

# Quantum Care Limited

# Garden City Court

## Inspection report

Whiteway  
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Hertfordshire  
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Tel: 01462473100

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Garden City Court is a purpose-built residential care home providing personal and nursing care to 74 people at the time of the inspection. The service can support up to 75 people.

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

People were happy with the care and support they received. People and relatives told us staff were kind. Staff were friendly and attentive to people's needs. People gave mixed views about if there were enough staff to meet people's needs. 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 adhered to. However, some elements of promoting people's safety were not adhered to and this had not been identified through the quality assurance systems. For example, pressure care management. We made a recommendation about promoting safety. Following the inspection, the manager advised us of action taken to ensure the staff were working safely.

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 engaged well with the team and other agencies. However some improvements were needed to ensure quality systems identified and addressed areas needing improvement.

The environment was pleasant with plenty of communal space for people to enjoy. People enjoyed the activities that were provided, however staff told us that they would like more time to support people 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.

People were involved in planning their care and they, along with their relatives, felt listened to. People had end of life care plans, developed by the frailty nurse, which helped to ensure they died with dignity. Complaints were responded to appropriately and people felt confident to make a complaint if needed. Feedback was sought through meetings.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good (published 20 March 2017). At this inspection the service has remained rated as 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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.

#### Inspection team:

The inspection was carried out 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 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 had applied to be 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 four relatives about their experience of the care

provided. We spoke with the manager, regional manager and seven 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 seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures 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 Good. At this inspection this key question has deteriorated to requires improvement. 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 and we saw them working safely in most cases. However, one person was at risk of choking and we needed to intervene during lunchtime as the staff member had not sat the person up and they were coughing. This was raised with the manager during the inspection. Following the inspection, the manager informed us of action taken to mitigate further risks.
- Pressure relieving mattresses were not always set correctly. Posters were on walls indicating the weight setting for the mattress. However, posters were not always accurate according to people's recorded weights and settings were not always set to people's weights. The management team addressed this following the inspection and confirmed all mattresses were set correctly.
- Charts used for recording repositioning did not always have an accurate entry about the mattress setting and they did not always have a record of people being repositioned in accordance with instructions. We saw that one person was assessed as needing two hourly repositioning in the day but they went for six hours with no entry being made. We also saw that on one of these instances they were noted to have a sore area. No follow up action or comments were noted when a member of the management team signed the completed form off. Following the inspection, the management team addressed the issue with the records chart and assured us that the person did not have a sore area.
- There were systems in place to manage fire safety. Fire drills were completed but there was no overview of staff to help the manager know who had attended a drill. Not all staff knew what to do in the event of a fire. Fire training sessions were in progress on the day of inspection. We recommend that the provider tests the knowledge of staff in relation to fire safety after training and drills have been delivered.
- Accidents and incidents were reviewed for themes and trends. The reviews checked that all remedial action had been taken and this included referrals to specialists as needed.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Oh yes I feel safe." 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.
- 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 concerns had been reported appropriately. However, for some unexplained injuries such as bruises or skin tears, although an internal investigation had been carried out, they had not always been reported to us or the safeguarding team. The manager told us that they had reviewed the injuries following the inspection and was satisfied none of the

injuries were reportable as they had an explanation, and this was now documented.

### Staffing and recruitment

- People told us that they felt there were not always enough staff to meet their needs. They told us the evening was the worst time for this when staff were busy. One person said, "We have to sit and wait until we see someone." Another person told us that they at times had to wait for assistance for personal care after suffering incontinence.
  - Relatives also told us there mostly were enough staff but at weekends there was at times an issue. One relative gave an example where the person was still in bed at 11am on Sunday. The person's best meal of the day was breakfast and relatives said her appetite tailed off after that. The delay in getting up meant the person missed their breakfast and was not able to take part in the activities provided.
  - Staff said there were not always enough staff and this meant that they were not always able to spend time chatting with people or providing activities. One staff member said, "By the time we've got people washed and dressed, there is no time to do activities as well as it's already lunchtime." We spoke with the manager who told us that they were trying to change the mindset of staff and that activities could be incorporated into daily routine. They said, "I interviewed the other day and [person] who used to work in HR did the interview with me. So, it's not about finding more time but getting people involved with what you are doing."
  - On the day of inspection, we saw that people received support in a timely manner. However, we noted that during the night each unit has one staff member to support 15 people with one staff member floating around the home. Some people were up and walking into other people's rooms at night and there were also people needing to be repositioned by two staff. This meant that there may not have been enough staff available at night to supervise people who were walking around.
- We recommend that the provider reviews their dependency tools to ensure that this was enough staff on duty.

