Quantum Care Limited

Garden City Court

Inspection report

Whiteway
Letchworth Garden City
Hertfordshire
SG6 2PP

Date of inspection visit:
03 August 2016

Date of publication:
05 October 2016

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

We carried out an unannounced inspection on 3 August 2016.

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. Staff did not always however respond to call bells in a timely manner.

The provider had robust recruitment processes in place. People using the service did not always feel that there was sufficient staff available to support them safely. 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 but these did not cover all areas. There was a formal process for handling complaints and concerns which were investigated and resolved in a timely manner.

We found the provider was in breach of a regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all the units had 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?

Requires Improvement

The service was not well-led.

Quality monitoring audits were completed regularly and these were not always used effectively to drive continual improvements.

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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 3 August 2016. The inspection team consisted of one inspector from the Care Quality Commission 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. There was also a specialist advisor present at the inspection who specialised in nursing care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. 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 nine care staff, and eight people who used the service. We spoke with five visiting relatives. We looked at the care records of eight people who used the service and the recruitment and training records for six staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

We had a mixed response from people about the number of staff employed. We saw that on some units there were up to five staff available to support people but on other units there were just three. We found that people on the units with more staff felt that there were enough staff available to support them. Also people within the 'interim' unit also felt that there was sufficient staff. In the two units 'Holly' and 'Oak' however people felt that staffing numbers were not always sufficient for their needs. Several people we spoke to on this unit told us that there was not enough staff to support them. One person said, "We have to wait a long time. If there are three of them on and someone needs two people to help then everyone else has to wait." A relative also said, "I've noticed that when I phone in to see if everything is ok, often the phone on the unit isn't answered." Another person using the service commented about staff and said, "There aren't enough staff here for everyone," A relative we spoke with put this shortage of staff down to a high turnover, They said, "There has been a very large turnover of staff here I believe." When we spoke with staff about the staffing variations on the units they told us that there was always extra staff available to support other units. One member of staff said, "If they need help on another unit they let us know and someone will go over and help." The manager also told us that the staffing levels were calculated according to the needs of the people they were supporting, if the needs changed then they were able to bring in more staff to support them. We saw that needs assessments were carried out for people which assisted the manager in determining the number of staff required to support people safely.

Where needed, people had the use of a call bell system to call for staff. We saw that in every room call bells were easily accessible. Again we had a mixed response from people regarding the answering of call bells. Some people told us that staff were quick at responding to them. We also observed that call bells on two units were answered by staff quickly. However on the units with less staff deployed, people told us that they had to wait longer for the call bell to be answered. One person said that at night the times would fluctuate, they said, "I could wait five minutes but it could be up to half an hour." Another person said, "I try not to use the call bell, I wait ages when I do." During the inspection we also tried the call bell in one room in order to find a carer to attend to a person who required support. We waited 14 minutes for the call to be answered and eventually went to find a member of staff. As we passed another room along the corridor a person said to us, "I've been waiting ages". We spoke with the manager about this and they told us that they did not carry out any formal checks on response times. We did however note that people were asked in the last residents meeting about the call bells and people had said that they were happy with the response times. We also noted that in the most recent staff meeting staff had been reminded of the importance of answering call bells quickly. After discussions with us, the manager did state that they would look at introducing a regular check on call bell response times and ensure that the agenda for resident meetings included call bell response times. This would mean that if there were any issues with staff responding it could be picked up and acted on.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People we spoke with told us that they felt safe and relatives also confirmed this. One relative said, "I can walk away and be assured [relative] is safe here." Another relative said, "I can't fault it here, we are very

happy with the care here."

Throughout the day we observed care staff hoisting people from their wheelchairs to chairs. These were practised safely and the people were spoken to throughout the procedure and reassured. We saw that individual use slings were in use and were put under people 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.

Documentation confirmed that both individual and general risk assessments had been undertaken in relation to people's identified support needs. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. We saw that risk assessments were in place for areas such as pressure areas and manual handling. We saw that the risk assessments were detailed and, where required, clearly stated clear control measures such as the number of care staff required to move the person safely and whether slide sheets were required to assist the person.

Staff recorded and reported on any significant incidents or accidents that occurred and the manager investigated these. If there were lessons to be learnt from the accident or incident then this would also be actioned through changes in processes or further training. Staff said, "We are always looking out for people". They told us how they took action when accidents occurred. For example, they told us that a person fell off their bed regularly, so staff looked at options on how to keep the person safe without the use of bed rails. They looked at the use of a 'low rise' bed with crash matts. This was discussed with the person and the family and agreed to be the least restrictive way of ensuring the persons safety without restricting their independence. 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.

Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). There were clear instructions as to how a person should be supported to take their medicines. We saw that allergies were clearly labelled on people's medicines administration records (MARs). There were no gaps in the MARS charts and if a resident did not have a medicine this was clearly documented. There were photographs and a staff log of signatures in each file. Medicines were stored appropriately, we went into the treatment room and found that the cupboard doors inside were locked and all medicines were kept secure. We saw that unwanted medicines were stored in a box waiting to be returned to the chemist. We advised the manager that the correct procedure was to use a denaturing kit where the drugs could be placed into the bottle rendering them unusable. This would be a safer way of disposing of the medicines and would prevent any potential abuse. We spoke to the manager

about this and they immediately arranged for a denaturing kit to be sent to the home. Staff records showed that staff were trained on the safe administration of medicines.

Good

Is the service effective?

Our findings

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. One member of staff said that "This is a good home to work for and I feel supported."

The manager told us that they were always looking to increase staff knowledge base to ensure they could provide the best possible care and support. Staff we spoke with also confirmed this. They said, "We sometimes focus on key areas, it's maybe because we need to learn more about it or if there have been some problems."

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, and staff files we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to. Staff also said that they would be observed if an error had occurred. One staff member said, "Supervisions happen, but when there are issues the observations are increased."

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. A staff member told us, "Even if [person] can't respond, I talk them through and watch for facial expressions and body language, if they don't seem happy then I stop." People were 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. One person told us, "We get weighed regularly here; I need to put on weight they tell me." We were told that staff

encouraged people to eat well and this was further evidenced throughout the day and during our lunch time observations. One person said when they sat down for lunch, "oh, we are being spoilt here." We noted that staff checked carefully what people wanted for their lunch, and if they did not like what was on the menu then an alternative was offered. Staff told us that one person had a vegetarian diet so they would ensure that the person had a variety of foods available to them. We observed during lunch that people were offered a variety of options and were also offered additional potions as well. One person who was offered one of two deserts which was either cake or fruit said, "Can I be naughty and have cake with strawberries?" staff obliged and gave the person a mixture of both dessert options. We also saw that another person asked staff if they could also have strawberries. One member of staff mentioned to them that they may be too hard for them to swallow, so another member of staff then offered to soften them so the person could enjoy them without the risk of choking. The person was happy to have the strawberries mashed up. We saw that people were weighed on a monthly basis. Where people were identified as being underweight food charts were out in place and a referral made to the dietitian if appropriate. We saw some people were on supplement meals and fortified juices due to recent weight loss, and staff were aware of who ate well and who required prompting. Each person who had a chart had the reason for the food chart written on top. For example, one person required one because they were diabetic and had a high body mass index (BMI). Another person had a food chart because they had a low food and fluid intake. We saw that all this information was available in a folder that contained the food and fluid charts. There were also leaflets on 'hydration boosters', and these detailed how staff how much fluid was contained within food.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals, for example opticians, GP's, district nurses and chiropodist. We saw that where advice was given staff adhered to this. For example, for one person who was regularly reviewed by the district nurse, they had advised that the person would be out of bed for two hours at mealtimes and then to return to bed. This was because they had poor skin integrity and prolonged episodes in a chair could be detrimental to their skin. We saw that staff were aware of this and encouraged the person to remain out of bed for two hours per day. We saw that these appointments were recorded in the person's care plan. If family members were unable to attend appointments then staff would attend with the person.

Good

Is the service caring?

Our findings

People commented positively about the staff. One person said, "The care is excellent and they seem to work well together as a team." Another person told us, "Some of the carers are very good but some are just ok." Relatives we spoke with were complimentary of the staff. One relative said, I can't fault the care here," while another said, "The carers are very good; they give love and compassion to my [relative]."

Staff we spoke with had a good understanding of people's individual backgrounds, ages, likes and dislikes. We observed many positive interactions between staff and people using the service and saw that staff were kind in their approach. For example we observed one member of staff give a hand massage to a person after lunch. One member of staff said, "Although we are busy, we make time for people, even if I'm carrying out a task I will talk to the person, even if it's just for a couple of minutes, it's important to have dialogue." Another member of staff told us that they had personal experience of dementia. They said, "This could be your mum, that's what we remind ourselves of." Another member of staff told us, "The ethos is to put the person at the centre of the care, it's not always easy. We have to be proactive and prioritise things." Another member of staff told us, "We set the bar high every minute of the day."

