Quantum Care Limited

Providence Court

Inspection report

Providence Way
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Date of inspection visit:
31 January 2017

Date of publication:
24 February 2017

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

This inspection was carried out on 31 January 2017 and was unannounced. At their last inspection on 9 February 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had not continued to meet all the standards.

Providence Court provides accommodation for up to 61 older people, including people living with dementia. The home is not registered to provide nursing care. At the time of the inspection there were 57 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People's medicines were not always managed safely. Although there were regular audits and checks in place, we found shortfalls in relation to accurate quantities, practice and record keeping.

People were supported by staff who knew how to recognise abuse and worked safely. There were sufficient staff who were recruited robustly. Staff had received the appropriate training and felt supported.

People had their rights respected and the service worked in accordance with the principles of the Mental Capacity Act 2005. People were supported to eat and drink well. We found that there was regular access to health and social care professionals.

People were treated with dignity and respect. They told us that staff were kind and attentive. People were involved in planning of their care and confidentiality was promoted.

People received care that met their needs and their care plans gave staff clear information on how to support them. Activities were an area that was under development. New activities organisers had been recruited and they were working on a plan to meet people's social needs. People's complaints were listened to and responded.

There were quality assurance systems in place and for the most part these were effective but these had not identified or therefore resolved the issues found in relation to medicine management. People and staff wanted to see the registered manager around the service more often to get to know them. Staff knew what was expected of them and worked to ensure they promoted the provider's values.

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 consistently safe.

People's medicines were not always managed safely.

People were supported by staff who knew how to recognise abuse and worked safely.

People were supported by sufficient staff who were recruited robustly.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and felt supported.

People had their rights respected and the service worked in accordance with the principles of the Mental Capacity Act 2005.

People were supported to eat and drink well.

There was regular access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were kind and attentive.

People were involved in planning of their care.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs.

People's care plans gave staff clear information on how to support them.

Activities were an area that was under development.

People's complaints were listened to and responded.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were quality assurance systems in place and for the most part these were effective but these had not identified or therefore resolved the issues found in relation to medicines.

People and staff wanted to see the registered manager around the service more often to get to know them.

Staff knew what was expected of them and worked to ensure they promoted the provider's values.

Providence 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was unannounced and carried out by two inspectors and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with 19 people who used the service, one relative, 11 staff members, the regional manager and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to seven people's care and support. We also reviewed records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed safely. We noted that the staff responsible for administering medicines was to recheck the records after a medicines round to ensure there were no gaps on the charts, we also saw that handwritten entries were countersigned to help reduce the risk of an error. We observed staff washing their hands in between tasks and asking people if they were ready to take their medicines. However, we also noted that one staff member put the medicines into their pocket to go and tend to a person who needed the toilet, instead of locking them securely in the trolley. We also found that records were not always accurate, for example, the amount of a variable dose medicine dispensed was not documented on the charts. This meant that staff had not recorded when they gave people one or two tablets making it impossible to accurately check these medicines, and in one instance the wrong date was used when signing for medicine. In addition we counted 13 boxed medicines and found that eight of these contained incorrect quantities. We also found that a person who had their medicines covertly in their food did not have a plan in place to ensure this was managed safely. We observed that there were no arrangements in place or supervisions from staff to ensure that the food containing this person`s medicine was only consumed by them

Therefore this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were supported by staff who knew how to recognise abuse and worked safely. People told us that they felt safe. One person said, "I feel safe here, they look after the things I need." Another person said, "They make me quite comfortable." People also felt that their belongings were secure. One person said, "Look I can lock my room, like my front door, and then everything is safe. On the same keyring I have a key for my drawer so I can keep things safe." Another person said, "They keep the keys up [location] so that they (staff) can get in if the door is locked too."
We saw that there was information displayed around the service about recognising and responding to abuse. Staff were able to describe what form abuse may take and how to report their concerns internally and externally. We noted that safeguarding people from the risk of abuse was discussed at both residents and staff meetings to help maintain awareness. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

People had their risks assessed and there were plans in place to help ensure staff supported them safely. These included falls, pressure care, moving and handling and emergency evacuation plans. We observed staff to be working in accordance with safe practice and people's individual needs. For example, when assisting a person to transfer from a wheelchair to a chair, staff reassured and talked with the person all the way through the procedure, and there was regular provision of repositioning to help prevent people developing a pressure ulcer. People confirmed that they felt staff supported by staff safely.

