Care Quality Commission

# Quantum Care Limited

# Willow Court

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Requires Improvement |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

## Overall summary

This inspection took place on 15 and 18 April 2015 and was unannounced. When the service was last inspected in June 2014 we found that the provider was not meeting the required standards in relation to the management of medicines and record keeping. At this inspection we found that the service had taken action to address the issues in relation to medicines and had addressed the specific issues in relation to record keeping and was making good progress towards meeting this standard overall.

The home provides accommodation for up to 81 older people, some of whom are living with a diagnosis of dementia. This number included up to seven beds for people to stay on a short term enablement basis. Enablement is support that is planned and structured to support people to regain their independence and confidence to enable them to go home following a hospital admission or a period of ill-health. At the time of this inspection there were 70 people living at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home and these were reviewed regularly. Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences. There were effective processes in place to manage people's medicines.

The necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. However, people's needs were not always met because there were not enough staff deployed in some areas of the home. We have made a recommendation about staff deployment to meet the needs of people living with dementia.

People had been involved in determining their care needs and the way in which their care was to be delivered. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

We have made a recommendation about staff training on the subject of dementia.

Staff were kind and caring. They treated people with respect and encouraged people to be as independent as possible. However, some people's dignity was not maintained.

Information was available to people about the services provided at the home and how they could make a complaint should they need to. People were assisted to access other healthcare professionals to maintain their health and well-being.

There was an effective quality assurance system in place. However, the management arrangements for the service were not made clear to people, their relatives and staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was not always safe.

Staff were aware of the safeguarding process and appropriate referrals had been made to the local authority.

Personalised risk assessments were in place for most people to reduce the risk of harm to people.

There were not always enough skilled, qualified staff to provide for people's needs in all areas of the home.

**Requires Improvement**

**Is the service effective?**
The service was not always effective.

Staff received training but not all staff had sufficient skills and knowledge to meet people's needs

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met. However, informed consent was not always documented

People had a good choice of nutritious food and drink.

**Requires Improvement**

**Is the service caring?**
The service was caring.

Staff were kind and caring.

Staff treated people with respect.

Some people's dignity was not upheld

Visitors were welcome at any time.

**Requires Improvement**

**Is the service responsive?**
The service was not always responsive.

Some people and their relatives were involved in planning their care.

Some people's care was not responsive to their individual needs.

Some people were supported to follow their interests and hobbies but others were not offered appropriate stimulating activities.

There was an effective complaints policy in place and complaints were responded to quickly.

**Requires Improvement**

**Is the service well-led?**
The service was not always well-led.

**Requires Improvement**

# Summary of findings

There was a registered manager in place.

People who used the service, visitors and staff did not have a clear understanding of who was managing the service.

There was an effective quality assurance system in place

# Willow 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 15 and 18 April 2015 and was unannounced. The inspection was carried out by a team of 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. They had experience of caring for an elderly person and a care home environment.

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 the information available to us about the home, such as notifications sent to us by the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 15 people and six relatives of people who lived at the home, eight care workers, two Care team managers, the activities co-ordinator, the home manager, a home manager from another of the provider's homes that was supporting the service, the provider's Area Manager and Quality Manager. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments for seven people, checked medicines administration and reviewed how complaints were managed. We also looked at five staff records and reviewed information on how the quality of the service was monitored and managed.

Requires Improvement

# Is the service safe?

## Our findings

People who used the service told us that they felt safe living at the service. One person told us, "Yes I feel safe. They are good girls." A relative told us, "My [family member] is safe and well cared for."

We saw that there was a current safeguarding policy, and information about safeguarding was displayed throughout the home. All the staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these. This demonstrated that the provider's arrangements to protect people were effective.

There were personalised risk assessments in place for most people who lived at the home. Each assessment identified the person at risk, the steps in place to minimise the risk and the steps staff were to take should an incident occur. However, staff told us that they did not always have time to read risk assessments and did not always know what was contained within them. We found that one person living at the home on a short term 'enablement' basis, had no risk assessments in place despite there being a history of a specific risk for that person. This placed the person at risk of receiving inappropriate care that did not maintain their safety.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of corridors for obstructions. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained with it remained current. These enabled staff to know how to keep people safe should an emergency occur. However, we saw that a number of people had safety gates placed across their bedroom doors, which would be difficult for some of them to open. This placed people at risk of not being able to evacuate their room quickly in an emergency.

