Care Quality Commission

Quantum Care Limited

Tye Green Lodge

Inspection report

Tye Green Village
Yorkes
Harlow
Essex
CM18 6QY

Tel: 01279770500
Website: www.quantumcare.co.uk

Date of inspection visit:
23 November 2017

Date of publication:
10 January 2018

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

The inspection took place on 23 November 2017and was unannounced.

Tye Green Lodge 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. Tye Green Lodge provides accommodation and personal care for up to 61 older people including those living with dementia. Accommodation is located over two floors and divided into four units. At the time of our inspection there were 60 people living at the service.

There was a registered manager in post. 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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

We saw improvements in how medicines were stored, administered and managed and improved infection control practices were in place. The premises were clean and safe for people as regular checks of the environment and equipment were undertaken.

People received safe care as any risks had been identified and were well managed by staff who knew people well. People told us they felt safe and relatives felt confident that their family members were well looked after.

People remained protected from the risk of abuse as staff had received training and understood their safeguarding responsibilities and the reporting process. Lessons were learned from accidents, incidents and complaints. These were recorded and analysed with actions taken to minimise the risk of re-occurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received training and support with learning to help equip them with the skills and knowledge required to support people effectively. Staff felt well supported through the supervision and appraisal process and the 'open door' policy adopted by the management team.

People were supported to have enough to eat and drink and received timely support to access healthcare professionals when their health needs changed. If people had particular wishes for end of life care these were discussed and recorded. Systems were in place to support people with symptom control and pain relief.

There was a longstanding and stable staff team who were kind and caring and knew people well. People were treated with dignity and respect and felt listened to. People received care and support how they liked it and their independence was encouraged. Visitors were made welcome at the service and people were helped to maintain relationships that were important to them.

Care plans were personalised and were regularly reviewed to reflect peoples' current needs. People's viewpoints were actively sought and the service responded positively to feedback and complaints. The home environment was warm and welcoming with lots of opportunities for activities, stimulation and social interaction that met people's needs and preferences.

Staff, people and relatives were all included in the running of the service. Quality assurance systems were in place to monitor the safety and effectiveness of the service and drive improvements. There was robust oversight of the service and clear lines of accountability at staff, management and provider level.

Further information is in the detailed findings below.

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 has improved to good.	**Good** ●
Is the service effective? The service remains good.	**Good** ●
Is the service caring? The service remains good.	**Good** ●
Is the service responsive? The service remains good.	**Good** ●
Is the service well-led? The service remains good.	**Good** ●

Care Quality Commission

Tye Green Lodge

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 comprehensive inspection took place on 23 November 2017 and was unannounced. It was undertaken by two inspectors 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.

Prior to our inspection we reviewed all the information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events, which the provider is required to send us by law. We also reviewed information received from relatives of people who used the service and information shared with us by the safeguarding and quality improvement teams of the local authority.

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.

Over the course of our inspection visits we spoke with the registered manager and six staff. We also spoke with 11 people who used the service and six relatives. We reviewed various documents including 6 people's care records, 2 staff files and other relevant documentation such as training records, quality audits and minutes of meetings.

Good

Is the service safe?

Our findings

At the last inspection we found that improvements were required in the safe management of medicines. At that time we saw that a the senior member of staff signed to say they had administered topical creams when it was actually the care worker supporting the person with personal care who had applied these. We also observed poor infection control practices from staff administering medicines which put staff and people at risk of cross infection. At this inspection we saw that lessons had been learned and improvements had been made and medicines were now well managed.

People's medicine administration records (MAR) for creams were now kept in a separate folder and the care worker responsible for administering the cream signed the sheet. We looked at people's cream MAR's and saw there were no gaps in the records which showed that people had received their cream as prescribed. Body charts were used for staff to indicate where they had applied the cream. We observed a member of staff completing a medication round. The staff member followed good infection control practices, spoke to people respectfully and gave people time to take their medicines.

We saw that medicines were stored safely and within the recommended safe temperature levels. MAR's were in place and there were no gaps in the records that we looked at evidencing that people had received their medicines as prescribed. Protocols were in place to provide guidance to staff regarding 'As needed' (PRN) medicines. People were supported to self-medicate if possible, for example, we saw one person who was supported to manage their 'inhaler' independently.

