

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

Greenacres is registered to provide accommodation and personal care for up to 60 older people who may be living with dementia and/ or a physical disability.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

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 because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure that people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed regularly and they had care plans in place that took account of their individual needs, preferences, and choices. Staff had regular supervisions and they had been trained to meet people's individual needs effectively.

The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided and were guided through regular input by the person receiving care to ensure the care provided continued to meet their individual needs, in a person centred way.

The provider had an effective system to handle complaints and concerns.

People on end of life care were supported by the home and staff to remain comfortable and have a dignified and pain-free end to their lives.

The service was well managed and the provider's quality monitoring processes had been used effectively to drive continuous improvements. The registered manager provided stable leadership and effective support to the staff. They worked well with staff to promote a caring and inclusive culture within the service. Collaborative working with people, their relatives and other professionals resulted in positive care outcomes for people using the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Greenacres

Detailed findings

Background to this inspection

The inspection was a comprehensive inspection. It took place on 28 November 2017 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission and two experts 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. Our expert by experience had experience in the support of people living with dementia.

Before the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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 seven people who used the service. We spoke with the registered manager, deputy manager, housekeeping manager, activities staff, four care staff and a senior carer. We looked at the care records of six people using the service and the recruitment and training records for four staff employed by the service. We reviewed information on how the provider managed complaints, and assessed the quality of the service.

Is the service safe?

Our findings

People and their visitors told us that they felt safe living at the home. One person said, "I am safe here there is always people about, the staff are never far away." A second person said, "I feel safe here, the reception people know who is coming and going, the security is good, my medication is on time and they stay and watch me take it, I have no concerns, if I had I would report it to the manager." A third person said, "I'm very safe the girls look after me, I'm not locked away, I can come and go as I please, my family come and take me out, my medication is not normally late I don't think, yes the girls watch me take them, I don't have any concerns, never had and I have been here a good while."

Documents reviewed showed that the provider had supported staff to gain the appropriate training and guidance to support people safely and we spoke with staff who showed good knowledge of local reporting procedures and the providers safeguarding policy. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents.

Staff and the provider worked with people and their families to identify potential risks to people's health and wellbeing and created personalised risk assessments. These assessments gave guidance to people and staff on how risks could be minimised. Records showed that there was a system in place to review risk assessments regularly. One person told us about a concern when they first came to the service, they said, "When I first came a resident came into my room several times to push and argue with me, but staff soon stopped it, a (safety gate) was put in front of my door."

There were safe staff recruitment procedures in place, and there was sufficient numbers of staff to support people safely. People told us that there was always plenty of staff to support them and when they called for staff they were quick at responding. One person said, "I wear a [call bell] around my neck, if I press it, they are quick to come over. I never have to wait long."

People's medicines were managed safely in order for them to receive effective treatment, and people we spoke with were happy with how staff supported them with their medicines. We saw that regular medicines audits were undertaken and staff competency was also assessed. Staff also confirmed that they had received training and were regularly assessed on their competency to administer the medicines safely.

People were supported in a way that ensured they were protected from risks of acquired infections. We observed throughout the day that domestic staff were available to maintain the cleanliness within the home. We observed that staff complied with infection control policies and we observed them using gloves and aprons for both personal care, and when serving food and drinks.

The registered manager showed us how they learnt from incidents and put effective systems in place to reduce the risk of them happening again. For example, we saw that the provider had installed stair gates on people's doors. The manager explained that this was not a restriction but that it was an action that had been taken to safeguard people in their own rooms. They explained, "We have had incidents where people wonder into people's rooms. If the person is unable to raise the alarm, they are left at risk and it's not fair if

they want their door to remain open. We therefore work with them and their families and came to the best conclusion which was to put a gate in so if a person is wondering the gate deflects them from entering the persons room and also gives staff enough time to stop them while they are trying to open the gate."

Is the service effective?

Our findings

People felt that they were supported by staff who were well trained and supported them in accordance with their assessed needs. One person said, "They are very good, they know what they are doing." While a second person said, "Yes, they are very good." Relatives we spoke with also agreed that the staff were well trained and knew how to support their relative effectively.

The provider had a thorough training programme in place which staff told us was effective in preparing them for their roles. Staff told us that they received on-going support through regular supervision and appraisals. One member of staff said, "Yes, We get lots of training and the supervisions are good." A second member of staff said, "Yes I have had lots of training, and if I need extra training I can ask for it."

People told us that where it was required staff would support them with meals. We saw throughout the day that people had access to fluids and snacks were available which included fresh fruit and juices. One person said, "The food is good and always enough, the main meal is at tea time which I prefer, but there is always plenty to eat at lunch time. If you don't like what is on that day they will always offer you something else."

Everyone we spoke with told us that the provider had carried out an assessment of their needs prior to their care being provided and that they had felt involved. Staff worked closely with people, their relatives and professionals to ensure the care provided to people was appropriate and continued to meet their needs. Reviews happened more often when people's needs changed. People indicated that they or their relatives were provided with appropriate choices on how they wanted their care to be provided.