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. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care. For example, for one person it stated under 'leisure and recreation', that they did not wish to be out of their room for longer than two hours and that they were to be return to bed and have the television on in their room. We saw that people were also asked if they would like a key to their room and whether they wanted the door closed or left open if they were in their bedroom. We saw that staff had discussed people's last wishes with them or their families and clear instructions were available. We saw that one person had expressed the wish that if they became unwell they would wish to remain in the care home and not to be taken to hospital. This illustrated good practice in the home because they discussed these matters with people to avoid unnecessary distress and unwanted hospital admissions.

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 to 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 can say if we want male or female carers. I wouldn't normally want a man helping me but there is one here who is so kind and lovely I don't mind at all." Another person said, "They always knock on the door if they want to come in." Staff told us that they would encourage people to maintain their dignity and would support them while also promoting their independence. We observed throughout the day that people were well dressed and well groomed.

Good

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. Relatives told us that they could visit at any time and there were no restrictions on visitors coming in to the Home. 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. They said, "[another relative] was at the other home and I wanted [relative] to come here, it's very clean and staff are lovely girls."

The manager told us that the home was able to adapt to people's changing needs and this is why people were referred from the local hospitals. We saw that people would come to the home from the hospital in order to recover but if their needs changed then the home was able to offer a longer term stay or even permanent accommodation. One relative spoke to us about how happy they were with their relatives care, they said, "all [care staff] are lovely….. They do a great job…it's like a hotel and [relative] is always well kept".

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 peoples care plans through regular updates and staff handovers. Staff told us that they worked together and assisted in other units when needed. They told us that if a person's needs changed in a shift then this information would be passed to the team, who would all support each other to ensure the person was supported. They said, "[Home] is not hugely hierarchical, we ask for help if we need it."

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. There was a chart available and we saw that on the day of our inspection there was a visiting entertainer on site. We saw that approximate 20 people attended the activity and were a mix of people from all the units within the home. People seemed to enjoy the activity and it gave people the chance to meet with people from other units and interact. People told us, "They do have entertainers from time to time and they seem to enjoy that." Other people who did not get involved with the activities said, "I don't join in much but I do love reading and my family bring me books." 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. We observed one group of people who moved into the dining area to have a chat. They were very comfortable and seem to enjoy having the chance to talk with each other. We also observed two people returning from entertainment on another unit, they had walk

unassisted and came and sat in the lounge area; when they returned staff entered into polite conversation and offered them tea and coffee while they settled down with some books. We also observed one person in the kitchenette preparing a drink for themselves. Staff told us that they encouraged people to 'help themselves' to drinks and to make teas and coffee. They told us that they were aware of the people who were able to prepare drink with little support and those who needed support they would assist. This showed that people had their routines and staff respected their decisions.

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 in 2016 three formal complaints had been made and 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. The people we spoke with said that they had no complaints.

Requires Improvement

Is the service well-led?

Our findings

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. One member of staff said, "Management are supportive and assist when needed." They said the manager encouraged staff to share best practice and created an open and transparent culture. Many staff knew the manager from previous homes they had worked in and said the manager was easy to work with and had supported them in their roles. One member of staff said, "The atmosphere is really good, I really enjoy working here." The home and staff demonstrated open and transparent culture throughout. 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 so that they had the feedback they required to provide a service that met people's needs and expectations and make improvements. The manager regularly sought people's views about the quality of the care however we noted that issues around the time it took for call bells to be answered were not picked up. 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. We saw that 15 written compliments had been received in 2016.

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. However although the provider did have a system available to them that could provide them with an audit on call bell response times, this was not used to its potential. Due to feedback received by people during our inspection the manager told us that they would look into monitoring the call bell response times as part of future audits as well as adding it as a permanent item on the residents meeting agenda.

The manager was aware of everything that was happening in the home and had an open door policy for staff and visitors. When talking about the provider and the home one staff member said, "It is a very good company to work for" and when talking about the staff that worked with them, they said, "It's a good team",

Some people using the service and their relatives knew who the registered manager was but some did not. We saw that the manager's office was close to reception and the door was kept open so people could come in at any time. The registered manager also told us that they would visit the units during the day in order to meet people and relatives. They said that they also organised a regular 'cheese and wine' evening, in which relatives were invited to the home to meet staff. This gave people using the service and relatives the opportunity to speak to the registered manager about any issues that they had.

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 registered manager said that staff were encouraged to make suggestions and encourage best practice.

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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff available to respond to people's call bells within an acceptable time frame.