Quantum Care Limited

Nevetts

Inspection report

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Date of inspection visit:
03 July 2018

Date of publication:
18 July 2018

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 3 July 2018 and was unannounced. At their last inspection January 2016 the service was rated as Good and were meeting the required standards. At this inspection we found that they had continued to meet all the standards we inspected.

Nevetts is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Nevetts provides accommodation for up to 41 older people, some of whom live with dementia. The home is not registered to provide nursing care. At the time of the inspection there were 32 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, relatives and staff felt the service was well run. There were systems in place to monitor the quality of the service and address any shortfalls. The management team worked with other agencies to improve and maintain standards.

People felt safe and were supported by staff who knew how to recognise and respond to risks. Staff were aware of fire safety but better communication in regard to individual evacuation plans was needed.

People were supported by staff who were recruited safely. However, staff told us at times that staffing had been difficult and they had depended on agency staff. People were supported by staff who were trained and had regular supervision

Medicines were managed safely and lessons learned were shared and incidents were reviewed. We found that there were effective infection control practices. The principles of the Mental Capacity Act 2005 were adhered to, people were supported to eat and drink enough and risks were monitored. There was regular access to health professionals and the design of the building suited people's needs.

People were treated with dignity and respect. We found that staff were kind and friendly. Confidentiality was promoted and people and their relatives were involved in their care. People's care needs were met in a way they liked and their care plans included the appropriate information to help ensure care was provided in a person centred and safe way. Where people were supported at the end of their lives, this was done with dignity and kindness. People enjoyed the activities provided. However, some people would have liked more. We found that complaints were responded to and feedback was sought.

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 felt safe and were supported by staff who knew how to recognise and respond to risks.

People were supported by staff who were recruited safely.

Medicines were managed safely.

Lessons learned were shared and incidents were reviewed.

There were effective infection control practices.

Staff were aware of fire safety but better communication regarding individual evacuation plans was needed.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and had regular supervision.

The principles of the Mental Capacity Act 2005 were adhered to.

People were supported to eat and drink enough and risks were monitored.

There was regular access to health professionals and the design of the building suited people's needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were kind and friendly.

Confidentiality was promoted.

People and their relatives were involved in their care.

Is the service responsive?

Good

The service was responsive.

People's care needs were met in a way they liked.

Care plans included the appropriate information to help ensure care was provided in a person centred and safe way.

Where people were supported at the end of their lives, this was done with dignity and kindness.

People enjoyed the activities provided. However, some people would have liked more.

Complaints were responded to and feedback was sought.

Is the service well-led?

Good

The service was well led.

People, relatives and staff felt the service was well run.

There were systems in place to monitor the quality of the service and address any shortfalls.

The management team worked with other agencies to improve and maintain standards.

Nevetts

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.

The inspection was unannounced and carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service or supporting a person using this type of service.

During the inspection we spoke with nine people who used the service, one relative, six staff members, the regional manager, the quality manager and the manager. We received information from service commissioners and health and social care professionals. We viewed information relating to four 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

People told us that they felt safe living at the service. One person said, "Yes I feel safe here, the staff keep an eye on me, they work very hard for me." Another person said, "I do feel safe here I suppose never really thought about it, it's a bit out of the way here, it's a safe area." We observed people respond to staff and they were comfortable around them. Relatives told us that they felt people were safe. One relative said, "I feel [person's] safe here and its secure. They are very good with [them]." A safeguarding tree had been displayed which included statements from people about why they felt safe living at Nevetts. Statements included. 'Everything here', 'Having staff to talk to makes me feel safe' and 'The staff, some of them are like my friends'.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns was displayed in the home. One staff member told us, "I like to make sure our residents are safe, if I was concerned about anything I would report it straight away."

Potential risks to people's health, well-being or safety had been identified and these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, the use of equipment and going out. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. We noted that all accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced. The provider had a system which recorded all accidents and incidents. This was reviewed by the management team and the provider's health and safety team to help ensure any themes and trends were identified and appropriate action had been taken.

People who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. However, one person only had one protective cover instead of two. We also noted that there was no reference to the protective covers in risk assessments. We raised this with the manager who immediately found the missing protective cover and stated it was being cleaned. They also updated the person's risk assessment to ensure that it reflected the need for them. They will need to ensure this is completed for everyone using bedrails and protective covers at the service.

