.

Quality monitoring audits were carried out regularly and the findings were used effectively to drive continuous improvements.

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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 8 March 2016 and was unannounced. The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with 10 people who used the service, five relatives, four care staff, a visiting healthcare professional and the registered manager. We carried out observations of the interactions between staff and the people who lived at the home. We also carried out observations using 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.

We reviewed the care records and risk assessments for six people, checked medicines administration records and reviewed how complaints were managed. We also looked at six staff records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us that they felt safe and that they were supported well by staff. One person said, "I feel safe here. I do like a bit of company." Another person said, "I have no worries. I feel safe. There are staff who look after me. If I don't feel safe, I will let the staff know. I will press the buzzer." A relative said, "I feel quite happy with her here. My mother is very safe here. The staff are amazing and I have no concerns."

The provider had detailed policies in relation to safeguarding and whistleblowing that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was prominently displayed on the notice boards within the home. This included guidance on how to report concerns and contact details of relevant authorities. Staff confirmed that they had received training in safeguarding people and they demonstrated good understanding and awareness of safeguarding processes. One member of staff said, "People are safe here. We work as a team and I have no concerns about people's safety." They described the various types of abuse and knew what to do to ensure that people were protected from the possible risk of harm. They said that they felt confident that if they reported any concerns, it would be dealt with appropriately. The registered manager was knowledgeable on how to report any safeguarding concerns to the appropriate authorities such as the local authority, police and the Care Quality Commission (CQC). We noted that safeguarding referrals had been made to the local authority and the CQC had been notified as required.

Each person had individualised risk assessments in place which detailed how to safely manage any avoidable risk of harm. The risk assessments gave clear guidance to staff on any specific areas where people were more at risk. These assessments identified risks associated with people being supported to move, risks of developing pressure area damage to the skin, people not eating and drinking enough, and risk of falling. This helped staff to identify and minimise any potential risks in order to support people safely. People told us that staff had discussed with them about their identified risks. One person said, "Staff talk to me about the risks. They told me to get up slowly and balance myself before I walk." One relative said, "[Relative] was unsteady when moving around and had fallen a number of times in one day. I came to the service to discuss the situation and a number of strategies were put in place. A pressure mat has been put in the room to alert staff when [relative] gets up and, as they are unable to use their call bell, they are checked at regular intervals throughout the day." Staff confirmed that they were aware of their responsibility to keep risk assessments current and to report any changes and act upon them. One member of staff said, "A resident has an ungraded pressure ulcer. They have a hospital bed and pressure relieving equipment. The district nurse visits them few times a week." We observed staff using equipment to support and move people safely in accordance with their risk assessments.

The service also kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence. For example, to prevent injuries to a person who required to be transferred by the use of a hoist, we saw that two members of staff were required and they supported the person safely.

There were processes in place to manage risks associated with the day to day operation of the service so that care was provided in a safe environment. There was evidence of regular checks and testing of electrical appliances, gas appliances, and firefighting equipment. Each person had a personal emergency evacuation plans (PEEPS) which gave staff guidance about how people could be evacuated safely in the event of an emergency.

People said that there were enough staff to support them safely. One person said, "Yes there are enough staff around. When I call, they come to me quite quickly." We noted from the staff duty rotas that sufficient numbers of staff were allocated to ensure that people's needs were met. A relative said, "There's always plenty of staff about…I rarely see any residents left to their own devices." They also described a strategy that had been put in to place to regularly check on their relative. We observed that a call bell that sounded in a bathroom was responded to within seconds. When the member of staff was unsatisfied with the response they got from knocking on the bathroom door, they knocked again and opened the door to check that the person was alright. Another relative of a person who was cared for in their bedroom said, "They're always coming in. My [relative] has meals in here. They do pop in and have a chat with her." Staff told us that there were always sufficient numbers of them on duty and that they used regular agency staff when required.

The service had robust recruitment and selection processes to make sure staff were safe and suitable to work with people. Staff records showed that all the required checks had been carried out before an offer of employment had been made. We noted that all the relevant pre-employment checks had been done, including obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that they received their medicines regularly and on time. One person said, "The staff make sure I take my medicines." 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. People's medicines were managed and administered safely. The system used was robust and enabled a full audit of the management of medicines to be undertaken. Staff's training was kept up to date to ensure they understood and were competent to administer medicines to the people who required them. Staff sought consent from people before medicines were administered and ensured that they took their medicines as prescribed.

Good

Is the service effective?