All staff at the service were trained and assessed as competent before they administered medicines. However there had been a number of safeguards raised due to medicine errors. We saw that the service had learned from their mistakes and had made various improvements to their systems and processes. For example, medicines were now kept in one place rather than on each floor. The registered manager told us this had improved efficiency of medicine audits. Increased checks were in place which meant that medicines were monitored four times a day. All staff had to sign a sheet if they were the person responsible for administering medicines on each shift. This meant that if the daily checks identified a missed signature on people's MAR this was immediately followed up by the senior completing the audit who would ring the staff member to find out why there was a gap. Where errors were identified, the staff member responsible would receive supervision and retraining if necessary to ensure their competence. In addition, the registered manager reported that through mistakes made they had learned the importance of monitoring not just staff competence but staff wellbeing as this impacted on their ability to concentrate which was necessary in order to administer medicines safely.

Our observations and feedback we received from people evidenced that the service supported people in a way that was safe but not restrictive. We saw people moving freely around the home environment with support from staff available if needed. People who had been assessed as safe to do so, were able to come and go as they pleased independently. One person told us, "If we want to go out anywhere, we can use the community bus it takes us anywhere in Harlow; it's designed for disabled and elderly people so it's safe."

We looked at six people's care records and saw that there were comprehensive risk assessments in place which identified the specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. Risks to people were regularly reviewed and updated when things changed so that staff always had access to up to date information about how to safely meet people's needs. Information about risk was also shared at the daily hand-overs when staff came on duty. We saw that the service had responded promptly to changes in people's needs and took appropriate and timely action to keep people safe, for example, making referrals to health professionals for treatment or equipment. Staff we spoke with demonstrated a very good awareness of the risks to people and could describe how they would manage them. For example, where a person had a catheter, a staff member told us, "We check its draining properly and is not blocked and look at the colour and smell of urine to check for infection."

Staff had received training in how to safeguard people from the risk of abuse. They were able to give examples of the signs and types of abuse and discuss the steps they would take to protect people including how to report any concerns. Staff felt confident that they would be able to identify if a person was being abused. One staff member told us, "When you know people well, it's easy to pick up on any changes." We saw that residents meetings had been used as an opportunity to talk to people about safeguarding. In this way the service helped people to understand what constituted abuse and what to do if they thought that they were being abused.

The service had a whistle-blowing policy which provided guidance for staff on how to report concerns in the workplace. All of the staff we spoke with had read the whistle-blowing policy and told us they would feel confident to whistle-blow if necessary.

People told us there were sufficient staff deployed to safely meet their needs. We observed that staff were attentive and had time to spend with people. A relative told us, "There are enough staff, they are very attentive; I'm here every day so I would know." We saw that when people rang for assistance using their call bell, staff responded promptly. Another relative told us, "There are always plenty of staff around checking on residents." Staff also said that there were enough staff and that they were not rushed and had time to spend with people.

Staff were recruited safely. Checks on the recruitment files of two staff evidenced they had completed an application form, provided proof of identity and satisfactory references were obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Infection control policies and procedures were in place and a hand hygiene audit completed yearly. Staff had received training in infection control and were able to talk about how they prevented the spread of infection. We observed staff using gloves and aprons when providing care and support which represents good infection control practices. A weekly environmental check was completed and we saw hand sanitisers placed around the home which were filled up and in good working order. We noted that the service was exceptionally clean with no odours. Domestic staff worked continuously around the building throughout the day of inspection cleaning people's rooms, bathrooms and communal areas.

Regular fire safety checks and fire drills were completed and people had personal evacuation plans in place which were held centrally to provide guidance for staff in the event of an emergency evacuation. There were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety checks and maintenance checks were completed regularly and any necessary action taken. However, we were advised that whilst daily checks of bed rails were being

carried out by staff these checks were not formally recorded. This meant we could not be assured that the checks had been consistently completed.

We discussed our concerns with the registered manager who gave assurances that this would be addressed to ensure a more robust system of monitoring bed rail safety was in place.

Accidents and incidents were logged and analysed and the service took appropriate action to mitigate risks such as making a referral to the falls clinic or GP or ordering equipment such as floor sensors or bed rails. However, we found that the current recording practices did not reflect the actions the service carried out to reduce the risk of harm to people. This meant it was not easy to identify what measures had been put in place to keep people safe.

We discussed this with the registered manager who immediately re-designed their paperwork to ensure that all actions taken were clearly recorded to support more effective monitoring of risks to people.

Good

Is the service effective?

Our findings

At this inspection, we found people continued to be supported effectively and the rating remains good.