We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Records confirmed that people were supported to reposition at intervals. Information for staff to follow in relation to pressure care management was clear and there were daily checks on mattress settings.

There were regular checks of fire safety equipment and fire drills were completed regularly and this included when night staff were on duty and the home would be on reduced staffing numbers. We discussed the benefits of maintaining a log of staff names to help ensure that all staff received a drill in accordance with fire regulations. Staff knew how to respond in the event of a fire and were familiar with horizontal evacuation

procedures. However, where people had personal emergency evacuation plans (PEEPS), staff were not aware of their content or how everyone was to be evacuated. One staff member told us that for one person was only small, if they were in immediate danger they would pick them up and carry them outside. We discussed the need for all staff to know how people should be evacuated and this needed to be communicated clearly. Staff had recently attended training for evacuation sledges and this included using them to evacuate each other. There were also plans for each person to have an evacuation sheet in their rooms so that this would increase the speed in which people could be evacuated.

The provider ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety. There had been a fire risk assessment completed which had raised some actions. Some work had been completed and some was under way. For example, remedial work on fire doors was being completed during the inspection. The action plan had not been signed off completely so we asked the manager to send us an update following the inspection to show what actions were still outstanding. We saw from the updated action plan that most actions were completed with some ongoing.

People told us that most of the time they felt there were enough staff to meet their needs. Relatives told us that there were enough staff available to meet people's needs. One relative said, "They have more regular staff that know her needs better than say agency staff." Throughout the course of the inspection we noted that there was a calm atmosphere in all units in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way.

The staff told us that the home had been through a difficult time with staffing and there were not always enough staff available to meet people's needs. They told us that the home had been relying on agency staff. This meant there was additional pressure on permanent staff as it was often different staff from the agency attending so they did not know people they supported. They also said at times the quality of agency staff provided was not to the expected standard. They told us that they shared these concerns with the manager so that they may not work at the service again. One staff member said, "It's been quite bad, [manager] is trying really hard, it has improved and they (the management team) do come out and help." Staff told us that they knew the management team had been working hard to fill the vacancies and manage staff sickness. They also told us that the manager and care team managers were always willing to support staff in times of shifts not being covered and they appreciated this. Staff also told us that the issues had not affected people's safety, it just made them busy and meant there was less time for sitting and chatting with people. We discussed this with the manager who was aware of the issues and was working to resolve them. There was a number of new staff due to start and this would reduce the number of vacant hours.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. They ensured all required documentation was received before a member of staff commenced employment. This included written references and criminal record checks.

People's medicines were managed safely. People told us that they received their medicines when needed. Medicines were stored safely and administered by trained staff. We found that there were checks in place to ensure charts were completed correctly and these helped identify any discrepancies. There were also regular quantity checks of boxed medicines. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate with the records.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons appropriately and the home was

clean and fresh on the day of our inspection.

Lessons learned were shared at team meetings, supervisions and handovers. Staff told us that they were kept informed of any complaints, incidents, safeguarding concerns and feedback to help ensure these incidents did not reoccur. We noted that where issues were raised regarding staff taking more time and not rushing what they were doing for people, this was not seen to be an issue on the day of inspection and this indicated the communication methods had been effective.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff were trained and skilled for their roles. We also noted that many of the comments on the safeguarding tree displayed mentioned staff and their approach was the reason they felt safe.

Staff received training to support them to be able to care for people safely. This included basic core training such as moving and handling, first aid, dementia care, medicines and safeguarding. Staff told us that they felt trained for their role and there were opportunities to complete a vocational qualification. One staff member said, "The training has been helpful for my role." We noted that the homes training matrix showed that training was up to date for staff in most areas. A staff member who had not been at the service long told us that they had a period of time where they had shadowed experienced staff members to help ensure they were able to carry out their role.

Staff confirmed that they received regular supervision. All staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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 manager demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions 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 each.

Staff were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. One staff member told us, "I treat everyone like they have capacity, it's their lives." Another staff member said, "They can make their own decisions, as long as they are safe, even if I don't agree with it, who am I to say no." Staff told us this included if they wanted a 'duvet day', what to eat, what to wear and how to spend their day. One staff member told us that if a person wanted to go out, they would let them but they would just go with them as they would be at risk if they went alone. We noted that where a person had limited verbal communication, staff continued to speak with them and ask if they could help them. They explained what they were doing throughout.

'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that

people had been involved with making the decisions and, where appropriate, their family members as well.

