

Quantum Care Limited

Garden City Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Garden City Court is a care home providing accommodation for up to 75 people older people, some of whom are living with dementia. At the time of the inspection there were 62 people living at the home.

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

People felt safe and told us the staff looked after them well. We noted staff worked safely and in accordance with people's care plans and risk assessments. Relatives told us the registered manager and the staff team were very good. People's safety and welfare was monitored. There was an overview of accidents and incidents and these were reviewed to help ensure there was not a reoccurrence. Medicines were managed safely.

People were given choices and staff knew people well. Care plans were detailed giving staff the appropriate information to meet people's needs. People were encouraged to eat and drink well to help promote their wellbeing.

Staffing levels were appropriate to meet people's needs and staff received training and supervision. They felt supported for their role and enjoyed working at the service. Training relating to infection control and COVID-19 had been delivered. Staff knew how to reduce the risk of transmission of COVID-19. People and relatives praised the staff team for the management of the service during a difficult time.

Effective governance systems had been embedded in the home. Any events or feedback was used to improve the quality of care. There was an action plan in place to drive improvement throughout the service. Feedback from people, their relatives, staff and healthcare professionals were positive about the leadership in the home and they stated it was a good place to live or work.

Rating at last inspection

The last rating for this service was Requires Improvement (published 26 September 2019).

Why we inspected

The inspection was prompted in part due to concerns raised about the care people received. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to coronavirus and other infection outbreaks effectively.

Please see the safe section of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Garden City Court on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well-Led findings below.

Garden City 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 Care Act 2014.

This was a focused inspection to check whether the provider had made the required improvements following the last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

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 undertaken by two inspectors.

Service and service type

Garden City Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. This means that they 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

The inspection was unannounced.

What we did before 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 did not request a 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. We had requested information from the provider prior to the inspection and this information was used as part of the inspection plan.

During the inspection

We spoke with seven members of staff and the registered manager. We spoke with eight people who used the service and received feedback from four relatives. We received feedback from two visiting health care professionals. We contacted the local authority for their feedback.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 we found that the rating had improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person said, "I think we have come through the virus well. The staff are absolutely excellent here. I do feel safe, that means I sleep well at night, I have no concerns." Relatives also told us they felt people were safe. One relative said, "I have always felt [person] was safe." The relative went on to give us an example of when they promoted their family member's safety.
- Staff told us that the management team was regularly around the home checking staff were working safely.
- People had individual risk assessments. Staff were aware of people's individual risks. For example, they knew who were at risk of falls or not drinking enough and how to promote their safety.
- For people who had bedrails in place, these were fitted corrected and checked for safety. Care plans included a risk assessment.
- Falls, infections, wounds and any other incidents in the home were reviewed to look for any themes or trends and to check if any additional actions were needed. Due to some people having a number of falls, the management team sought training from a local care providers association. A staff member had completed this training and they told us they felt people's mobility was improving.
- People had personal emergency evacuation plans (PEEPS). These detailed how people should be evacuated in the event of a fire. Staff knew how to evacuate people safely in the event of an emergency.
- Staff were aware of how to support people to maintain or improve skin integrity. Records showed that people were supported to reposition, and to have cream applied. Pressure relieving equipment was also in place and checked by staff.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were reported to the CQC when needed and to the local authority safeguarding team.
- Staff had received training on what signs of abuse to look out for and knew how to report any concerns they had within the home or externally. Staff felt they could raise any concerns with the management team.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. However, on arrival the staff letting us into the home did not take our temperature. They acknowledged this was an error as they were 'flustered' by our arrival and stated they normally do record all temperatures. They completed a lesson learned record and sent us a copy immediately following our visit.
- 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. However, we noted one staff

member approached on our arrival with their mask below their nose and another staff member had their mask off at the end of a unit corridor while on a break. We discussed with registered manager and regional manager the need for a designated area for staff to remove masks. Following the visit, we received a record of staff supervision carried out with the staff members.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we discussed with the management team that further support for housekeeping staff would be beneficial. Following the inspection, we were sent a record of a supervision with a staff member.
- 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.
- We were assured that the provider was meeting shielding and social distancing rules.

We have also signposted the provider to resources to develop their approach.

Using medicines safely

- Medicines were managed safely. We checked a random sample of medicines and found that numbers held were accurate to records held. Medicines were stored securely.
- Medicine audits were completed, including by the visiting pharmacist, and staff training was carried out. Storage temperatures were recorded.