The service thoroughly assessed people's needs, considering all aspects to provide a complete picture of the person. Consideration was given not only to people's physical needs but also emotional, psychological, spiritual and social needs, for example, identifying what made people laugh and how people liked to relax. We saw that the service had considered best practice guidance such as the use of 'doll-therapy' to promote emotional wellbeing in people with dementia. Doll therapy can provide comfort, sensory stimulation and promote purposeful activity if used in a person-centred way. On the day of inspection we observed a person with dementia absorbed in the task of rocking a doll in their arms, they smiled as they nursed the doll and stroked it's hair.

Staff had received regular training, supervisions and appraisals to ensure they had knowledge, skills and support to be competent in their work. Staff told us the training was of good quality and was delivered face to face. The training provided was tailored to meet the needs of people who used the service. A staff member told us, "We only have to ask if we want any specific training and they will arrange it." Staff were encouraged and supported to complete advanced qualifications in health and social care and new staff were inducted into the service using the Care Certificate. The Care Certificate represents best practice in preparing staff to work in the care sector. A staff member described their induction experience, they told us, "I never felt like I didn't have enough time to learn, no-one expected me to work on my own until I felt confident; that is really good."

People and relatives told us staff were competent and they received a good service. A person told us, "Here you only have to ask you'll get help; whatever you want." A relative said, "The staff definitely know what they are doing."

Staff told us they felt very well supported by their colleagues and management. One staff member said, "There is always someone to ask; we work as a team and support each other." We saw that the staff team worked very well together demonstrating good communication and information sharing. We observed a senior come into the dining room after lunch and check with staff how well everyone had eaten that day. This good practice extended to external agencies and health professionals. We saw that when health professionals visited, this was recorded and the information was shared with staff and updated guidance was added to people's care records.

People were supported to have enough to eat and drink that met their needs and preferences. Snacks and drinks were readily available and encouraged throughout the day and people said the food was good. One person said, "The food is great, whatever you want they do for you; they put themselves out." The service had taken a flexible approach and changed the main meal time to evening as they found this worked better for people as provided a more familiar routine and helped people to sleep better. We observed the mealtime experience for people and saw that staff showed people plates of food to support them to make an informed choice. Some people's food was pureed to help them to eat safely and this was nicely presented.

Staff knew which people needed assistance with eating and drinking and were attentive and helpful throughout the meal.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working in accordance with MCA legislation and appropriate authorisations for DoLS had been submitted. The registered manager kept a DoLS tracker which gave them effective oversight of applications which ensured that people's rights and freedom was upheld.

Staff had received training in the MCA and understood the importance of gaining consent. People's care plans emphasised the importance of giving people choices and we saw that staff supported people to make decisions and choose what they wanted to do. A member of staff told us, "I got told about people when I joined but I always give people options and I check people's care plans for guidance."

The home environment was warm, welcoming and 'dementia friendly'. Murals were painted on the walls in bright colours and outside the lift area there was sensory lighting displaying marine scenes on the ceiling. Two areas of the corridor had cosy seating areas set up with tables and chairs. One area had been designed to look like an outside garden with plants. The other was made up of reminiscence objects from a wedding with jewellery hanging on hooks for people to wear. The garden provided easy access with raised flower beds. Appropriate signage was used throughout the service to support people to move around independently. We were advised that one of the bedrooms was currently being decorated in preparation for a couple to move into. However they had not been consulted regarding the colour or design.

We recommend that the provider seek advice and guidance from a reputable source, about supporting people to be involved in decisions about their environment.

People were supported to access healthcare services such as GP's, district nurses, speech and language therapists, physiotherapists, chiropodists and dentists. We found as people's health needs changed their care was reviewed and health care professionals were contacted to provide advice and treatment. Relatives were kept informed of changes in people's health and involved in decisions regarding care and treatment. One relative told us, "The service are excellent at communication when [family member] is not well; one time they noticed a swelling around my [family member's] ear, they rang me straight away and got the GP out no messing about." Another said, "They [staff] are good at communicating if [family member] is poorly, they are straight on the phone to me, [family member] had problems with blood pressure and passed out, straight away they called the paramedics."

Good

Is the service caring?

Our findings

At the previous inspection in November 2015 the service was rated good. At this inspection we found the service remained good.

People and relatives told us that staff were kind and caring. One person said, "It's a nice place here, the girls are kind; I feel listened to and would recommend it to other people, I like everybody here." A relative told us, "The staff are lovely, you won't hear me complain; they have been brilliant." A visiting health care professional commented; "There is no show put on; it seems genuine and comfortable with lovely and dedicated staff."

