

Quantum Care Limited

Margaret House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service

Margaret House is a purpose-built residential care home providing personal care to 50 people at the time of the inspection. The service can support up to 51 people. The home has five units which are referred to as bungalows.

People's experience of using this service and what we found

People were happy with the care and support they received. Staff were kind, friendly and attentive to people's needs. People gave mixed views about if there were enough staff to meet their needs. Staff also felt more staff were needed to give people more attention. Staff were trained and felt supported.

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance was adhered to. However, some areas needed clarity and better communication, for example, to ensure all staff were aware of people's recorded risks relating to choking and how to transfer a person safely in a wheelchair. This was completed on the day of inspection.

There were governance systems in place and these were used effectively in most cases. However, these had not identified all issues in relation to medicines at care team level. Feedback about the registered manager, and management team was positive. There was an open culture in the home and an expectation that people were supported in a person-centred way. Staff were clear about their roles and the management team positively engaged with the team and other agencies.

The environment was being developed to make it more homely with dementia care in mind, some areas had been completed. This included signage and items to stimulate people's minds and interests. There was plenty of communal space for people to enjoy, and people could walk through the whole house freely. People enjoyed the activities that were provided, however staff told us that they would like more time to support people in their rooms or those who don't come off of their individual bungalows with activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff knew people well and worked in a way that promoted people's preferences and wishes.

People were involved in planning their care and they, along with their relatives. The management team were working on ways to better capture people's involvement. People had end of life care plans which were going to be further developed. Complaints were responded to appropriately and people felt confident to make a complaint if needed. Feedback was sought through meetings and the registered manager speaking with people and relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Requires Improvement (published 28 November 2018). At this inspection the service has improved to Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Margaret House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by 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.

Service and service type:

Margaret House 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 service had a manager who was registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager, the regional manager, and five members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had their individual risks assessed.
- Staff were aware of individual risks in most cases and we saw them working safely. For example, when supporting one person with their mobility and knowledge another person's risk of choking. Although staff were seen to support people safely, we discussed the need to ensure some staff reviewed the records to ensure their knowledge was up to date with the management team. Following the inspection that an update was made to the person's mobility care plan and this was added to the handover form for staff awareness. Information about the person's risk of choking was added to the menu planning record for quick reference for staff.
- Pressure care was delivered safely and equipment was checked.
- There were systems in place to manage fire safety. Fire drills were completed, and staff were familiar with evacuation plans.

Staffing and recruitment

- People gave mixed views about if there were enough staff to meet their needs. One person said, "There are never more than two carers and often only one. That's alright except that I need more than one carer." Another person said, "The carers work really hard, really hard, they don't have much time to sit and chat at all. That doesn't mean they don't talk to me/us, they talk a lot, it's nice but they don't have time to spend."
- Relatives also told us there were not always enough staff. One relative said, "They could do with a few extra staff. They are very good, but they need more staff to do what they need to do." Another relative told us that on one bungalow at night, sometimes there was not a staff member present, with just one popping in. The registered manager confirmed this to be the case.
- Staff said they could always do with more staff as this meant that they would be able to spend more time chatting with people. They also felt that on the bungalows where there was only one member of staff, supported by a staff member floating between another bungalow, this meant sometimes people had to wait. One staff member said, "One person needs two staff, if I'm doing medicines, they need to wait if they need someone."
- On the day of inspection, we saw that people received support when needed. However, we noted that during lunch, some people had to wait for assistance to eat. One relative said, "I support [person] with food I try to come in one meal a day just to make sure. There are five people who need support with food (on this bungalow) and not enough staff to support them properly." We discussed this with the management team and they told us they would come up with a way to stop this from happening.
- Following the inspection, we reviewed the dependency tool used to set staffing levels. The registered manager advised us of the need to review deployment of staff and the organisation of shifts from the care team managers. This was already part of the homes ongoing development plan. They told us that they were

also reviewing electronic alerting systems should people need support while staff were not available. Some people had refused the offer of sensor mats. This included when staff are anticipating being engaged for prolonged periods of care they are to advise the Care Team Manager so cover can be given.

- Robust recruitment processes followed, and this helped them ensure those employed were suitable to work in a care setting. However, one of the newer files we viewed did not have the references verified. We discussed this with the management team.

Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions.
- Records tallied with stock held in some cases, but some records had not been completed consistently when medicines were administered. There were daily checks completed by the care team manager, this had not been completed prior to our checks as was planned for later that morning. The management team carried out an audit during the inspection and were able to demonstrate to us that the issues were only record issues and people had not missed medicines.
- Audits and checks were completed regularly. However, when the staff member who had administered the medicines on the day of inspection had signed to say records were checked, but they had not identified the records issues we found. After the most recent audit by the provider's quality team, they had asked that a new system be implemented to make checks completed in house were more robust. This newly developed record was sent to us following the inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I like it here, they look after me really well, there's always someone around and someone to talk to." People told us they would talk to a member of staff if they were worried about anything. Relatives also told us that they felt people were safe. One relative said, "[Person] is very safe here, it's no palace, but the staff really care."
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibility and the process during meetings.
- Information on reporting concerns was displayed in the home and most concerns had been reported appropriately. The registered manager took the appropriate action in response to any concerns.

Preventing and controlling infection

- The home was clean and there were systems in place to manage infection control.
- Staff had received infection control training and we saw this being put into practice. Staff prompted people to wash their hands after using the toilet.
- People and their relatives told us the home was kept clean.

Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates needed, the registered manager shared this information with the staff team through meetings and supervisions.
- Staff confirmed that they were kept informed of changes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to moving into the service to ensure those needs could be met. Any plans and equipment needed were in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff were kept informed of expected standards by the management team and this reiterated at meetings and during the management teams' observations.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained for their role.
- Staff had received training in subjects relevant to their role and they told us they felt equipped for their role. One staff member said, "There are lots of opportunities to progress."
- Staff said they felt supported and had one to one supervision meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed a varied and balanced diet. Staff were kind and chatting with people.
- The experience could be improved with clearer print or picture menus and ensuring staff give visual choice and a reminder of what was on people's plates, for those who needed it.
- People told us that they enjoyed the food and choices were available. One person said, "The food is very good, very good indeed, trouble is that sometimes it is cold by the time it gets to the room." Relatives told us the food was good.
- Dietary needs were known by staff and communicated to the chef. Weights were monitored, and action taken if people were noted to be losing weight and at risk. There were drink 'stations' all around the units. There were snacks and staff were actively offering them to people. One person said, "I love chocolate, she (staff member) knows that and she makes sure I have it too."

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority to help ensure people received safe and effective care.
- There was good communication between staff and professionals to help ensure people's needs were being met consistently.

Adapting service, design, decoration to meet people's needs

- The building set up in a way that allowed people to move around freely. There were ample communal areas for people to use. These areas encouraged people from all bungalows to come together.

- There was an accessible garden which people told us they enjoyed in the nicer weather. The environment had items of interest around to help stimulate people's minds. Signage was displayed to orientate people and there were clear information boards.
- Bedrooms were personalised, and bathrooms had equipment available for people to use the facilities.
- There was a smoking room for people who smoked. The registered manager said, "Having the room is good for the four residents who smoke. It also means that if someone wakes up or has a bad night and wants a cigarette they don't have to go outside for it, they can sit indoors, and they are safe." We saw people using the room, popping in and out, chatting with each other.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals. A relative said, "They phone us straight away even if there is a scratch or a bruise."
- We saw that people were visited by the optician and chiropodist and when needed referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team. A hairdresser was in the home on the day of inspection.
- One person was worried about their fingernails, within minutes the staff member had found the activities organiser who arrived with a box of manicure items, laughing and joking about nail polish, and clipped their finger nails.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded. The team acted in the best interests of people and respected their choices.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. All doors were shut whilst personal care was happening, and staff knocked on all doors before entering. Some bedroom doors were left ajar, but staff still knocked before going in.
- Staff were discreet when speaking to people or about people's needs.
- Records were held securely so to promote confidentiality.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind, attentive and respectful. One person said, "The girls are very nice, all the staff here are very nice to me." Another person said, "The staff are all so kind to me." A relative said, "Out of the blue [person] told me 'I've been very happy here you know' they hardly ever speak so it was very surprising."
- Interactions observed were positive. We heard and saw staff being attentive and reassuring to people.
- Staff engaged with people as they passed. Staff noticed when people woke from a nap and went over to offer them drinks or just check on them.
- Visitors could go to the home at any time and told us that they were always warmly welcomed.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in planning and reviewing their care. Relatives told us that staff contacted them about any changes if appropriate. One relative said, "I don't have care reviews as often as they said, they were supposed to be every three months. I can talk to people (staff), people listen, and things happen and so I'm not so worried about care reviews."
- We discussed the need for care plans to include a record of people's involvement.
- Staff asked people before supporting them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that they were happy with the care they received, and it was delivered in a way they preferred. A relative said, "The carers here encourage people to do as much as they can for themselves with support."
- Care plans gave a clear account of people's needs. They were easy to follow, and person centred, providing staff with detail about how people spent their days. More detail was needed relating to baths and showers regarding preference and frequency. Also recording in notes did not always capture what care was delivered to help the management team review these.
- Relatives told us that the registered manager and staff were very responsive to any concerns or worries about a person's welfare.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff took time to communicate with people who had impaired communication.
- Care plans set out how each person needed to be supported with communication and staff knew people's abilities and how they needed to approach people.
- A staff member told us, "[Person] was an English teacher. How things are said are really important to [person] so I try hard."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the activities provided. We saw people joining and with activities and they were smiling and laughing. The staff team completed impact statements for when people joined in with an activity, capturing what they liked and didn't like.
- A staff member was encouraging a person to go to exercise activity. They were saying, "Come on, I will take you. It will be good for your neck," and to another person, "If you want to do something (referring to activities) then I will try to make it happen for you."
- There were activities going on during the inspection. The group activity was exercise during the morning and in the afternoon a singing entertainer was visiting.
- The home welcomed in people from the community. A local school visited every week and spent time