Accidents and incidents, including falls were reported to the manager. We saw that they kept a record of all incidents, and where required, people's care plans and risk assessments had been updated. The records were reviewed by the manager and senior managers to identify any possible trends to enable appropriate action to reduce the risk of an accident or incident re-occurring to be taken.

Many people we spoke with during the inspection said that the service was regularly short of staff. One person said "These girls work their socks off but they are run ragged. There's just not enough of them."" another person said, "The staff are nice, but we are short of them sometimes." A third person said, "They could really do with more staff, particularly between 7.30 and 10.30 and at night". Some staff also commented that they needed more staff, particularly at busy times of day, although others felt the problem was more about how staff were deployed.

We observed that there were a number of occasions when people in communal areas were left unattended and that this resulted in their needs not always being met. This was particularly the case in the areas of the home that were supporting people living with dementia. For example, one person was seen to be walking in a communal area in a state of dress which did not uphold their dignity. Another person was in a distressed state, continuously walking through the home, but this was not picked up by staff who were engaged in supporting other people. Another person was calling out "can you help me? I don't know who I am or what I'm doing". Again, it took several minutes for staff to respond to this as they were too busy. We noted that some people required a higher degree of support than had been identified and, in some cases, additional staff were required to meet their needs safely. At lunchtime we saw that, in one area of the home, there were nine people who required assistance to eat there but only three staff available to provide this support, as a fourth was administering medicines.

We discussed our findings with the management team. They explained that the provider used a dependency tool to establish the number of staff required on duty in each part of the home and they produced figures to demonstrate that they had exceeded the number of staff that the tool recommended. They also said that senior staff and activities staff helped out at busy times of day to boost the numbers of staff available. The management team told us that there were high numbers of new staff who were still learning their role, and this, as well as the deployment of staff was the cause of the issues raised, rather than a shortage of staff numbers. We concluded that, whilst the

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# Is the service safe?

dependency tool identified the numbers of staff required to meet people's basic physical needs, it had not been used with adequate consideration for people's emotional and psychological needs. This meant that, the staffing levels as they were currently utilised, were not meeting the needs of people using the service. We recommend that the service seeks advice and guidance from a reputable source to support them to deploy staff effectively and safely in order to meet the needs of people living with dementia.

Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. We looked at five staff files and found that appropriate checks had been undertaken before staff began work at the home. These included written references, and satisfactory criminal record checks. Evidence of their identity had been obtained and checked.

People's medicines were administered safely. People were assessed to establish if they were able to manage their own medicines and one person we spoke with was doing this. They told us their medicines were locked in their bedside cabinet for which they held the key. Where this was not possible or where they did not wish to, then the staff administered them. The system used was robust and enabled a full audit of the administration of medicines to be undertaken. Storage of medication, including controlled drugs was in line with current good practice. Staff had received training to ensure they understood and were competent to administer medicines to the people who required them. Staff sought consent from people before medicines were administered and ensured that people took their medicines correctly. Appropriate processes had been followed where people needed to be given medicine without their knowledge and consent.

Requires Improvement

# Is the service effective?

## Our findings

The service was not always effective.

Most people told us that staff had the skills that were required to care for them. One person told us, "They are good, once they've been here a while they get to know us and our ways." However, another person said "What they know and what they think are two completely different things. They haven't a clue about how to give you a wash."

Staff told us that there was a mandatory training programme in place and that they had the training they required for their roles. This was supported by records we checked. One member of staff told us, "We get lots of training. I've learnt a lot." They went on to tell us that their competency was checked before they were allowed to administer medicines or undertake manual handling tasks. We saw that staff practice in relation to manual handling was in line with good practice and staff demonstrated good skills and knowledge in this area. A member of staff said, "I did a two week induction which included shadowing experienced staff until I was confident about the role." This showed that new staff were given support to understand their role before taking up their full duties.

However, we found that staff did not all have the skills to engage effectively with people who were living with dementia, and that care to people with these needs was task based, with little engagement other than offers of refreshments or personal care. We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia.

Most staff told us that they received regular supervision and felt supported in their roles although other staff felt it was dependent on which senior member of staff was on duty.

One person said that the majority of staff asked them before doing anything for them. A relative said, "They always talk about things first and don't just do something to [family member]." In contrast one person said, "They don't ask you how to do something, they all think they know." However, we saw that staff asked for people's consent before providing care throughout the two days of our inspection. Our review of care records showed that people and (where appropriate) their relatives had been asked for their consent in relation to their care plan.