People were supported to receive on-going healthcare support because the service continued to work closely with various health professionals. One person said, "They are quick on the mark if something is not right and you don't feel well they will call a doctor, I had some sores a couple of weeks ago but they got them better."

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.

Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We saw that most people were able to give verbal consent to their care and support, and staff told us that they always asked for people's consent before care was provided. Where people were unable to provide verbal consent then staff would look for gestures or body language. One person said, "They talk while they [support person] you know like (name) would you like your hair washing today and what do you want to wear, they are very kind."

Is the service caring?

Our findings

People were treated with kindness, respect and compassion by the staff and the service. One person told us, "The girls are very good, very caring, nothing is too much trouble, my wife died so I moved down here to be near my son we did look at some other places they were horrible as soon as I came here it felt like home to me." A second person said, "The staff are good I do think they are very caring, they are very pleasant. I think I am very well looked after." A third person said, "I'm treated very well I have no complaints, they all know my name, and ask how I am they have a laugh and a joke with me I'm very happy here, if I wasn't I wouldn't have been here that long."

Relatives we spoke with were also complimentary about the staff and standards of care provided. One relative said, "My [relative] is a resident here for over 6 years and I cannot express how grateful we are for care and attention received. Last week we nearly lost her, night shift found her unresponsive and an ambulance was called, the carer even went with her to hospital and stayed until the next day shift arrived and they didn't want to leave her. They stayed even when we left for home. Somehow she got better and she was discharged back home. During this time these people who are around my [relative], they became as my family, thanks to them she is still with us." A second relative also gave us an example of the outstanding care that was being provided. They said, "Last year was a difficult year for [relative], we could see she was slipping rapidly, and this summer carers decided we will have a huge Birthday party for [relative], which was all done by staff, they even didn't want to take any monies so I brought a huge cake for everyone it was lovely, it brings tears in my eyes, but this people go over and beyond. I nominated this care home for an award, I hope they will get it."

The registered manager and staff listened to people and provided people with support in a way that made them and their families feel that they mattered. People told us that staff would listen to them and talk to them in a way that they could understand and worked with families and people. One relative explained, how caring the staff and provider were. They said, "My other parent was in a different residential home and I cannot stop comparing how much better this home is. I can come any time, there was a period when I worked till late and the only time I could visit [relative] was late in the evening. It wasn't a problem [for the staff], it was actually really good. I was able to have a dinner with her, I would bring a take away from her favourite shop and we would stay till she would become sleepy. Night staff would make her a hot chocolate and tuck her in the bed after I would leave. They are so understanding." We observed throughout the day that relatives would attend the home and staff and the registered manager knew everything about them and their families. Staff would ask about children, things that were happening within the family. If a relative had been unwell, staff would enquire about their health and offer support. We also observed staff offering a relative a meal because they had mentioned that they had not eaten.

Staff told us that people were always supported to make decisions and choices about their care. They further told us that they respected people's choices and their preferences and only acted in accordance with their wishes. People told us that they were treated with kindness and respect. We observed throughout the day that staff approached people in a gentle un-hurried manner, always asking for consent before assisting anyone with a request or task. For example, we observed one person walking in the reception area of the

home in a confused state. A member of staff approached them and addressed them in a familiar manner and gave them a hug. The member of staff started a conversation with the person and asked them if they would like to join in with the activities which were being hosted at that time. The person was unsure and the member of staff then offered them a drink. We observed that the person was not sure. The member of staff said, "Would you like a tea or coffee?" The person was confused and replied, "I don't know which I want." This person wanted a drink but was having problems in deciding which beverage they liked. The member of staff was very kind towards them not making an issue of the person's inability to make the decision. The member of staff very joyfully said, "Well, that's not a problem, I can make you both." The person was very pleased and responded with, "Oh, you are kind, can I try both?" The member of staff was still very understanding and kind towards the person and responded with a smile, "Yes of course you can." Both then walked off together. This showed that the member of staff was able to support the person with their decision making and did not rush or force the person to make a decision when they were unable to do so.

People told us that staff promoted their privacy and dignity, particularly when providing personal care. One person said, "Yes, they are very respectful especially when they help me [with personal care]." A relative also felt that staff were respectful to their relative, "I haven't got any concerns, they are always very kind and respectful." A member of staff also said, "We treat everyone with respect. This is a very caring organisation and we have very good direction from [registered manager]."

People also told us that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. We observed throughout the day that people moved freely around the home and those people who were able to go out into the community were supported to do so. One relative said, "My [relative] likes his own independence and is encouraged to keep it here, the home, when you leave the gate, is nicely positioned for [relative] to cross over the road go and visit the shops he likes to do that and they all know him so it's like they keep an eye on him to see him return as well."

Is the service responsive?