singing songs or doing crafts with people. Everyone enjoyed this. A poster was displayed listing all the activities planned for each day. There was a Namaste room which people enjoyed. This is a room used for relaxation and sensory stimulation.

- Some people stayed in their rooms, or their bungalows rather than join in with the group activities in the shared communal area. This was sometimes through choice but more thought on how to give people bungalow-based activities was needed.

Improving care quality in response to complaints or concerns

- People and relatives told us that they knew how to raise complaints and felt confident to raise an issue if one arose.
- Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends.
- Meetings were offered to complainants to try and resolve any issues that arose.

End of life care and support

- End of life care was provided at the service. The staff worked with people to help ensure they were supported in a dignified and pain free way.
- Care plans were in place to people stating what their wishes were, including if a person wished to be resuscitated and the relevant documentation was in place. One relative said, "They have done all our End of Life wishes and DNR (Do not attempt to resuscitate) – it's all been sorted out."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team carried out checks and audits to help satisfy themselves that standards were to that expected and regulations were met. The registered manager was very visible in the home and carried out checks daily.
- Where these checks had identified shortfalls, action plans were implemented to address the areas. This included improving delivery of activities on units, medicines shortfalls and updating the environment. The management team had taken feedback from the last inspection and ensured all staff were aware of the shortfalls and the plan to make the improvements.
- Accidents and incidents were reviewed to ensure there were no themes and trends. Also, to check all needed action had been taken. Staff were made aware of what was required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the registered manager and the running of the home. One relative said, "The Manager here is good, she sees her job as creating a happy atmosphere for families and that's what she does within her resources. [Registered manager] has said 'no tolerance' of any lack of caring or any disrespect." Another relative told us, "This is how much they care, when [person] first came in I just couldn't face it and so two carers came to my house to collect [person]. They said right from the beginning 'we aren't just here for your [relative] but for you too'."
- Staff told us that the management team were very approachable and supportive. One staff member said, "Since the last inspection we've been communicating more, with management team, there's better teamwork." Staff told us they gave guidance to staff and explained the importance of it. They told us this had improved since the last inspection.
- There was information displayed in the home about how to approach the management team if there was anything people, relatives or staff wanted to discuss.
- A person who was unable to speak and receiving end of life care had been unresponsive in the main whilst we spoke with their relative. The registered manager came into the room and moved towards the bed and their eyes lit up, they smiled and lifted their head. The person clearly knew who she was and connected with her immediately.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team took their responsibility seriously and were responsive and open to all feedback on the day of inspection, taking prompt action to address issues. Staff told us that they were friendly but also advised if they were not working in a way that was expected.
- Meeting notes showed that safeguarding issues were discussed. Changes to practice that were needed to keep up to date and provide the appropriate care were also discussed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular meetings for people. The meeting notes included actions and feedback for people. We saw actions had been completed or were in progress. There had not been a recent survey as the provider was working on developing a better approach to capture views more effectively and frequently.
- Staff also told us that there were regular meetings and opportunities to speak with a member of the management team.

Continuous learning and improving care

- Incidents, complaints and events were reviewed, and meetings discussed any learning as a result.
- The service had a development plan in place to help drive any improvements forward and further enhance the quality of the service delivered. The plan and feedback after the inspection, showed that they were a reflective management team and they wanted to get it right.

Working in partnership with others

- The management team worked with the local authority to address areas they found as needing development. At one visit the local authority had assessed the service as good. They had found some minor issues as part of their visit. As part of our inspection we found that these issues had been addressed. For example, we found no issues relating to infection control.