

Quantum Care Limited

Garden City Court

Inspection report

Whiteway
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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

We carried out an unannounced inspection on 24 and 27 January 2017.

Garden City Court is a purpose built home for up to 75 elderly people who are frail and may also have dementia. As well as the residential beds, the home also has 15 interim care beds for people who were recovering after a hospital stay.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. In our previous inspection we had found that staff did not always respond to call bells in a timely manner. In this inspection we found that this was no longer an issue. Previously people using the service felt that there were not enough staff to support them safely. This was also no longer an issue as there were sufficient staff available to support people.

The provider had robust recruitment processes in place. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Staff were given the opportunity to get to know the people they supported.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices. Staff supported people to maintain their health and well-being.

Feedback was encouraged from people and the manager acted on the comments received to continually improve the quality of the service. The provider had effective quality monitoring processes in place to ensure that they were meeting the required standards of care. There was a formal process for handling complaints and concerns which were investigated and resolved in a timely manner.

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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

Quality monitoring audits were completed regularly.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of a high quality.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

The manager was approachable and provided strong leadership and direction for staff.

Garden City Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was a return inspection. We had previously inspected the home on 3 August 2016 and rated them as 'requires improvement'. This inspection was carried out to check whether the provider had made improvements in order to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 and 27 January 2017. The inspection team consisted of one inspector from the Care Quality Commission and two experts 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.

We reviewed the provider action plan which the provider had created in response to our previous inspection. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager. We also spoke with five care staff, and 12 people who used the service. We spoke with one visiting relative. Visiting professionals including a doctor and physiotherapist. We looked at the care records of six people who used the service. We had reviewed the recruitment and training records in our previous inspection.

We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

We previously inspected the home and found that they were not meeting regulations because staff did not always respond to people's call bells in a timely manner. People also expressed to us that there were not always enough staff available to support them safely. During this inspection, we found that the provider had taken steps to meet the regulations. We were shown how the manager had arranged for staff to be retrained in the use of the call bell system and the system itself had also been simplified to eliminate any confusion. Both staff and the manager told us that this had made answering calls bells a lot simpler.

We also saw that any calls that were unanswered within two minutes diverted to the managers system and alerted them. The system also alerted the manager as soon as an emergency bell was pressed. We observed during our interview with the manager that their systems went off alerting them that a call bell had sounded for longer than two minutes. The manager immediately investigated why the call bell had not been answered. We saw that in every room call bells were easily accessible. We saw that more staff had been recruited and from the response of people using the service and staff we could see that these changes had had a positive effect on the support people received.

People we spoke with told us that they felt safe and relatives also confirmed this. One person said, "I feel safe here I'm very pleased". Another person said, "Yes I feel safe I have nothing to moan about, it's like having nothing to worry about." A third person said, "I feel safe here I was lonely before, I have a lovely clean room and I have a nice view from my window, I don't press my buzzer very often but when I do I only wait for a short time." A fourth said, "I feel safe because of the people around me."

Throughout the day we observed care staff supporting people using safe working practices to hoist people and move them around the home. People were spoken to throughout the process and felt safe when being assisted by staff. One person said, "I had a fall and was brought here till I'm better, but I don't want to go home, it really is lovely". We asked the person about the response times when they rang their buzzer and if staff were ever rude to them. This person said, "No never, not to me, I was poorly (tummy bug) last week and kept having to ring my buzzer because I needed changing but they never moaned once."

Staff we spoke with told us that there had been an increase in staff numbers since our last inspection and they were able to support people better. One member of staff said, "We have had more staff start and it is better now." The manager also told us that the staffing levels had increased and they had recruited more staff on units.

We saw that needs assessments were carried out for people to determine the level of care that they required and staffing levels were calculated in accordance with people's needs so that they could be supported safely.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told

us that they knew how to recognise and report any concerns they might have about people's safety. Staff said that if they had concerns then they would report them to the manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm.

Risk assessments had been undertaken in relation to people's identified support needs and these were discussed with the person or their family member and put in place to keep people safe. Risk assessments were detailed and covered areas such as pressure areas and manual handling.

Staff recorded and reported on any significant incidents or accidents that occurred and the manager investigated these. There were PEEPs (personal emergency evacuation plans) in place for each person which guided staff on how to safely evacuate each person in the event of an emergency. If a person was at risk of falls then a falls risk assessment had also been completed.

Staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed to.

Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines and allergies were clearly labelled on people's medicines administration records (MARs). We asked people about how they were supported to take their medicines. One person said, "I told [staff] you go, don't worry, I will take my tablets but [staff] said no, I will watch you take them." A second person said, "I'm going home tomorrow, I had a fall, I have been here a few weeks and they have been brilliant I cannot fault them, yes they watch me take my medication it really is a lovely home nothing is too much trouble for them (staff)."

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff told us that they were supported by the provider to gain further qualifications and training. The manager told us that since our last inspection, they had recruited more staff and carried out further training. One the day of our inspection we saw that training sessions were underway in the staff training room. One member of staff said, "We get lots of training, there is always something to sign up to."

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a three day induction when they joined the service, in which they covered the home's mandatory training which also included safeguarding, health and safety, and dementia care.

Staff we spoke with told us that they had received supervision and appraisals. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt that the manager listened to their views and concerns.

Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. We noted that applications were in progress for people if they had been assessed as being potentially deprived of their liberty.

