

Quantum Care Limited

Mantles Court

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

Mantles Court is a residential care home providing accommodation and personal care to up to 66 people. The service provides support to people who may be living with a physical disability or dementia. At the time of our inspection there were 56 people using the service.

Mantles Court is split across three floors and four units, one of which specialised in supporting people living with dementia. People have access to their own personalised bedrooms and share communal areas such as lounges, bathrooms, dining areas and a large garden.

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

People were positive about the support staff gave them. One person said, "I have not been this happy for a long time. It is nice that staff, are not just staff, but also my friends."

People were safe living at the service, staff were trained in safeguarding and knew how to report any concerns about people's safety. Risks people faced had been assessed and staff knew how to mitigate risks as far as possible. There were enough staff to support people safely and spend time speaking with people. People were supported safely with their medicines. The service looked clean, and staff followed good infection control processes.

People's needs were assessed before they started living at the service and these assessments were reviewed as people's needs changed. Staff were well supported and had the training to support people effectively. People were supported safely with food and drink and were positive about the mealtime experience. People were supported to see health professionals if this support was necessary. The service had been adapted to meet people's needs. 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.

People received kind and compassionate care from a staff team who knew them well as individuals. Staff spoke with people in a calm and supportive way and people were happy and relaxed being supported by staff. People were supported to make choices in their day to day lives. Staff supported people to be independent and respected their privacy and dignity.

People received personalised care which met their specific support needs and their preferences. Staff supported people to understand what was being communicated with them. People were supported to follow their social interests and pastimes and a wide array of interesting pastimes were available to them. There was a complaints procedure in place at the service and concerns were promptly responded to. People were supported with dignity and respect at the end of their life.

The registered manager and staff team promoted a positive culture at the service. The registered manager and staff team completed audits to monitor the quality of the service and put actions in place to improve

the service if this was necessary. People, their relatives and the staff team were regularly asked to feedback about the service. Staff worked well with external professionals to help support good outcomes for people. The registered manager was passionate about people having good quality care and was keen to continually improve the service.

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

Rating at last inspection

This service was registered with us on 17 November 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Mantles Court

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by 2 inspectors, an inspector from the CQC medicines team 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

Mantles Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mantles Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. We visited the service on 28 June 2023 and an Expert by Experience spoke with people's relatives over the phone on 30 June 2023.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 17 people who used the service and 10 relatives about their experience of the care provided. We spoke with 15 members of staff including care workers, senior care workers, housekeeping staff, maintenance staff, the cook, the registered manager and members of the management team.

We reviewed a range of records. This included 7 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they/their family member were safe living at the service. One person said, "I feel safe living here. I have the call bell to use if ever I need any help and staff come running." A relative told us, "I know [family member] is safe. They needed lots of support after a fall and the staff were just brilliant- putting things in place to keep them safe. I honestly do not think they would be here now without the staff's support."
- Staff and the registered manager had a good understanding about how to notice and report safeguarding concerns both at the service and externally to organisations such as the local authority or CQC.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for known risks such as risk of falls, developing pressure sores or eating and drinking. Risk assessments were detailed and guided staff about how to mitigate risks as far as possible. One relative said, "[Family member] had a number of falls but staff took action like putting sensor mats down and now they do not have any. Staff are quick to respond."
- The registered manager had a good understanding about positive risk taking and helped the staff support people safely in a non-restrictive way. For example, one person liked to do things themselves although there was a risk they may be unsteady on their feet, however risk assessments made it clear how to support them to manage this in a positive way. This person told us, "[Staff] never rush me and this means I can do everything I used to do by myself."
- Staff completed health and safety, including fire safety checks of the building and equipment people used to make sure this was safe. One person said, "[Staff] are always checking to make sure everything is working properly. There is no danger there."
- The registered manager kept a log of accidents and incidents and reviewed them to see if improvements could be made to the way staff supported people. Any lessons were shared with staff in team meetings.