Many of the staff working at the service had been there for a very long time and knew people well. People told us they felt listened to and included in decisions about how they would like their care and support. One person said, "They are all very good here; they are lovely; I'm still a person here, I have choices and they accommodate my wishes and needs." A relative said, "The carers have been brilliant with dad, they banter with him and bring out his sense of humour; they know him really well."

Throughout the day we observed positive interactions between staff and people and overheard conversations and friendly banter as staff stopped to chat with people. Staff were not rushed and spent time talking and sitting with people. Because staff had time to spend with people they were able to adopt a caring and patient approach. One staff member told us, "It's great because we are able to give a little bit more; if someone wants to soak in a bath with bubbles then that's fine they do not have to rush." Another said, "I sat playing dominoes with [named person] last night, they loved it; spending quality time with people is really important."

People were supported to maintain their identity. A relative told us, "They [care staff] know everything about [family member], she always had an eye for fashion so they always make sure she looks like how she would have wanted, nails painted, lipstick on and hair done." If people had particular spiritual or cultural needs this information was recorded in people's care records and was taken into consideration when planning care and support. For example, one person's care plan stated, "Make sure if church service are in they come to [named person's] room as this would really make her happy." We saw that regular church services were arranged to meet people's spiritual needs.

Staff protected peoples dignity and were respectful of their privacy. We observed staff knocking on people's doors before entering the room. Staff explained how they maintained people's dignity when providing personal care. One staff member said, "We keep doors and curtains closed and cover people with a towel, keep them warm and explain what we are doing." Staff understood the need to keep people's information confidential. We saw that personal information held about people was kept securely locked away which meant that confidentiality was respected and maintained.

Staff supported people to be independent, encouraging them to do as much as they could for themselves only stepping in when needed. On the day of inspection we observed a member of staff working alongside a

visiting physiotherapist supporting a person to improve their mobility and regain their independence.

Visitors were made welcome at the service and could visit anytime and enjoy a meal with their family member. A visiting relative told us, "I am always made to feel welcome here, they're like my friends, it's been brilliant."

Good

Is the service responsive?

Our findings

At this inspection we found the service continued to be responsive to people's needs and the rating remains good.

The service involved people in planning their care and support. When new people joined the service their strengths and abilities were assessed and a care plan was designed to reflect their needs. This was reviewed after six weeks and thereafter annually to check that people were satisfied and their needs were being met. People's relatives were invited to the review if appropriate and their views were recorded and acted upon. For example we saw that where a relative had expressed concerns about their family member's hearing the service then arranged a referral to audiology.

People's care records included a section called 'All about me' which was completed with the person or their family. This document provided a pen portrait of the person including details of their life history, family, likes and dislikes, hobbies and interests. Information was also recorded regarding people's specific communication needs. This provided staff with information to help them form positive 'two-way' relationships with people and provide care and support to people which reflected their preferences. For example, one person's care plan instructed, "Staff to communicate with me as much as possible as this lifts my spirits; I benefit from staff facing me when communicating as I am hard of hearing."

Staff demonstrated that they knew people very well and supported people to have choice and control over their daily lives. For example, one staff member told us, "[Named person] loves to chat and sing, they were a solider and love to talk about that; sometimes they don't' want a wash so we leave them then go back later; they often choose to stay in bed but if they want to get up we help them." Another staff member told us, "I come in early to give certain people who like to lay in breakfast in bed so that they won't get hungry." Relatives and people told us that their routines were known and respected. One relative told us, "They [staff] respect [named person's] routines, he likes a shower and they [staff] do this for him." People told us they could have a bath and shower whenever they liked.

We saw that the service supported people to have things to do that were of interest and meaningful to them. One relative told us, "[Family member] was a brass band player so they brought them down to be included when the brass band came." On the day of inspection we saw people chatting in friendship groups, reading the paper, watching TV or engaged in domestic tasks such as setting the table. The service employed an activities staff member who organised structured activities. These included church services, visits from a choir, cheese and wine evenings, clothes shows and trips out in the community. On the day of inspection we saw that people were being supported to go out for a pub lunch. There was a hairdressing salon with a visiting stylist each Thursday. However people were free to have their own hairdresser visit them and use the facilities.

An outstanding feature of the service was the support and commitment of staff and the management team which allowed people to enjoy an annual holiday if they chose to. The registered manager told us that the service took people away each year supported by staff who funded their own place. All necessary

arrangements were put in place to ensure people's safety such as making sure they had access to their medicines and a local GP.