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 well situated in bedrooms and bathrooms to enable people to be independent where possible. There were large comfortable lounges with seating for everyone and designated dining areas. The environment throughout the home was warm and welcoming and appropriate for the people who lived there. People's individual bedrooms included personal items to help create a homely feel. People had plenty of freedom about where they could go in the home and were seen moving down from the first floor to the ground floor which was encouraged, many people enjoyed the summer's day in the garden. However, in the garden there were some broken benches that posed a health and safety hazard that needed to be removed. In addition, a path towards the side of the building had become uneven so we raised this with the management team.

People were supported to enjoy a variety of food and their individual likes, dislikes and dietary needs were well known by staff. We noted that dining areas were pleasant and set nicely before the meal. During breakfast we saw that people had a good choice and cooked breakfasts were made to order.

Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices. This included, in some cases, showing a person two plated meals to help them make a choice of what they wanted to eat.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people`s needs. We found that staff were aware of people's dietary needs and this was communicated with the chef.

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. We spoke with a health care professional who told us that they felt staff responded appropriately to people's health needs and followed their guidance. They also told us that they felt people were well cared for.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring and we noted that people were relaxed in the company of staff. One relative said, "They are very kind and caring, we had a choice of home but choose this one and it's worked out really well. I like it here, I know everybody, they have time for [person]." They went on to say, "There are more mature staff here which I think helps with the older residents such as my [relative], I think they can relate better."

Staff were calm and friendly with people and we observed them interact with people in a warm and caring way. We heard staff chat about people's families and saw that all staff took the time to stop and chat, this included the housekeepers who stopped what they were doing to give people their attention.

We found that the home was very good at engaging with people for chats or a bit of banter, this was partially due to the staff being readily available and the kindness of the staff. It was evident that staff knew people's background and past employment and there was a chart detailing the past careers of the people who used the service.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. During our inspection we noted that staff were always courteous and kind towards people they supported. We saw staff promoting people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms. People's records were stored securely to promote confidentiality for people who used the service.

People, and their relatives where appropriate, were involved in planning their care. Plans detailed ways in which staff could try to encourage people's involvement by offering choices and supporting them to live independently where possible. We heard a staff member offering a person a choice of doing something themselves or the staff member doing it for them during personal care.

People were encouraged maintain relationships in whatever form they took. This included with family members and friends. Relatives and friends of people who used the service were encouraged to visit at any time and felt welcome. One relative said, "I am coming every day whenever I want to." We noted from the visitor's books there was a regular flow of visitors into the home.

Good

Is the service responsive?

Our findings

People and their relatives had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that when relatives were involved in the planning of care, they were invited to these reviews. People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

People and their relatives told us that their needs were met. One relative said, "[Person] is changing fast if I need to talk to the managers I can, the managers are accessible it's not all about paper work here."

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. This included ensuring they had items around them that they enjoyed using and personal care at a time that suited them. We also heard staff talking through everything they were doing when providing personal care. We heard them explain which arm they were taking out of the clothes first and then, "… gently over your head, ok now your other arm." They explained when they were going back to the sink to get fresh water and soap and afterwards said, "Does that feel better?" and the person's response, "Oh yes, feels much better." We noted that some people had limited verbal communication but this did not stop staff chatting and responding to all sounds a person made.

The service did not provide nursing care but at times they provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at Nevetts if this was their choice. We saw that staff involved the support of health care professionals to ensure the person's comfort. One relative told us, "[Relative] is in palliative care now I'm surprised [they're] still with us, the staff are friendly and helpful. [Person] doesn't get lost in the system here."

There were a variety of activities provided for people. For example, there were chair exercises, creative arts sessions, a book club, Namaste sessions had recently started and the previous day a large number of people had been out to the zoo. One person told us, "We went the zoo yesterday, I don't get out much but I'm quite prepared to go anywhere I can. I go out in the garden but it don't mean much to me. I just go with the flow, sometimes I get out in my wheelchair into town. If I want to shop I can get my money from the management. I would love to go into town more but I need somebody to take me." They went on to say, "I really enjoyed our day out we had a picnic under the trees." However, some people told us at times they felt there was not much to do. One person said, "I chose not to go on the trip yesterday, but there doesn't seem much in the way of activities here." We noted that there had been an emphasis on spending time with people, reading newspapers and chatting. We saw one person with a staff member who was drawing, the person seemed engaged and happy to help with the drawing. The staff member said, "We tend to do one to one activities and we do go round and ask residents what they enjoy doing, there's an activities list up each week sometimes we do whole group activities too."