Staffing and recruitment

- People told us and we observed there were enough staff to support people safely. Staff answered call bells and calls for support in a timely manner and took their time when supporting people. People's comments included, "There is always a staff member about when you need one" and, "There are always [staff] here day and night to help."
- The registered manager had organised staffing rotas so there were more staff present during key times of the day such as after lunch. This meant staff had more time to spend talking with people and spending quality time with them. One relative said, "I am very impressed with the staffing levels and I can go to bed at night not worrying about [family member]."
- The provider had checks in place to help ensure staff were recruited safely and were suitable for their job

role.

Using medicines safely

- People were supported safely with their medicines. Staff were trained to administer medicines and had their competency to do this checked regularly. One relative told us, "[Family member] struggles taking their medicines but staff are kind and patient with them and stay with them until they are ready to take them in their own time."
- People had protocols in place for 'as and when required' (PRN) medicines and these were very detailed. They guided staff to try other methods of supporting people before medicines were administered. One relative said, "[Family member] is prescribed [medicine] for when they feel upset but [staff] always talk to them and try and make them feel better before they give it. It doesn't happen often."
- The management team completed audits to make sure medicines were administered safely and correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service looked clean and there were no malodours. Housekeeping staff told us they had the time to complete their duties and felt well supported in their roles. One person said, "[Staff] are always busy cleaning and keep the place looking good."
- Relatives and friends were able to visit people whenever they chose to do so. One relative said, "The service is always open and welcoming, and I am able to go and visit [family member] whenever I want."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's needs were assessed when they started using the service. However, improvements could be made when people joined the service in emergencies to ensure staff had enough information to manage risks to people. In response to our feedback, the registered manager told us how and when they would improve this. Their response reassured us.
- People's assessments focused on their support needs as well as their preferences, likes and dislikes. Staff updated people's care plans regularly as their needs and preferences changed. One relative said, "When [family member] moved in I was struck by how professional everyone was. The staff were very keen to get to know exactly how [family member] wanted to be supported."

Staff support: induction, training, skills and experience

- Staff had the training and knowledge to support people effectively. They were confident in telling us about what they learned in their training and how they used this to support people. One relative said, "I would say staff all know what they are doing. [Family member] needed more support with their mobility and all the staff were trained how to do this quickly."
- Staff felt well supported by the registered manager and had regular opportunities to discuss how they were performing in their roles. One person said, "I think [staff] are fantastic and they all come across as very knowledgeable. They always want to learn something new."

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

- People were positive about the food they were served and the meal time experience was calm and pleasant. Some people had let the cook know about improvements to the meal time experience such as the food being kept hot and having more vegetables. This had been addressed by the cook. People's comments included, "The food is nice and hot here and you can have seconds or something else if you want" and "It is like eating at a restaurant here. [Cook] does a great job."
- People had access to regular snacks and drinks throughout the day. Some relatives told us, drinks were not always readily available for people, however we did not observe this to be the case. The registered manager told us they would monitor this more closely. One person said, "There is always something to eat or drink around and you can just buzz for a drink whenever you want one."
- Staff supported people with specific dietary needs safely in line with their care plans and risk assessments. Staff monitored people's food and fluid intake if this was necessary. One relative said, "There has been a significant difference in how much [family member] has been eating and drinking since they have lived at Mantles Court. I think the staff prioritise this."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to see health professionals such as GP's, district nurses and physiotherapists if this support was needed. One person said, "I used to work [as health care professional] and the staff are so good at knowing when I need help from the GP, you would think they were all [health care professional] too."
- Visiting professionals told us staff followed plans and advice given to them and this was added to people's support plan. A visiting professional said, "Staff are very proactive here. I do not think [persons health need] would have been as well managed in other services."
- People were supported to stay healthy by staff in ways such as regular exercise and drinking regularly. One relative told us, "I think staff are on top of everything and they always ring 111 or call the doctor if they have any concerns."