Staffing and recruitment

- People and relatives told us staff were around when they needed them. One relative said, "I believe and have seen many instances where [person's] needs have been met." The relative gave an example how additional time was spent to meet the person's health needs. They went on to say, "Many of the carers spend time with her in her room."
- Staff told us staffing levels were good and they were confident people's needs were met. Staff told us that during the pandemic there may have been times when staffing was reduced due to staff absence, but they were able to prioritise, so this did not impact on people. A staff member said, "I would be happy to have a relative living here on this unit with the staff I know."
- We observed that call bells and requests for assistance were answered swiftly.
- We reviewed care notes which showed regular repositioning for those who needed it and a record of regular drinks being offered. We also noted that people looked clean and comfortable and there were no malodours in the home. This indicated that people's needs had been met.
- Staff told us training and supervisions were ongoing. They told us they felt well prepared and had the appropriate knowledge for their role. One staff member told us, "I would recommend this home to anyone looking for care work." The training matrix showed that staff had regular training.
- There was a continuity plan should the pandemic impact on staffing numbers.
- The recruitment process included the appropriate checks to help ensure those employed were fit to work in a care setting. This included references and a criminal records check.

Learning lessons when things go wrong

- Staff meetings included information about events and updates that staff needed to be aware of.
- The manager completed a shared learning record in relation to incidents in the home. This included reflection on what could be done better, and any actions required.
- Staff felt the management team kept them informed and they had enough information to carry out their roles well.

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 the rating 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- At the last inspection we found that the systems in place to monitor the quality of the service and to drive improvement were not always effective.
- At this inspection we found systems prompted staff to review all areas of the home and this was then developed into a home improvement plan to enable staff to monitor their progress. The management team had worked on addressing the areas of concern in the home and learned from previous issues. Systems had been put in place to reduce the risk of reoccurrences. This including regular walk rounds, audits, surveys and meetings. The findings were captured and added into an action plan. We saw that actions were signed off when completed.
- Staff were positive about the support and guidance from the registered manager and deputy manager. One staff member said, "I think it is really good here, I have been here for [number] years and feel it is better now than it has ever been." Another staff member said, "The [registered] manager is approachable, responsive and efficient. The [registered] manager and deputy work together really well."
- Healthcare professionals were positive about the service and how it was run. One professional told us, "The staff and management at Garden City Court are excellent and their residents are very well cared for. The dealt admirably with their Covid-19 outbreak and provided support to all their residents as well as their families updating them on a daily basis. The managers and staff communicate well with myself and my [healthcare colleagues] and contact us regularly."
- People we spoke with knew who the registered manager was. One person said, "She comes around every morning and checks on us all."
- There had been concerns raised with us about the care people received. We noted staff were attentive and had good relationships with people. Needs appeared to have been met and people told us they were happy and comfortable. The management team carried out checks to observe staff practice and to ensure people were treated with dignity.
- People and their relatives told us they were happy with the care they received. They were positive about their relationships with staff. One person told us, "I don't think there is anything that needs to improve, I am looked after well, I am respected and cared for."
- One relative said, I think the home is really well run, it's professional, caring but also has that personal touch which I feel can often be missed. They create a family environment, make [person] feel safe and

secure, make her feel wanted and part of the [unit name]. Most of all they take time with [person] which money can't buy as it helps her mental health."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and 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 and their relatives told us that the home had supported people to keep in contact with them during the COVID-19 pandemic. One person said, "I have a very big family, the staff here have been really excellent supporting me to keep in contact with people and making sure I don't miss anyone important out."
- Relatives told us that they felt the management team were open and shared information with them. One relative said, "I was surprised at how well the management have kept me informed. Any changes in meds, [person's] condition, a concern over not eating or drinking and I would receive a call and most importantly what they were doing about it."
- The registered manager provided guidance and support for staff. Staff told us they found the management team approachable and knowledgeable. One staff member said, "I can honestly say during the pandemic they [management team] have been brilliant, their door is always open, they check on you and walk round regularly. I have worked in other homes and I love it here."
- There were audits across all key areas of the home. For example, COVID-19, falls, care plans and medicines. This information was added onto an action plan to give an overview of performance and any areas that needed addressing.
- While we had been receiving statutory notifications from the service, on reviewing records shared with us we found that there had been three incidents in the home that should have been notified. However, this was due to a judgement by the registered manager and the provider that they did not consider the incidents notifiable. The information was shared openly, and the appropriate actions had been taken, including contact with the local authority. Therefore, this had not impacted on people. However, we discussed the need to ensure all events are reported in accordance with the requirements going forward.

Working in partnership with others

- The registered manager was in contact the local authority and engaging with CQC to support the inspection and enable them to address any shortfalls.
- The management team was open to feedback and wanted to use this to improve and develop the service further.
- The service was working with a local care providers association to update their knowledge and skills by accessing training that was offered.