There was a silver anniversary wall celebrating the provider's 25 years. As part of this there was a 'Wishes wall' where people had completed a star with something they would like to do. One wish was for a person to cuddle a baby. This was noted as being granted. Other wishes included going swimming, watching a football, match, going on a steam train and visiting a rescue dog shelter. There were plans in place for these wishes to be granted too.

The manager and staff team had been making efforts to be involved with the local community. They had recently taken part in the town's summer fair which helped them raise money for the activities fund. In addition, there was a monthly pub night and the pub landlord was working with them to raise more money. We also found that a local businessman had donated a sum of money which enabled them to have the day out at the zoo.

Complaints and minor concerns raised had been investigated and responded to. The relevant information was then shared with the staff team to prevent any further concerns. Relatives told us that they knew how to raise concerns but had not needed to.

The provider had a survey where people, relatives and professionals were asked for their views. The responses were generally positive but the manager had developed an action plan for areas requiring attention. For example, someone had stated there was an odour near the reception area. A more effective cleaning regime was implemented and we found that there were no odours on arrival or throughout the day.

There were resident and relative meetings where people decided on menus and activities and were asked for their views on the service. One suggestion was to go to the zoo and we found that this had happened the previous day. Another request was for a hot option to be available at teatime on a Sunday. The chef told us that soup was available and the manager told us that they bought additional items such as pizzas or the person may buy themselves a curry while they were out shopping and the staff cook these for them.

Good

Is the service well-led?

Our findings

The manager was new to the home in October 2017 where they started as the deputy manager. They had only recently been formally appointed as the manager as had been acting as an interim manager since January 2018. They had started the process of registering with the CQC.

During the inspection, we saw the manager support people by delivering care and assisting with meals. We noted that they greeted everyone that they passed in a positive, warm and friendly manner.

People and their relatives told us that they felt the service was well run. Staff told us that the management team was approachable and that they could talk to them at any time. All staff were positive about the manager. One staff member said, "[Manager] is approachable, we are led by example." Staff told us that having a manager who supported them when they needed it and helped in the delivery of care had made such a positive difference to them. One staff member told us, "[Person] can be quite challenging during personal care but they have really taken a liking to [manager] so they come in each morning and do their morning care. Sometimes [person] goes and sits in the office with them." We noted that when we arrived in the morning the manager was in the process of supporting this person and continued even when they were made aware of our presence. This indicated that they put people first.

There were quality assurance systems in place. These were used consistently and appropriately. As a result any issues found were addressed. For example, audits were completed for areas of the home including medicines management. Where gaps on medicines records were identified these were discussed at meetings and a staff check was added after each medicine round to review the records they had completed. We did not find any gaps on the medicines charts we reviewed on the day of inspection.

The care team managers completed daily checks. This included reviewing of documents, checked the staffing and records, they also checked the environment and equipment. The manager then tested these checks to ensure they had been completed appropriately.

There was a regular regional manager visit and they completed audits to ensure the home was working well. We saw that actions arising from these visits were shared with the home manager and these were dated when completed. We found that issues identified on these visits had been resolved prior to our inspection visit. For example, where there were found to be issues in relation to the management of pressure care mattresses, a new system was implemented to ensure these were checked and staff knew what they were checking. The care team managers had to check these daily, there was a photo and guidance displayed in people's rooms and the manager checked these were accurate. We found that this had been addressed prior to the inspection as all the mattresses were checked were set correctly.

The management team worked with the local authority to ensure they were working in accordance with people's needs and obligations with the commissioning contract. A recent monitoring visit from the local authority had raised some areas for improvement. We saw that there was an action plan addressing these areas and this was communicated with staff at team meetings. Systems had been implemented to ensure

these were no longer an issue. For example, the local authority had identified issues in relation to MCA and best interest decisions and the consistency of information in daily care notes. In the care plans we reviewed, we found that the appropriate documentation was in place and care notes included a clear account of how the person was and the support provided.

Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. We saw minutes of a staff meeting and noted the agenda included many areas such as health and safety, updates from any audits or professional visits such as the local authority, staff sickness and absence, expectations regarding food and fluid support and recording other areas identified through audits and checks.

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. However, we reminded the manager to ensure notifications in relation to authorised DOLS applications were always sent.