Our findings

The registered manager, provider and staff worked with people and their families and were responsive to changes in their support and care needs and this was evidenced throughout the inspection. Staff appeared to know the people they supported well. Staff were able to demonstrate they had clear knowledge of the people they were caring for. People we spoke with also confirmed this. One person spoke to us about how staff encourage them with activities and interests. They said, "The girls will come and say come on [name] shall we take you to join in the quiz, or would you like to go on one of the trips, but it's not them it's me they try to encourage me, I just don't want to join in, look how many books I have got there all about building cars I love to read, I really don't mind who comes to help me they are all ok." A second person said, "All the girls are nice that support me, of course I have my favourite, but I don't mind if she is not working that day I will let anyone help me, I go to the activities, not all of them I like to be in my room as well and I go out with my daughter, I like to keep my independence".

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. People we spoke with also confirmed this. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings. We noted that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. This ensured people's concerns and complaints were listened to and responded to, and feedback received was used to improve the quality of care and support people received. People felt comfortable in raising complaints with staff or the provider. One person said, "If I had a complaint I would say, I would tell the manager."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We saw that medication was available as and when required to support them with their pain and regular reviews were carried out with their doctors to assist with their comfort. Staff had received training on the use of syringe drivers. A syringe driver may be given, to help control pain or sickness and can help reduce symptoms by delivering a steady flow of injected medication continuously under the skin. The home had ensured that people's end of life plans reflected their preferences and choices and these were kept under review. DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) were completed and reviewed by the person and their doctor. Information was available to families around funeral arrangements and we saw that where people had funeral plans in place these were also located within their care files. The registered manager showed us a blanket. They explained that when a person had passed away this blanket would be used to cover them as they left the home. The manager said, "When someone goes we don't want it to be a sad sober moment, We cover them with this bright blanket as a symbol to show they meant so much to us and so our residents don't feel sad seeing their friend leaving the home in a black bag. It's a small gesture but it's our final act of respect for them."

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

Throughout the inspection we observed an overwhelming sense of family within the home. This was exhibited from the top down. Staff and management all made people feel at home and we could see real connections with visiting relatives. One person said, "Only yesterday I had a call from [registered manager] saying somebody is there to see me, I was really interested to see who that might be. It was a main director. They wanted to hear how I am, such a nice man, well impressed by that." This person went on to say, "The manager here, often she just comes from nowhere and gives me a hug. Her hands are very soft and gentle. She is doing this job very well." A relative said, "I can compare two homes and what is striking is two totally different ethos and attitude, This home is so much more humane."

From discussions with the registered manager we found that they had a clear vision, which was to support people to receive high quality care and support. We saw that the culture of the service promoted person centred care which was open, inclusive and empowering for the people using the service.

The manager had understood their responsibility to report to us any issues they were required to report to us. These are part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

People who used the service were involved in the improvements made within the service. People we spoke with indicated that they had had appropriate opportunities to provide feedback to the service through the 'residents council' which was run by people using the service. One person said, "I am a member of the council, that's where we can tell them what we like, and don't like, and talk about what we would like to do [activities]." A second person said, "I go to the meetings I am on the council team, I talk about the food that's my job, my [relative] will talk about other things with them at the meetings."

The registered manager was supported by the provider to make improvements to the service. We saw that virtual reality equipment had been purchased to support people who were unable to leave the home or remained in their beds for most parts of the day. The equipment gave people a sense of being outside and gave them the opportunity to travel to places around the world from the comfort of their home. We were shown a demonstration of the equipment which showed us a forest with butterflies and a camp fire. We saw from notes that over half of people using the service had used it and had enjoying its benefits. One relative said, "Well I can tell you, I can see a big difference since [registered manager] has been here, the atmosphere is better staff seem happier."

The service worked in partnership with other agencies such as the local authority, and local hospitals and GPs to ensure that people's care was effective, responsive and met the expectations of people and their

families. People we spoke with did not have any concerns and felt that the staff provided them with adequate support when it was required to contact other agencies. One relative said, "They don't hesitate to ring paramedics if they are not sure on people's health conditions, like my [relative] she had a fall, they rang paramedics they took her in to check her over but luckily she was ok." A second relative said, "[Relative] goes to see his own GP, but the staff are very good to look out for things [health] they thought he couldn't see properly one day so they brought in an optician to see him very quickly, they have called a dentist in for him as well, if there is anything they need to update me on they do at visits, but they will keep me informed of any other health matters or concerns by phone."

Staff felt valued and enabled to contribute to the development of the service through monthly team meetings. Minutes of these meetings showed that various issues relevant to staff's roles were discussed. All the staff we spoke with felt supported by the manager and enjoyed working in the home. One member of staff said, "I wouldn't been here [if I didn't feel] supported in every aspect of my job." A second member of staff said, "We are well-led, especially as we now have [registered manager]. The moral has gone up and we are now working as a family. She has picked everyone up and we are all dancing to the same tune."

The provider had effective systems to assess and monitor the quality of the service. The registered manager and the deputy manager completed regular audits and took appropriate action to rectify any shortfalls in a timely way.