Our findings

People told us that staff knew them well and supported them in meeting their needs. One person said, "The staff are experienced, trained and know how to look after us. Everyone seems to be friendly and nice. It's a nice feeling." Another person said, "The staff are very good and they listen to you." A relative said, "'They're very attentive and I think they are very skilled and experienced." We observed members of staff supported people in a positive way. For example, one member of staff encouraged a person to put their slippers on by explaining to them that they may slip on the hard floor surface of the dining area. One visiting relative told us their relative's behaviour could be challenging, but that staff knew what their needs were. The staff spent time talking to them and knew how to manage their behaviour. They said, "They know her so well here. I know they know how to handle her."

Staff received a variety of training to help them in their roles. One member of staff said, "We attend a lot of training." 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 good care and support people appropriately. The training included yearly updates on topics such as medication, fire safety, manual handling, infection control and food hygiene. Staff told us that following each training, they had been assessed by the senior staff to check how they applied in practice what they had learnt, and whether they were competent or not. For example, senior staff would observe how staff were operating the hoist when supporting people to move. We noted that staff had received ongoing regular formal supervision and appraisal so that their work and performance was assessed. Areas identified for training had been discussed and provided. The manager said that they made sure that all the staff received the relevant training they needed so that they had the right skills and knowledge to support people in meeting their needs. The members of staff we spoke with confirmed that they had received other training such as dementia care and safeguarding.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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 service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and made applications where it was felt to be appropriate.

People were supported to give consent before any care or support was provided. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental

capacity assessments had been completed and decisions made to provide care in the person's best interest. This was done in conjunction with people's relatives or other representatives, such as social workers.

Individual needs were met by the design and decoration of the building which was provided to a high standard. Soft furnishing and fixtures and fittings were very well thought through. People had personalised their bedrooms. One person had brought furniture for their room and talked about the pictures on the wall that they had embroidered. Relatives of some people had replaced the curtains in their rooms. We noted on the ground floor that people's doors were painted different colours to make it easier for them to identify their room. Reminiscence boxes were on the walls next to the door of each person's room.

A variety of nutritious meals had been provided for people. One person said, "The food is excellent. You get choices of meals here." Another person said, "I think the food is very nice actually." A relative said, "The Sunday roasts are lovely. They have lovely breakfasts here. They'll always cook for [relative]." 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 a number of people and found that these had been fully completed. The fluid charts had been totalled up each day to ensure that people received enough to drink. A relative said, "During lunch, staff serving people offered choices, explained what food was available and showed people the food, so they knew what their choices were." We observed good interactions between staff and people using the service at lunchtime in order to make it a social occasion. People could choose where they took their meals and most chose to use one of the dining rooms. One person said, "We get a choice of what we want to eat. If not I can ask for something else."

People told us that they were supported to access other health and social care services, such as GPs, chiropodists, community nurses, dietitians and hospital appointments so that they received the care necessary for them to maintain their wellbeing. One person said, "I had my feet done." A relative said, "The doctor comes once a week. If I want the doctor to speak to [relative], I'll let them know and they come and see her." Another relative said, "They call the doctor out if they need to and they'll always ring me and tell me." We spoke with a visiting professional who told us that the staff communicated well with them and that they follow instructions well, which had helped in the improvement of a person's pressure ulcer and catheter care.

Good

Is the service caring?

Our findings

People told us that staff were friendly and caring. One person said, "The staff are all very friendly and kind. They've always come round making a fuss of me." Another person said, "They do look after us. They talk to us and we have a laugh every now and again." A relative said, "Nobody seems to be over friendly or have a bossy manner. I think they do their best. I think they are kind to [relative]." Another relative said, "My [relative] is very well cared for and we have no worries. Staff always phone and keep us informed."

People and their relatives told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. We observed that staff knew how people wanted to be supported and respected their choices. For example, a member of staff had asked and supported a person to choose what to eat by showing them the options provided at lunch time.

People told us that staff treated them with respect, and maintained their dignity. One person said, "The staff are always respectful. They knock on the door, draw the curtain, and cover me up when they help me with my wash." Staff demonstrated that they understood the importance of respecting people's dignity, privacy and independence by ensuring that they promoted people's human rights. A member of staff said, "We always ask people how they would like to be supported with their shower or bath. We support them to choose their clothes, food from the menu and activities they wish to join in. We also encourage people to do as much as possible for themselves such as wash their face or hands. It gives them satisfaction that they are not entirely reliant on us to meet all their care needs."