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

- People told us the service was large and spacious. The service had been adapted to meet the needs of people. For example, there were signs and coloured rooms and corridors to help orientate people to where they were. People's comments included, "I like it here and call this place my home now" and, "I feel lucky to live here. It is almost like a hotel."
- Staff supported people to place objects that were important or familiar to them inside 'memory boxes' outside of their bedrooms. This helped people understand which bedroom was theirs.

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 MCA 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the MCA and staff supported them in line with any DoLS they had in place. Staff respected people's choices and where necessary people had capacity assessments and decisions made in their best interests if they needed support to make decisions. One relative said, "[Staff] are very respectful and appreciate that [family member] may not always make the smartest of decisions, but they support them regardless."
- Staff were trained in the MCA and had a good understanding of how this impacted their job roles when supporting people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about the support staff gave them and we observed staff to speak with people in a kind and caring way. People were relaxed being supported by staff. People's comments included, "Staff are caring. They listen to what I want and go the extra mile to be flexible" and, "All the staff are lovely. They treat me with such care and respect."
- Relatives also felt staff were kind and caring. Their comments included, "On the whole staff are very approachable and [family member] feels confident speaking with them about any worries they have" and "The staff work hard and are clearly in the job for the right reasons."
- Staff were patient and understanding with people and fully respected them as individuals. For example, they took the time to sit and spend quality time with people and speak with them about their interests. One person said, "As well as being staff members they are also my friends. They always come for a chat."

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

- People were supported to make choices about their day-to-day support such as what to wear or what to eat. One person told us, "I have a good degree of flexibility to do what I like. Staff know how I like things but will always check to make sure I am happy with what I am doing."
- Relatives gave us mixed feedback about how involved they were in decision making about their family members support such as involvement in reviews of care plans. We fed this back to the registered manager who said they would revisit this with relatives to make sure they felt involved in all decisions being made.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be independent if this was their choice in areas such as their personal care or household tasks. One person said, "I like to do things myself and staff never rush me. I know it takes more time when I do things myself but staff don't mind and really take care to support me slowly and carefully."
- Relatives spoke with us about how staff supporting their family member to be independent had led to positive outcomes for people. One relative told us, "[Family member] was in a bad way when they started living at Mantles Court. Thanks to the staff team they have their spark back and are like their old selves again"
- Staff respected people's privacy and dignity and supported people discreetly where necessary. For example, one person tried to enter another person's room and staff redirected this person gently to take part in something that interested them. One person told us, "Staff are very respectful and will always give me space if I need it."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received personalised care which met their specific support needs. Staff knew people well as individuals and knew their preferences, likes and dislikes. One person said, "Staff know me very well and know how I like things to be done." A relative said, "[Staff] have tailored [family member's] care so it works for them. They support them with personal care in the evening so [family member] has more time to do things themselves and are not quite as tired and this has worked really well."
- People's support plans were detailed and gave good guidance to staff about how to support people with their support needs such as living with dementia or personal care. One person said, "All the staff know what I like and what I don't. They write it all down so new staff know as well." A relative said, "[Family member's] needs changed a lot after a hospital stay but this was all recorded and staff helped them get back to their old selves quickly."
- The registered manager shared some positive examples of personalised care leading to good outcomes for people. For example, one person had been supported to make friends with others at the service and another person was supported to have a piano bought in to the service as they enjoyed playing this. This had made people feel happier and more positive. This person told us, "I love my music. It makes me feel peaceful."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported in line with the AIS. Staff used pictures, signing and used key words in people's primary spoken language to help people communicate. We observed staff supporting one person to understand a situation using key words in their primary language and this helped the person feel calm and relaxed.
- Staff used pictures and visible options to support people to make choices. For example, they showed people 'show plates' of meals being served so people would find it easier to make a choice about what to eat. One person said, "I often change my mind so it is good I get to see what is on offer."

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 were supported to engage in pastimes of their interest. There were a wide variety of pastimes

available for people such as cinema club, gardening club and exercise classes and we saw people enjoying these. One person said, "There is always something going on and even if I don't fancy attending staff will make sure I have something to be getting on with."