The service had strong links with the community. Children from a local pre-school were invited to visit on a regular basis. Staff told us, "It is so lovely, you can literally see people's eyes light up as they love to see the children." The service had also signed up to be part of the 'Henpower' project, working with local artists combining art and hen-keeping. Research showed that this could promote health and wellbeing and reduce loneliness and social isolation.

Systems and processes were in place to respond appropriately to complaints. We saw that the service actively encouraged people to provide feedback including compliments or concerns. There were suggestion boxes for people to express their views and we saw there had been a number of compliments made. Comments included; "[Named carer] always goes the extra mile." And, "Thanks to everyone for support when [Family member] was in hospital, you were wonderful." People told us they knew how to make a complaint and would feel confident their concerns would be listened to and actioned. One person told us, "I can always talk to anyone about anything, I made a complaint once a few years ago; it was fully investigated and I'm happy with how they handled it." The registered manager informed us through their Provider Information Return that they used complaints constructively to drive improvements. They stated, "We are continuing to hold Customer Engagement Meetings for the residents and their families so that everyone has the opportunity to air their views about the service and offer feedback on what we can do better and what we are doing well."

End of life care was thoughtfully considered. The service worked with relevant healthcare professionals including the local hospice securing training for staff in end of life care. Where necessary, anticipatory medicines were put in place to ensure people were provided with symptom control and pain relief. The service worked closely with a care practitioner who acted as an intermediary leading on discussions with people and their relatives regarding people's wishes and priorities for end of life care. The practitioner supported staff to discuss people's last wishes and document their preferences. We saw that where appropriate Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were held in people's care records and were completed in consultation with people or their families. Feedback from relatives reflected the good quality end of life care people had received. One relative had expressed their thoughts in a card which stated, "Thank you for the kindness shown during [Family member's] last days, you were all sympathetic and made sure they received all the comfort they needed; their passing was peaceful and without pain so I'm thankful."

Good

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. The service continues to be well-led and the rating remains good.

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. The registered manager was supported by a duty manager and care team manager. Together they made up the management team and were responsible for the day to day running of the service.

The registered manager had worked at the service for many years and had formed positive working partnerships with health and social care professionals to ensure people received a good standard of care and support. They attended regular multi-disciplinary team meetings with GP's, district nurses and care practitioners along with other home managers to talk about how to support people to stay healthy and avoid hospital admissions. Feedback from professionals about the manager and the service was positive. Comments included; "I think they understand the needs of their residents and work well with us." And, "They will ask for guidance and take on board what we say and put it into practice."

The management team were hands-on and visible within the service. In response to feedback from relatives they had moved their office to the front of building so that they were more accessible to relatives as they came into the service. People and staff said they found the management team to be supportive and approachable. Comments included; "Their door is always open." And, "I feel like I am listened to and we are all kept fully involved."

Staff were valued and well supported which encouraged staff retention and sustainability of the service. The service recognised staff for their contribution via the monthly newsletter which was used to highlight a 'staff member of the month.'

The provider promoted a person-centred approach through it's vision and values which were expressed as 'treating people with dignity & respect, supporting choice, viewing people as individuals and ensuring positive relationships. We observed these values were shared and put into practice by staff throughout our inspection. A health professional visiting the service told us, "The culture and values of this service are all positive."

People, relatives stakeholders and staff were all involved in developing the service as surveys were sent out annually requesting their opinion. We saw that feedback was used constructively, for example, where stakeholders had commented about a lack of stimulation for people, the service had responded by signing up to the Henpower project and forming links with local schools. We saw that the registered manager sent a letter to all people and relatives disclosing the results of the latest satisfaction survey and explaining what actions the service would take in response. This demonstrated transparency and a commitment to make improvements.

In addition to satisfaction surveys, residents' meetings were held monthly on each unit. Minutes were taken and an action plan generated. We looked at the minutes which showed that people were listened to. For example, where people had said that there was not enough to do in the evening the service had responded by organising evening entertainment such as movie nights.

There were robust quality assurance systems in place to monitor the safety and effectiveness of the service. We saw that a range of checks were completed by the management team including auditing care plans, medicines, the mealtime experience and staff development. Where issues were identified, these were followed up by a designated staff member and recorded once completed to ensure clear lines of accountability.

We found that staff, management and the provider were clear about their roles and responsibilities and we saw evidence of robust oversight of the service at management and provider level. The registered manager was responsible for sending weekly reports to the provider. The provider also visited the service monthly to carry out their own checks and audits to assure themselves of the quality and safety of the service.