Quantum Care Limited

The Mead

Inspection report

Castleford Close
Allerton Road
Borehamwood
Hertfordshire
WD6 4AL

Tel: 02089538573
Website: www.quantumcare.co.uk

Date of inspection visit:
09 November 2017

Date of publication:
08 December 2017

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

The Mead 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. The home accommodates up to 60 people in one adapted building some of whom live with dementia. There are two floors; each floor was divided in to two separate units. Each unit can accommodate up to 15 people. Three of the units are for people who live with dementia and one residential unit.

At the last inspection the service was rated good. At this inspection we found that the service remained good.

People we spoke with felt safe living at The Mead. There were enough staff to meet people's needs. Safe recruitment practices were followed to ensure staff were of good character and suitable to work in this type of service. Risks to people were reviewed and managed appropriately. Medicines were managed safely by staff who received the appropriate training. There were suitable arrangements for the safe storage and management of people's medicines.

Staff received induction, training, and development to carry out their role effectively. People were offered daily choices and their views about the care they received were sought. The service met the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People`s nutritional and hydration needs were managed effectively. People had access to health care professionals and were supported to attend appointments.

Staff developed good relationships with people and promoted people's dignity, respect and encouraged their independence. People had regular meetings and daily opportunities to participate in activities. People and their relatives where appropriate were involved in their care.

People felt supported and received personalised care that met their individual needs. People had appropriate support and encouragement to access meaningful activities and follow their individual interests and one to one activities were also provided. Care plans had clear guidance for staff to ensure people's support needs were met.

The registered manager promoted an open, transparent and inclusive culture within the service. People and staff were encouraged to have their say to improve the way the service operated. There were quality assurance systems in place and shortfalls identified were resolved to improve 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? The service remained good.	Good
Is the service effective? The service remained good.	Good
Is the service caring? The service remained good.	Good
Is the service responsive? The service remained good.	Good
Is the service well-led? The service remained good.	Good

The Mead

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 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 9 November 2017 by two inspectors and one expert by experience. An expert by experience is someone with personal experience of having used a similar service or who has cared for someone who has used this type of care service.

The inspection was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them 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 statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection, we spoke with ten people who lived at the home, three relatives, five staff members, the registered manager, regional manager, deputy manager, care team manager and the housekeeper manager. We looked at care plans relating to three people and five staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records, complaints and compliments.

Good

Is the service safe?

Our findings

People we spoke with felt safe living at The Mead. One person said, "I feel very safe on the unit because I have carers who look after me and I have a telephone in my room so I can speak to my family.' Another person commented, "Yes I feel safe, if you need anything, someone is there."

There was information and guidance displayed in the home about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Information was also made available in an 'easy read' format that used appropriate words and pictures to help support people with their understanding. One staff member told us, "I am very mindful of people falling and I am always checking the floors to make sure there are no trip hazards." They also told us that if they had any concerns they would always report this to their manager. Staff were able to describe types of abuse and signs that would concern them. For example, changes to people's behaviour. Staff we spoke with knew how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

There were safe and effective recruitment practices to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff went through recruitment procedures, which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. The registered manager used dependency tools to review the staffing requirements in the home. Staff felt there was enough staff to meet people's needs. One staff member said, "Yes we have enough staff." We observed there was enough staff on duty to meet people's needs in a timely way, call bells were answered within a few minutes. The registered manager confirmed they had not used any agency staff for more than a year so people were supported by a consistent workforce.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, one person who was at risk of falls had clear guidance for staff in their support plan on how to manage this. Staff were aware of what was required to keep the person safe. We observed during the inspection how staff supported the person to mobilise promoting their independence in a safe way.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager to ensure that people changing needs were addressed. We saw that notifications were completed appropriately along with accidents and incidents that were monitored. These were monitored to identify possible trends. Other monitoring included admissions to hospital to ensure that if there was any learning to be shared with staff this could happen.

There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by staff that were properly trained and had their competency assessed.

Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. One staff member told us, "The medicines are very safe, after every medicine round the managers check all the medicine administration records (MAR) to make sure everyone has received their medicines." We spoke to the deputy manager who was responsible for audits of medicines. We saw there were robust checks in place and MAR`s were checked daily and as part of the audit.
There were systems in place to help protect people from the risk of infections. These included cleaning regimes and schedules and training for staff. We also noted that there were daily and weekly environmental checks to ensure the home was clean, and staff were using appropriate protective equipment when required. We saw that staff used gloves and aprons appropriately and the home was clean on the day of our inspection. One housekeeper we spoke with confirmed they had enough staff and had systems in place for daily cleaning and deep cleaning.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. Fire alarm systems were regularly tested. We saw people had personal evacuation plans in place in the event of a fire and staff knew where the fire alarm call points were.

Good

Is the service effective?

Our findings

People received support from staff who had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One staff member said, "The training is really good."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, dementia, medicines and infection control. One staff member said, "I am really happy with my training." Another said, "Yes I had my induction. The induction gave a lot of information and I am working through my care certificate, I'm nearly finished." They also confirmed they had to work alongside trained staff until they were competent to work independently.

Staff received training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who lived with dementia. There were champions amongst the care staff for nutrition, dementia, wound care, engagement and infection control to support all staff with best practice. An external health professional provided training for staff and managers to help them identify early signs when a person's health was deteriorating.

Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development was reviewed. A staff member commented, "We have regular meetings, had one a couple of weeks ago. I feel listened to and every one can speak about exactly what is on our minds. We don't have to wait for meetings, I have had supervisions where we spoke about training and asked about me, if I was ok." Staff we spoke with told us that the registered manager and other managers were visible around the home. One staff member commented, "If I don't understand something I will ask the managers, they are all approachable, they are always walking about. [Name of manager] is lovely and friendly you can ask them anything. They are very approachable."

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 registered 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. We noted people's mental capacity had been assessed and where appropriate DoLS had been applied for. Best interest decisions were recorded. Staff understood the importance of offering choices to people and they promoted people's human rights.

People were supported to eat healthy meals and had their likes and dislikes noted in their support plans. People were asked what they wanted to eat and could choose an alternative if they wanted. The kitchen staff had access to people's dietary requirements and planned the menus accordingly to ensure people's dietary needs were met. People we spoke with told us the food was always good and they had plenty of choice. One person said, "I can make myself a cup of tea when I want." We noted people had access to fluid and food when they wanted.

The home was generally well presented and divided into four units that accommodated up to fifteen people. Each of the units had appropriate decorations and wall murals for people to look at. On the units where people with Dementia lived, each person had their own 'front` door each in a different colour and memory boxes which people could recognise and relate to. There were areas in the corridors for people to sit and a communal garden.

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. We noted that people were seen by relevant professionals to support their needs. On the day of the inspection, we saw the dentist, diabetic nurse and the palliative care nurse visiting people. We spoke with the dentist and the palliative care nurse and they were positive about the way the staff supported people.

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person told us, "They [staff] are very nice people. They chat with me, I'm talking to them all the time."

Staff were able to tell us how they promoted people's dignity and respect. We observed kind interactions and staff were engaging and inclusive. We observed a real community spirit with staff knowing people well. One staff member told us that they were a key worker for two people and that they had got to know them really well. A relative who also volunteered at the home commented, "It's a good home, staff are good and everyone is friendly. Nothing is too much trouble, in my opinion it's the best place."

We saw that staff had developed good relationships with the people they supported. Staff we spoke with were able to demonstrate they knew people well. We observed staff knocking on doors and respecting people`s choices regarding the time they wanted to get up. Staff told us that it was people's choice and it was important to respect their decisions. Staff also explained how they checked on people to ensure they were safe and comfortable and offered drinks regularly.

We observed people that required support with their mobility and this included the use of a hoist. Staff communicated to people what they were doing and gave reassurance regularly. We observed kind unhurried support with lots of communication that helped people understand what was going to happen. This was also done in a way that promoted people`s dignity.

People, and their relatives where appropriate, were fully involved in the planning and reviews of the care and support provided. One relative said, "We have had a care plan review. The support here is great; if she needs a GP they will come here." We saw that the care plans were updated regularly to ensure people's needs were met.