Accident and incidents were logged and reviewed. We saw that they were recorded on a template which gave the registered manager oversight to help them identify themes or trends and ensure all appropriate action to reduce a reoccurrence had been taken. These were also reviewed by head office. We noted that fire

and health and safety were discussed at resident's meetings to help raise people`s safety awareness.

People were supported by sufficient numbers of staff. People told us that their needs were mostly met in a timely way. However, one person said, "Generally there are enough people (staff), there's always someone around. Sometimes you have to wait a bit." Another person said that when the home was short staffed, "Everything just gets put back like breakfast is late and getting up is late." Staff told us that they felt the staffing levels were able to meet people's needs and allow time to sit with people. One staff member said, "When we have all the staff on duty then we can meet people's needs, it gets hectic if we are short." We saw notices on each unit asking if anyone knew of people who wanted to work for a couple of hours each morning to support people in the dining room at breakfast time. Staff told us that this would be a really useful development as it would mean that more people would receive the support they needed to get up washed and dressed in a timely manner. However, with the exception of a busy morning on one unit due to staff sickness that caused a delay in staffing being at the required level, we found during the inspection that people had their needs met promptly and as needed. We noted that all the units were staffed with the same numbers, regardless of the varying dependency levels on each unit. We discussed this with the registered manager who told us that staff hours were set by the provider. We discussed this with the regional manager who told us that they had identified that the dependency tool in use was not effective and there were plans to introduce a more effective tool to help better assess the staffing levels needed across all services.

Staff were employed through a robust recruitment process. We saw that files included an application form with full employment history, verified references, criminal records checks, interview questions and a proof of identity. This helped to ensure that those employed were fit to work in a care setting.

Good

Is the service effective?

Our findings

People were supported by staff who were trained and felt supported. They told us that they were confident in the staff team's abilities. One person said, "They [staff] look after us really well." Staff told us that they felt they had enough training to enable them to carry out their roles. One staff member said, "There's plenty of training." We saw from the training spreadsheet that there was a range of training available. This included moving and handling, medicines, health and safety, infection control and dementia care, all of which were mostly up to date. We did, however, note that some staff were now overdue for an update to their knowledge in regards to safeguarding people from abuse. Staff also told us that they felt supported. One staff member said, "We have supervision every six weeks or so but I can go to them [management] in between if I need to."

People told us that they enjoyed the food. One person said, "It's very good, no complaints, decent choice and there's always enough." Another person said, "I have [health condition] and they are very good with my food, the cook makes sure I don't have the things that set me off." We observed that the dining experience was pleasant, tables were set nicely and the décor resembled that of a person's own kitchen diner which helped for a comfortable atmosphere. Menus were available and although choice was taken in the morning, people were offered a visual choice at the dinner table. We noted that dishes of vegetables were placed on tables so people could help themselves, but where they were unable, staff asked if they would like them and to help serve them up. Staff told us that people had asked not to have music in the dining room at meal times and that they preferred to be able to talk or have quiet. We observed that this was what happened. One person told us, "It is much nicer not having lots of music you don't want to listen to."

People were supported to eat and drink well. We noted that those that needed assistance to eat received the support appropriately. People had assessments completed in regards to their nutrition and where people were assessed as being at risk of not eating or drinking enough, the amount they consumed was recorded on a chart. Snacks and smoothies were on offer throughout the day and staff were frequently offering people drinks. These were completed, and checked by a duty manager, regularly. If there were further concerns, referrals to health professionals were made.

There was regular access to health and social care professionals. We saw from records that people were supported by occupational therapists, dieticians, speech and language therapist, GPs and district nurses. There was also support from the mental health team and a visiting hairdresser and chiropodist. People told us that they were confident that they received medical support when needed. One person said, "We can ask to see the doctor. If I'm not feeling well I tell them (staff) and I ask to see the doctor and I do when he comes." Staff also felt that they were well supported by health services. One staff member said, "We have a great relationship with our surgery, for example if we know a resident has [an infection] we just make the phone call and they sort out the prescription. It's a really helpful and positive relationship."

People had their rights respected and the service worked in accordance with the principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires

that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

People had their ability to make decisions assessed and where they were unable then a best interest decision was made. For example we saw a best interest decision had been made for a person who was not able to leave the home without support of staff or their relatives because there would be a risk to their personal safety. Another best interest decision we saw related to a person who chose to use their own dentist and optician as opposed to NHS services. The process had been used to make sure that the person understood the cost implications to them. These included the person's relative if appropriate. We noted that where a relative had stated that they had legal rights to make a decision on a person's behalf, a copy of the document had been obtained by the registered manager. If needed, a DoLS application was made. These were in relation to people going out alone. Staff were clear about their role in relation to the MCA and DoLS. Staff knew that if a person lacked capacity to make decisions, this did not necessarily mean they were unable to make day to day decisions. One staff member said, "They might not be able to make the big financial decisions but they can choose what they want to wear or what they fancy to eat."