We observed that staff interacted with people in a kind and supportive manner. For example, one member of staff was heard to say to one person, "I'll give you a little hand massage." Another member of staff moved a chair next to the reception area because they knew that the person liked to sit there. We also observed members of staff walking with people with their arms linked or with a supportive hand on their back. The atmosphere throughout the service was positive and up-beat. There was lots of smiling and laughter from people who used the service, visitors and staff contributing to an emotionally positive and supportive environment. One relative said, "I've got no worries whatsoever. I don't leave here feeling anxious or worried."

Staff were also able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. People's relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. When required, information was also available about an independent advocacy service that people could get support from.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People and relatives told us that they had provided information about themselves when they had their first meeting with the staff. An established needs assessment tool had been used by staff to identify the levels of people's independency in areas such as personal care, dressing and nutrition. The care plans had sufficient information for staff to support people in meeting their needs. We noted from the care plans that people and their relatives had contributed to the assessment and planning of their care. Information obtained following the assessment of their needs, had been used to develop the care plan so that staff were aware of the care and support each person required. We noted that information about people's individual preferences, choices and likes and dislikes, their mobility had been reflected in the care plans. One person said, "I know what I like and don't like. The staff know what I like to eat and things I like." Documentation in people's care plans confirmed that they had been asked about their preferences for male or female staff to provide their care.

We noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. For example, for one person whose needs had changed, the care plan showed how staff should support the person in meeting their needs differently. One relative said, "We've had reviews, as [relative] had experienced a number of falls recently." Another relative said, "My mum's care plan has changed. Her dementia got worse and they helped a lot by changing how they supported her."

The activities were varied, enjoyable and aimed to motivate and engage people. People were actively encouraged to make suggestions for activities they would like through their activities coordinator. There was some evidence of activities taking place on the day of the visit. An exercise activity was offered in the area shared between the home and the day centre where members of the local community joined with people to share time and activities. Some people were offered manicures.

The activity staff seemed positive and enthusiastic. They said that when people were unable to tell them, they read care plans and talked to people's families to find out what they liked to do. A least one member of the activity team was available to support people throughout the week, including at weekends. One activity coordinator said, "We use a 'talking mat' to support people so they have the opportunity to express their opinions and it includes pictures indicating 'thumbs up', 'thumbs down' and 'unsure' that people can point to." The member of staff had managed to get a local company to donate raised flower beds which had then been planted by people who used the service. Other activities included gentle exercise, watching movies, celebrating religious festivals and birthdays, and visiting local places of interest. People attended the local church when they wanted to and a church service was also regularly held at the service.

The provider had a complaints policy and procedure in place and people were aware of this. Everyone we spoke with told us that they had nothing to complain about. One relative said, "Any concerns I have are dealt with straight away." Another relative said, "If there's a problem, they let me know. They rang me and said she'd had a fall. The paramedics were called." People said that their relatives generally dealt with any problems or issues, but they would speak to the manager if they had any concerns. They also said things

always got sorted if they had concerns about their care. We noted that there had been four complaints recorded in the last 12 months prior to the inspection and the complaints had been responded to appropriately and resolved in line with the timeframes set out in the provider's policy. We noted that forms inviting people to make comments about things that had gone well and things that needed improving had been left at the reception area for people to complete.

Good

Is the service well-led?

Our findings

The service had a registered manager. People and their relatives knew who the manager was and felt that she was approachable. Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. One relative said, "I just had a chat with her this morning. I can go to her about anything."

The manager promoted an 'open culture' within the service so that people or their relatives and staff could speak to them at any time. Staff told us that they were encouraged to contribute to the development of the service so that they provided a service that met people's needs and expectations. Regular staff meetings had been held so that they could discuss issues relevant to their roles. Staff confirmed that they found the staff meetings helpful and supportive in that they were able to air their views on how the service was run. The staff we spoke with told us that the team's morale was, "very good". They said their manager was available, visible and approachable.

We noted from the most recent questionnaire survey carried out in 2015 that the feedback had been mainly positive. Where issues had been identified for individuals, an action plan had been developed and the issues had been addressed. For example, when a relative had mentioned that there was too much white bread being given to people, the chef had met with them and ensured that brown and wholemeal bread was also available.

The provider had effective systems in place to assess and monitor the quality of the care provided. The manager completed a number of quality audits on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. Other audits included checking how medicines were managed, health and safety and other environmental checks, and staffing. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.

We noted that robust records were mainly kept in relation to people's care, and we saw that further guidance had been given to staff to ensure that the daily care records contained detailed information about people's welfare and the support provided to them. The manager said that they were a learning service and were continuously seeking to improve the quality of service provision.

The service had a good professional relationship with other healthcare organisations and sought appropriate help and advice when required.