- Robust recruitment processes followed. However, the space for referees to provide their company staff to validate the references had been filled with Garden City Court company stamp in all three staff files viewed.

### Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions. One person said, "I get my medicines when I am supposed to, no problems at all."
- Records tallied with stock held and staff had received training.
- There were daily checks on medicines management within the home and any shortfalls were addressed straight away.

### 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.
- People and their relatives told us the home was kept clean. One person said, "I can't fault it. It is beautifully clean, lovely gardens."

### Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates needed, the manager shared this information with the staff team through meetings and supervisions.
- Where an incident had occurred, there was a robust investigation undertaken with actions identified and taken to improve the quality of care and to help ensure the same thing did not happen again.
- 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 their 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 was checked 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. One person said, "The staff get on well with each other too, they don't argue between themselves."
- Staff had received training in subjects relevant to their role and they told us they felt equipped for their role. One staff member said, "Training is up to date, it's very good I like training. Just had fire training this morning."
- Staff said they felt supported and had one to one supervision meetings, although they were not sure of the frequency.

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

- People enjoyed a varied and balanced diet.
- People told us that they enjoyed the food and choices were available. One person said, "The food is lovely, plenty of choice. If you don't like something they will offer you something else." Relatives told us the food was good.
- People's preferences were catered for. For example, food that people enjoyed based on their culture.
- Dietary needs were known by staff and communicated to the chef. People's weights were monitored, and action taken if they were noted to be losing weight and at risk.

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. The team also worked with frailty nurses to help prevent hospital admissions and ensure care was appropriate.
- 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 had been designed in a way that allowed people to move around freely. There was clear

signage and ample communal areas for people to use. The needs of the people in the home had been considered in the design of the home as there was a rummage shop for people to pop into, a friend's café and a movie area. Unfortunately, we did not see these areas being visited on the day of inspection.

- There was an accessible garden which had inviting seating areas.
- Bedrooms were personalised, and bathrooms were welcoming. We discussed the need to keep on top of refurbishment in the home as some bedrooms were looking tired and needed decorating.

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

- People had regular access to health and social care professionals. A person said, "We only have to say if we feel unwell, they will help us or get a GP if needed." A relative told us that their family member had only been at the home for a few weeks but during that time they had been pleased to note that the person's pain medication had been reduced significantly. This meant that the person was more alert and able to communicate with them more.
- We saw that people were visited by the optician and chiroprapist and when needed referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team. A staff member was providing a barber's service on the day of inspection.

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 appropriately. The team acted in the best interests of people and respected their choices and understood the role of relatives with power of attorney.
- 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. For example, people had regular opportunities to go out.

# 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

- Staff knocked on doors before entering, even if the door was open.
- Staff were discreet when speaking to people or about people's needs in most cases. However, a staff member said to a person, "[Name], can I do your sexy knee?" and then proceeded to lift the lady's skirt up and apply ointment to their knee. While the person appeared not to mind, this took place whilst the person was sat at the dining table with three other people waiting for their meal to be served. Following the inspection, the manager advised that this was raised with staff to ensure they knew it was not appropriate.

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

- People told us that staff were kind and respectful. One person said, "Everybody is so happy, they help us, we do silly things, it's fun. We don't get told off." A relative told us, "They are lovely."
- Interactions observed were positive and friendly. We heard and saw staff being attentive and reassuring to people.
- Staff engaged with people as they passed.

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.
- Care plans included a record of people's involvement.
- Staff asked people before supporting them. For example, if they wanted their meal cut up or if they would like a drink.

# 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. Two people told us they did not like it when agency staff worked at the home as they did not know people well. The management team told us they were trying to reduce the use of agency and they could read the profile page on people's care plan. We discussed the practicality of this and other ways they could ensure they had quick access to up to date key knowledge about people.
- Care plans covered most areas of people's needs. They were easy to follow, however reviews were due in some areas as some monthly reviews had not been recorded as completed for the previous month.
- Care plans provided guidance about how peoples' care needs should be met. However, staff did not read the care plans. One staff member said the training manager had told them they need to read all people's care plans before they started to deliver care, but they had not been able to find the time to do this. They told us, "We get little time to read care plans, you read them as you go if you can. We get moved to different floors, we need more time to get to know people's needs."

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. Large print information was available.
- 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.