Good

Is the service caring?

Our findings

People were treated with dignity and respect, we also saw that staff were kind and attentive. People told us that staff were kind. One person said, "I couldn't be better looked after, the carers are lovely." Another person told us, "The carers are good I like them very much and they are very kind and will help with anything." One relative told us, "We cannot fault the carers." However, we observed one incident where a person was being given personal care with the bedroom door open. We raised this with the management team who told us they would address this. We saw that if people asked for something staff stopped what they were doing and assisted them. For example at breakfast time we heard a person ask, "Can I have a big cup please?" The staff member responded, "Of course you can [Person's name], is this one alright?" We observed staff throughout the day and found that they were respectful when answering someone and spoke in a way that made people feel valued. For example, we heard a person telling a staff member about how they had looked around other care homes but chose this service as they liked it the most. The staff member responded to say, "We are so lucky to have you here." They carried on chatting and joking and it was evident that they had a meaningful relationship. We also heard staff asking people if they could put aprons on to protect their clothes during meals, one staff member said, "You are wearing my favourite colour, let's keep it looking nice."

All interactions observed were positive, staff clearly knew people well and this showed in how they supported them. We heard a staff member who had been off duty for a while asking their colleague about any changes to a person's preferences as the person was unable to verbally communicate this. We also heard a staff member remind a colleague about a person's preferred name to help ensure they approached the person in a way they liked. We noted that staff took the opportunity to speak with people. We saw that a domestic assistant took time to sit and chat with people on a 1:1 basis whilst they were cleaning the communal areas of the home.

We found that people were given choice throughout the day. We heard comments from staff including, "Did you enjoy that (activity), we could go and get sorted before lunch, would you like that?", "Would you like to use the commode now or prefer to wait until after your drink." And also, "Let me know when you would like help with that and I'll come straight away." from a staff member speaking with a person about some personal care. People were encouraged to be independent where possible with their mobility, eating and making themselves drinks if they wished. One person said, "Look I have my tea bags, I can go and make a cup of tea when I want one."

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures. Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

People's care plans had a record that they and their relatives were involved in planning of their care. However people we spoke with were unable to recall when they last viewed their care plan. We noted that people were reminded about being able to read their care plans as part of resident meetings. We saw that

care plans included information about people that enabled staff to deliver care and support in accordance with people's preferences. For example one plan stated, "Things that make me laugh out loud: When I am having a bath and my feet are being washed." Life history books were included and staff spent time with people looking at memories and photos. People were given choice throughout the inspection and we observed staff to ask them for their consent before proceeding with support.

Confidentiality was promoted. We saw that care records were stored securely and staff did not speak openly about people.

Good

Is the service responsive?

Our findings

People received care that met their needs but two people told us they would prefer a regular shower. One person told us, "I have a bath once a week, there is no shower on this unit" Another person said, "We only have baths, I would choose showers if I could." We discussed this with the management team who told us there was a shower in the home and they would discuss this with staff. We saw that people were dressed nicely and observed no issues with personal care delivery. We saw that people received regular support with using the toilet and repositioning to promote pressure relief. Glasses were clean and hair was brushed, we noted that people were dressed appropriately for the weather. We reviewed daily notes and saw that regulars care and support was recorded as being given day and night. People confirmed that this was the case.

People's care plans gave staff clear information on how to support them. These included detailed plans on providing personal care, assisting with mobilising, eating and drinking, sleeping and dementia care needs. For example, one care plan stated, "Staff to listen closely to [Person] as they speak very quietly and give them the time to explain what they need to." Another example was, "Staff to give subtle reminders throughout the day to use the toilet and assist when needed. Ensure that [Person] is dry and comfortable at all times." We observed that staff worked in accordance with these plans and were knowledgeable about them when asked. For example, we asked about a person who appeared to be sat in a wheelchair that wasn't suitable. Staff were able to tell us about the feedback from the occupational therapist and how they needed to support them.

There were limited activities taking place in the home during the course of the inspection. For example, we saw a small group of people involved in a colouring activity in a communal area. A person who used the service told us, "I would like to go out, my [relative] takes me sometimes, staff are all too busy to take me." They went on to say, "There is nothing to do really except watch TV."