Staff always gained consent from people and understood the importance of gaining the consent of people who used the service. We observed throughout the day that staff would ask people for their consent before providing any form of support. People were also asked to sign their care plans and consent to the care they were provided with.

Care records showed that staff supported people where possible to maintain a healthy weight. We observed that people were encouraged to eat well throughout the day and care records showed that when people did not eat their full meals then staff would encourage snacks. For example we saw from one person's daily

record that they had stayed awake during the night. Staff had supported the person throughout the night and also given them snacks and drinks. We noted that there were kitchens available in the centre of each unit. One member of staff commented, "The kitchen being on each unit promotes an 'at home' feel and of course the smell of coffee and toast encourages them to start the day with a good breakfast." We observed people having their breakfast and reading newspapers as they ate. We looked at the available menu and noted that there were five choices of a hot breakfast, six cereal choices, and multiple choices of hot and cold drinks.

People were encouraged to maintain their health and wellbeing through regular appointments with healthcare professionals. While at the service we spoke with the resident physiotherapists and visiting doctors. They told us, "The staff are quick to act on what advise we give them, they follow instructions and will let us know if there are any changes in people."

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be complimentary of the staff and felt cared for. The rating continues to be good.

One person said, "Yes they're very caring and always knock, even if my door is open. We are very well looked after. It's up to me if I go to the dining room or stay here they really don't mind." Another person told us, "Staff are very caring, nothing is too much trouble for them. Yes I do believe it's genuine and they are very helpful." A third person said, "I drink gallons of milk and the girls know this, there's always plenty on hand for me, and I can have as much as I want, they have joked with me and told me they will bring a cow right outside my window." A fourth person said, "I would say they really do care about me, they're more like friends."

Staff we spoke with had a continued understanding of people's individual backgrounds, ages, likes and dislikes. Interactions between staff and the people using the service continued to be positive with staff sitting with people and moving to eye level when talking with them. We saw that information about people was taken from care plans which were detailed, reflected their care needs and were reviewed monthly. People we spoke with also confirmed that they were involved in making decisions about their care through regular reviews and discussions.

Staff respected people's privacy and dignity. We saw that doors were kept closed when people were receiving personal care. Some people also had locks on their doors so as to further support their privacy. All the people we spoke with felt that they were treated with respect and that their privacy was protected. One person said, "We get newspapers every day, my room is always clean and the girls always ask me if I'm ready to get up or if I want to stay in bed a bit longer. It's my choice, we get a lovely cooked breakfast and they will always give me a cuddle."

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. One person using the service told us they had previously worked in healthcare. They said, "I used to be a state registered nurse and have looked after old people when I was younger and I can identify these girls here as being very kind to us. There's always someone about who I can have a chat with, they're very busy with some of the other ladies who need more help than me but they make time. Sometimes I would say we are a bit short staffed but I have never had to wait more than a few minutes if I call someone."

A relative told us, "The facilities here are first rate, the staff are brilliant. I would give the food a 9/10 and [relative] is encouraged to eat well." We saw that relatives visited throughout the day. Relatives told us that they had chosen the home for their relative because it was clean and they felt it could cater for their relative's needs. A relative said, "We really like the feel of the home, its clean and tidy. No smells. The staff all seem lovely."

The manager told us that the home was able to adapt to people's changing needs. We saw that the home was able to cater for people's different wishes. For example one person was able to bring a pet with them. We saw that the home accommodated the person's pet and we observed during the inspection that staff would take it for a walk outside of the home as well as the person also walking it around. The person told us, "I'm very pleased and I'm also allowed to keep my [pet]."

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates and staff handovers. Staff told us that they worked together and assisted in other units when needed.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. We were told and we saw that people knew the care staff and the care staff knew them well. This allowed for a personal service which we saw worked well for all.

The home also had an activities coordinator who organised daily activities for people. We saw that participation in the activities was the choice of the person and if they did not wish to get involved then their decision was respected. People told us that they had choice throughout the day as to what they wanted to do. We observed people moving about the home and sitting in groups talking.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. We saw that complaints had been investigated by the manager in accordance with the homes complaints policy. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided.

Is the service well-led?

Our findings

In our previous inspection, we had said that the home was not well-led because of the issues with the call bell response and staff. Since those issues have now been resolved the home can now receive a rating of good for well-led.

The service had a registered manager in place. People knew who the registered manager was or who they needed to go to if there were any issues or concerns. A member of staff said, "The new manager is very good, she gets involved and doesn't spend her time in the office." Another member of staff said, "We feel supported by the manager as a whole, she listens to us and values our opinion."

The home and staff demonstrated an open and transparent culture. Staff told us that it was a good home to work in and that the level of detail they put into their work made it person centred in its approach. There was evidence that the provider worked in partnership with people and their relatives to provide care that was centred on them. One person said, "I love it here, I was upstairs before and had to be moved down here, my son went to great lengths to move me back but I got so used to the girl's down here that when it was time for me to move I said I wanted to stay on this floor. They [staff] will do anything for you."

Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided. The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

The manager was aware of everything that was happening in the home and had an open door policy for staff and visitors. The registered manager also told us that they would visit the units during the day in order to meet people and relatives. Where needed they would also assist with supporting people.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the registered manager was approachable and supportive towards them. Staff knew their roles and responsibilities well, felt involved in the development of the service and were given opportunities to suggest changes in the way things were done.

The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.