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 gave mixed views about the amount of activities provided. One person said, "You can do things, whatever you want really. I potter and dust. It really is a home." Some people told us they preferred their own company. One person told us that they didn't like the noise of large groups, we encouraged them to speak with a staff member about how they could support them with this.
- There were activities going on during the inspection. The group activity was a quiz during the morning and there were also some crafts, which people were engaged in.
- Activities were planned to appeal to people's interests. For example, a themed day based on a person's heritage to help boost their wellbeing.

- The home offered a day centre for people who lived in the community and people who lived in the home joined in with activities provided in this centre. One person who used to be a member of the day centre but now lived at the home, helped each day in the day centre.
- A poster was displayed listing all the activities planned for each day.

#### Improving care quality in response to complaints or concerns

- People and relatives told us that they had no complaints about the care and felt confident to raise an issue if one arose. One person said, "I would speak to one of the managers."
- Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends.
- Meetings were offered to complaints to try and resolve any issues that arose.

#### End of life care and support

- At times, end of life care was provided at the service. The team worked with the frailty nurse to ensure they had up to date knowledge and people were supported in a dignified and pain-free way. We were told by an external health professional that staff were confident to have difficult conversations with family members about end of life care.
- 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. Plans were developed by the frailty nurse, with people and relative involvement.

## 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 Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 manager and the running of the home. A person said, "It's a wonderful place, I would recommend it to anyone." A relative told us, "If I needed to move in somewhere, I'd come here."
- Relatives told us that staff were very responsive to any concerns or worries about a person's welfare. However, a relative told us they were concerned as a person who lived with dementia had taken to walking in and out of their family member's room. This had the effect of making the person anxious and unsettled. Relatives said they had raised their worry with staff and management, but no-one had suggested any options to address this. They had asked the relative to be patient with the person because they had dementia. Following the inspection, the manager told us that they had met with the relative and a plan was in place.
- Staff told us that the management team were very approachable and supportive. One staff member said, "I am so glad [Manager] is back from maternity leave. She is so approachable, and her door is always open."
- The registered manager worked well with the deputy manager to ensure that people received care in a person-centred way. They gave guidance to staff and explained the importance of it.

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. 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.
- One relative told us that although they found the management team to be open, approachable and helpful, actions to address the issues raised were not always effective and sometimes repeated. The manager was working on ways to ensure systems were more robust.

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 satisfy themselves that standards were to those expected and regulations were met.
- Where these checks had identified shortfalls, action plans were implemented to address the areas. We

found that this had been effective as the service provided people safe and appropriate care. However, the checks had not identified the issues found relating to pressure mattresses and records. We also found that where some issues had been identified, actions taken to resolve the issue were not always effective. For example, where staff had been seen walking round the home in gloves, this was also seen on inspection. We also saw that the provider visit report 17/07/2019 identified lack of verification of references in line with good practice recommendations. This was still the case.

- Environmental and dignity checks around the home had not identified that continence products were stored in the corners of people's rooms. These were on display to anyone walking past and did not promote people's dignity. We raised this with the management team. Following the inspection, the manager told us that these had been moved.
- The regional manager visit report in May 2019 identified some issues in the approach from staff to people. Use of language such as going to "do [Name]," and, "Hi Gorgeous." This practice was still in use on the day of inspection. Our observations showed that some interactions were meaningful, however staff did keep asking a person to sit down. Although they did so in a kind and patient way, they did not explain why they might like to sit down. For example, to have their lunch. This remained an area that they needed to work on.

We recommend that the provider ensures actions set to address shortfalls are robust and measurable.

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

- There were regular opportunities for meetings where people told us they could speak freely. The meeting notes included actions and feedback for people. We saw actions had been completed or were in progress.
- Staff also told us that there were regular meetings and opportunities to speak with a member of the management team. A staff member said, "Manager is lovely, very fair. I am happy to ask her questions."

Continuous learning and improving care

- Incidents and events were reviewed, and meetings discussed any learning as a result.
- People did not feel that the home could be improved. A person told us, "It is well managed and well organised. You couldn't improve this home." Another person said, "If you have to live in a care home this is a good one. There is nothing to improve."
- We advised the management team that we found care plan cupboards unlocked and an unattended office which held people's records. They assured us this would be corrected straight away.

Working in partnership with others

- The management team worked with the local authority and a local care provider's association to address areas they found as needing development and training opportunities. An external health professional told us, "This is one of the nicer homes, the staff are caring and friendly, there is always something going on, usually it has a lovely vibe."