We saw on one unit the staff team host a singalong with a popular music choice and musical instruments. Staff told us that this was something that they did regularly. One staff member told us that they were putting together scrapbooks of memorabilia as people enjoyed sitting, chatting and reminiscing, more than attending the communal area for crafts and games.

The registered manager told us that activities had suffered recently as the previous activity team had all been staff with casual hours and not a permanent team. One full time person had been recruited and one was waiting for their criminal records check to be completed. There was also an additional person in the team providing activities for 10 hours per week. The new fulltime activity co-coordinator had been tasked with consulting with all residents to develop a programme of activities that reflected people's interests.

Some people told us that they found it difficult to mix with like-minded people in the home as they found that people's needs and abilities varied across the home. We discussed with the management team about the development of relationships and groups for people to meet each person's differing needs.

People's complaints were listened to and responded. One person had complained about laundry and they told us that the problem was sorted straight away. The provider used a 'Tickety boo and ticked off' complaints process and this was advertised in the home. We noted that a reminder of how to raise a complaint was discussed at residents meetings. We saw that there was a record of 'Ticked off' informal comments that had a record of action taken to address them and prevent a reoccurrence. There was also a record of formal complaints, a copy of the investigation and letters sent to complainants with an apology where needed. Staff told us that feedback about complaints was shared with them to help ensure they were not repeated.

There were resident meetings held which covered all important issues. One person said, "We do have little meetings, they do make a difference, they listen to us." Another person said, "Yes we have meetings and we can tell them things that bother us if we want to." The meeting notes showed that activities, décor, meals, access to care plan, complaints and concerns were discussed. We also saw that people were keep informed of staffing changes.

Requires Improvement

Is the service well-led?

Our findings

People and staff wanted to see the registered manager around the service more often to get to know them. People who used the service told us that they did not know the registered manager by name. We noted that the registered manager had been in post at the service since September 2016. One person said, "I don't know who the Manager is, oh wait someone new last year, she's been to see me once, don't know her name."

There were quality assurance systems in place and for the most of these were effective but these had not identified or therefore resolved the issues found in relation to medicines. There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as gas safety, fire safety, water temperatures, portable appliance testing and equipment. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. This showed us that the registered manager and provider were committed to providing a safe service.

Other monthly checks undertaken by the registered manager, with the results reported to the provider, included nutritional audit, care plan audit, near misses and accidents. There was clear feedback to individual units as a result of these audits. For example, care plan reviews were needed for four people and supervisions needed to be brought up to date. We checked the care plan reviews and found they had been done. However, we noted that the medicines audit for December stated that there were no issues identified. This was not what we found during the inspection. This was an area that required improvement.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives, staff members and relevant professionals. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager along with suggested actions. For example, the report of the findings from the survey undertaken in March 2016 noted that relatives of people who used the service had identified refurbishment of communal areas as an area for improvement. The provider's action plan stated that the management team were aware of this and were waiting for works to commence in September 2016. At this inspection we noted that this had not yet taken place however, the regional manager assured us that action was due and described the plans in place.

One relative told us that they felt the management team were not always responsive. For example, a person's room was in need of redecoration and had been for some time. The management said that the person was too frail to be moved out of the room so that redecoration could take place. The relative felt that the management were making excuses and not trying hard enough to find a solution. We asked the regional manager if they would review this situation, along with the person's needs to see if it was in their best interests to redecorate their bedroom and arrange for the family to have a meeting to discuss this as it was not clear if the registered manager had met with them to discuss this and make a plan to address their wishes.

Staff survey results from March 2016 were a concern. They indicated low morale throughout the team. We

discussed this with the deputy manager who was working at the service at the time of the survey, the registered manager who joined the service after the survey and the regional manager. All told us that there had been no work undertaken to explore these outcome. Although, staff spoken with on the day of the inspection did not indicate any dissatisfaction, further consideration will need to be given at the next survey to ensure that staff survey results are listened to and responded to. This is an area that requires improvement.

Staff knew what was expected of them and worked to ensure they promoted the provider's values. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. We saw minutes to confirm that the meetings took place alternate months and covered all areas of the performance of the home such as confidentiality, key working and feedback about care plan reviews not completed, infection control and expectations and the accuracy of records.

There were management meetings held monthly between the registered manager and the regional manager to discuss such issues as recruitment, the performance of the service and any matters arising. The regional manager told us of plans in place with the provider to improve the service and a review of the rhythm of life process used in the home had been completed to see how each service performed. They told us that they strived to make people the focal point of what they did and wanted to work to achieve an outstanding rating.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not consistently managed safely.