However, we found that the service did not always give people sufficient information to ensure that they were giving informed consent in relation to decisions about their care. For example, we noted that some people had safety gates across their bedroom doors. In each person's case the gate had been installed with their consent or the consent of a family member, and records confirmed that it was in place to maintain the person's security and to prevent other people from entering their room without permission. However, we did not see evidence that other, less restrictive options had been explored with the people concerned, and we saw, in one instance, that a person was effectively locked in their room, because they were unable to open the gate to get out. Therefore people could not be sure that their human rights were protected because the service did not take appropriate steps to ensure that people had sufficient information in order to make decisions about their care.

People's capacity to make and understand the implications of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and we saw evidence that these were followed in the delivery of care. Staff we spoke with had a good understanding of how the MCA and DoLS related to the care they provided to people. We saw that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals and were documented within their care plans. Applications for the deprivation of liberty had been made for those people who lived in the home who could not leave unaccompanied and were under continuous supervision.

One person said, "The quality of the food is very good" and after their meal said, "That was lovely. My compliments to the chef." Another person said, "The food leaves a lot to be desired." A relative told us that their family member followed a specific diet which had not always been supplied, and that when it was available, it was often of a poor quality. On the day of the inspection we saw this was the case and that the person struggled to eat their meal. A staff member told us, "The meals are atrocious and the portion sizes are too small because the kitchen does not send enough food up to each unit." Although people's views about the quality of the food varied, most people felt there was a sufficient quantity of food and drink and that a good choice of meals was available. People told us that,

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# Is the service effective?

although they made their choice of meal a day in advance, staff were happy to provide an alternative if they changed their mind on the day. Drinks and snacks were available at all times throughout the service and people were offered tea ice creams and Danish pastries in the afternoon.

We saw that there was a menu on each table in the dining room. However, on both days of our inspection the menus from the previous day were on display in the units supporting people living with dementia. This may have led to people being confused about what meals were on offer.

People did not always receive adequate, timely support to eat their meal. We saw that some people waited a long time for support to eat and by the time they ate their meal it was cold. A visitor told us that they were concerned about the friend they had come to see because they were not eating well and had lost weight. They felt that staff had not noticed that the person had an untouched cold meal in front of them after lunchtime had finished. We found that this person's care plan highlighted that they required staff support at mealtimes, which they had not received. However, we saw that people's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their food and fluid intake that provided detailed information on what they had consumed. Where needed, referrals had been made to the local dietetic service and the speech and language therapists.

People told us that they were assisted to access other healthcare professionals to maintain their health and well-being, such as opticians, chiropodists and the dentist. A person told us, "If I feel bad, they will call a doctor." The manager told us that the GP does a weekly round at the service to support people's health needs to be met, and that a local pharmacist offers good support to the home. The provider also had a clinical nurse practitioner that visited the home to give advice and make health related referrals when necessary.

Requires Improvement

# Is the service caring?

## Our findings

People and their relatives were positive about the staff. One person told us, "That's my key carer over there. She's absolutely great she is; ever so good." Another person said, "They're friendly ….They're kind and they've got a sense of humour." A relative said, "They are friendly and kind; always smiling. I don't have a problem with any of them. The top notch ones are calm, thoughtful and caring."

We saw that people were comfortable in the presence of staff. Although staff were friendly and caring, we found that most conversations between people and staff concerned tasks, such as personal care or meals and drinks and there was little engagement beyond this. This was particularly the case in the areas of the home which supported people who were living with dementia. However, we did see some staff taking time and showing patience when supporting people. For example, a member of staff assisting a person to choose a snack said, "Which one do you like the look of? Pick your favourite!" This was said with warmth and demonstrated that the person was valued and was offered courtesy and respect.

People told us they felt that staff treated them with respect and maintained their dignity. They told us that staff knocked on their door before entering, and respected their privacy as much as possible when providing personal care by covering them with towels, and supporting them to do as much for themselves as they could or wished to.

People's rooms looked clean and the building was well set out and decorated. A relative said, "Every time I've been here [family member] always been clean. Their room's clean and tidy and the bathroom's always nice.' We saw that most people were appropriately dressed in clean clothing. However, we saw that one person was walking through communal areas in the home in a state of undress. When this was pointed out to staff, they said "Oh that's [name], bless them; they're always doing that." We also saw that another person's bedroom door had been left open whilst they were in a state of undress. We saw that a third person who was wearing a short nightdress was assisted to move position using a hoist, which resulted in them being exposed. This did not uphold people's dignity.