- The registered manager and staff team had a passion for supporting people to leave the service and go out. People enjoyed going to places such as pubs, local walks and the seaside. One relative told us, "We were concerned as [family member] had not been out for a long time but staff have good links with the local community. They go out all the time now and you can see how much better they feel."
- Staff knew how to support and encourage people to help them reduce social isolation. For example, one person said they did not want to attend a music session. Staff prompted this person calmly and over a long period, explaining to them what songs they would hear and how they had enjoyed the activity previously. This led to the person attending the music class being visibly engaged and enjoying themselves. After the music class, this person excitedly told us, "That was fantastic. I feel marvelous." This had a positive impact for the person.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place at the service and this was available in different formats. People felt confident to raise concerns and one relative said, "I know if I had a problem, the staff would deal with this quickly."
- The registered manager kept a log of concerns raised and responded to these quickly, letting people know what they would do to improve. One relative told us, "I raised [issue] with the registered manager and they did what they needed to do. It has not happened again."

End of life care and support

- People received kind, compassionate and dignified care at the end of their life. One relative said, "I know staff are looking after [family member] very well. They have chosen to stay at the service rather than go to hospital and staff know exactly how they like to be kept comfortable."
- People had care plans in place for the end of their life and these contained their preferences and choices for when they needed this support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 care staff gave. People's comments included, "It is a pleasant and relaxing place to live and I am very happy here" and, "The staff are caring and always think about you—they do what you choose, not what they want." A relative told us, "Mantles Court has a lovely, homely feel and it feels like visiting [family member] at their home, rather than at a care home."
- There was a relaxed, calm and homely atmosphere when we visited the service. Staff took time to speak with people and involve them in the day to day goings on at the service. People reacted positively when staff spoke with them and clearly had good relationships with the staff team.
- Staff enjoyed their jobs and helping people achieve good outcomes was at the forefront of how they worked. We were shown many examples of where people's quality of life had improved since they started living at the service. One relative said, "I will be forever grateful to [registered manager] and the staff team. They have given [family member] a new lease on life."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about their role and knew how to promote good quality care. They and the staff team completed numerous audits and checks to monitor the quality of the service. These were effective in identifying where improvements could be made and actions were taken in a timely fashion to make these improvements.
- Staff had a good understanding about their job roles and were well supported by the management team. One person told us, "[Staff] are pretty good and I get the feeling they look out for us. Things change for the better once staff talk with [registered manager]. The food has gotten better."
- The registered manager was keen to continually improve the service and had improvement plans in place. Actions from these had already been completed and led to better outcomes for people. For example, the exercise class had proven popular so the frequency of this had been increased. The registered manager listened to our feedback during the inspection and started to put plans in place for further improvements during the process.

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

- People were asked to feed back about the service in meetings and individually. One person said, "There

are meetings we can choose to go to but you can just have a chat with staff at any time."

- Relatives gave mixed feedback about communication with the staff and registered manager. One relative said, "The communication can be a bit hit and miss. It is good if something has happened like a fall, but they don't tend to ring me to let me know how [family member] is." However, another relative told us, "I do feel [staff] listen to us and whenever I ring up there is always someone who knows how [family member] is." The registered manager told us they would contact relatives to make sure they were happy with communication.
- Staff felt well supported by the registered manager and were able to feedback about the service in team meetings and one to one conversations.
- People and relatives were positive about the registered manager and how they managed the service. One person said, "[Registered manager] is approachable and friendly and always takes time to walk around and see how we are." A relative said, "The workforce at the service is credit to [registered manager] and the wonderful job they are doing."
- The registered manager understood duty of candour and was open and honest if things went wrong. They reported notifiable incidents to CQC in line with guidance.

Working in partnership with others

- The staff team worked well with health professionals to help achieve good outcomes for people.
- The staff team had good links with the local community and this enabled people to follow their interest and pastimes such as going to the local pub.