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required.

Good

Is the service responsive?

Our findings

People's care needs were met. We saw that people looked clean and well-presented and did not wait long for support. One person said, "They [staff] seem to know what I like and they talk to us, get to know us." One relative said, "I always said I did not want [relative] in a home but if they have to be in a home, this is certainly a lovely one."

People's care plans included clear information that provided staff with the appropriate guidance in how to support people. Care plans were personalised and enabled staff to provide care and support in a person centred way. For example, one person who had been experiencing black outs had been reviewed by the GP and a pressure mat was in place to alert staff to the person getting up. There was guidance in the support plan for staff to follow and we observed this actioned by staff during the inspection.

People had an opportunity to join in the unit-based activities. There were various types of entertainment including weekends. Families were also invited to attend events. Family members contributed to activities including a choir, coffee mornings and concerts alternate weekends. The registered manager attended activities meeting to ensure the activities offered were appropriate to meet people's needs. People were provided with one to one activities as well. There were activities that promoted exercise each week and people were asked what they wanted. We were made aware of two recent trips this year one to Southend and the other to Paradise Park.

People and relatives felt confident in raising any issues they had with staff and management. There were regular resident and relative meetings to ensure people had a voice. We noted that the minutes from meetings encouraged people to discuss any concerns. One relative said, "If we have any problems, the [registered] manager is approachable." One person said, "I would speak to staff if I had any problems." There was a box for anyone to put concern and ideas in and this was reviewed. The registered manager promoted an open culture and sought people's views.

Good

Is the service well-led?

Our findings

People who lived at The Mead, their relatives and staff were all very positive about how the home was run. They told us that staff and managers were approachable. One person said, "I am well looked after because it's nice here, they talk to me and I don't have to worry about anything." A staff member commented, "I love it here, I have worked in other jobs but this care home is fantastic, never been so happy. It is the friendliest home, everyone gets on well and we have good relationships with the residents and their families." A relative said, "I not the only one who thinks this is a good home, I speak with other relatives and they all say the same."

The registered manager told us their vision for the service was for people to experience the best possible quality of life. They told us they looked for staff who shared their ethos and passion for good quality care. The registered manager demonstrated they knew people's needs well and regularly worked on the units to support staff when required. People knew who the registered manager was and staff gave positive feedback about their leadership. The registered manager told us they felt supported by their regional manager and deputy manager at the home. The deputy manager worked alternate weekends and the registered manager was kept informed of any significant events such as accidents, incidents and any other concerns. On the opposite weekend, the housekeeping manager worked so there was always a senior manager on duty at the service.

Staff understood their roles; they were clear about their responsibilities and what was expected of them. One staff member said, "We always have a handover before starting the shift. We are told what unit we are on and allocated our duties and responsibilities."

The registered manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. There were various audits in place undertaken by the regional manager, registered manager, duty manager, housekeeping manager and care team managers. Audits were completed in respect of documentation, training, supervision, infection control and budgets. We spoke to the deputy manager who was responsible for audits of medicines. We saw there were robust checks in place and MAR`s were checked as part of the audit. Staff competency was checked regularly. There were quarterly audits which were completed more frequently if any triggers were noted for example in relation to an increase in safeguarding's, deaths or accidents.

Staff received appropriate training and induction including all the mandatory training, and the standards set out in the Care certificate. Staff were supported regularly through team meetings and individual supervisions all of which were documented.

Residents and relatives meetings were held monthly and stakeholders meeting quarterly. Relatives were involved in some of the activities for example arts and crafts. Newsletters were also circulated to family and people who used the service.

People's views were obtained through a survey being completed by an external company who also

evaluated the responses and made some recommendations about how the service could improve. The registered manager and care team managers discussed the results and formulated an action plan. The registered manager always shared any positive feedback with staff and staff were invited to comment and contribute to the action plan.

The service worked in partnership with other professionals such as a trusted assessor based in the local hospital who provided the registered manager with regular updates when a person was admitted from the home and who supported safe discharges. The registered manager told us they had contact with 'emergency care practitioners' who provided advice and assistance when they needed it and in some cases to prevented having to call an emergency ambulance.