Staff told us that people were encouraged to be as independent as possible and two people we spoke with confirmed this. A member of staff said, "[Name] likes to go round with a brush and pan and another person washes up. They can do that if they want to .It's their home." Another member of staff said, "It's their home and we respect that." However, we observed that one person who made an attempt to be involved in washing up was prevented from doing so and told to sit down.

People told us that their relatives were free to visit them at any time and we saw visitors coming and going throughout the two days of the inspection. People were given information about the home and one relative said, "We had a pack or big brochure thing when she first arrived. It was easy to understand."

Requires Improvement

# Is the service responsive?

## Our findings

We found that most people had an up to date care plan, and that care in relation to their physical needs was well documented. However, we found that a care plan for one person who was staying on a short term enablement basis was blank. We looked at daily records which confirmed that the person had been receiving a service for the previous eight weeks. Logs for this person were no different in style or content to logs documenting other people's care and there was no evidence that care had been planned to support the person to work towards being able to manage independently at home. Another person's care plan stated that they had a need for specific support at meal times, which we observed was not offered to them during our inspection. This demonstrated that staff did not always follow the care plans that had been developed to ensure people's individual needs were met. Staff we spoke with told us that they had no involvement in writing care plans and did not have time to read them, so were not always familiar with the contents.

People who were able to verbally express their needs and preferences told us that they had been involved with planning their care, some with support from their relatives, and most people felt that the service met their personal needs. However, we found that this was not always the case in all areas of the home. Where people had needs in relation to their dementia, these needs were not consistently met. The home had made a number of adaptations to the environment to support people who lived with dementia, such as the provision of rummage boxes, and bedroom doors painted to look like people's own front door. However, people's dementia was not explored within their care plans and there was no guidance in place to staff about how to meet people's psychological and emotional needs. For example, some people displayed behaviours that were constant and repetitive, but staff had no direction on how to distract or comfort the person. Another person displayed reactive behaviours that upset other people but there were no strategies in place to help staff support the person to manage this behaviour.

We found there was a significant difference in the provision of suitable activities between the areas of the home which supported people living with dementia and the rest of the home. We found that little was taking place to offer stimulation or comfort to people and some staff in these areas of the home lacked the skills to engage with people in a manner that responded to their emotional needs. In these areas of the home, many people were sitting for long periods with no interaction from staff.

These issues are a breach in Regulation 9 of the health and Social Care act (regulated activities) Regulations 2014

The manager told us that a lot of work had taken place to improve the provision of activities at the service and that a good range of resources were available in the home and activity coordinators planned activities and events across seven days a week. However, on the second day of our inspection, which was a Saturday, it was clear that no activities were taking place. A number of activities, such as card games, quizzes, Reiki sessions, a dance circle, and poetry reading were scheduled to take place during the week and the provider also told us about special events that had taken place. One such event that had been very popular with people was a poppy event to mark the anniversary of the end of the second world war. The manager also told us that trips out in the home's minibus took place, but only approximately once a month.

Although it was clear that significant effort was being put into developing activities for people, it was not always evident that people's interests and hobbies had been taken into account when planning what activities to provide, although the manager assured us that this was the case. For example, one person told us that they liked gardening and crocheting, but had not had the opportunity to do either of these since coming to live at the home. A relative told us that their family member, "Went shopping with two of the girls when they first came here, but that never happens now. However, another did say that they had been able to continue with interests such as completing crosswords.

There was an effective complaints policy in place and notices about the complaints system were on display around the home. People told us that they knew how to make a complaint but had no reason to make a complaint. One person said, "They sorted it out quickly when I did not like the bread. There's an answer to everything." A relative told us that they had made a complaint and that the matter was addressed appropriately by the manager. We looked at the complaints record and saw that complaints

Requires Improvement

# Is the service responsive?

were responded to in accordance with the provider's policy. People told us that they could talk to staff if they had any concerns. One person said, "I talk to my key carer if I am worried about anything. They are really good."

Requires Improvement

# Is the service well-led?

## Our findings

The service was not always well led.

The service had a registered manager. However, people, relatives and staff were unsure about the management arrangements in the service and some of those we spoke with could not tell us who the manager was. One person said," I'm not sure I do know (who the manager is) at the moment." Another person said "I think I know but I'm not sure." A relative said, "I get muddled about who the manager is .There's been so many changes" and another relative said, "They've just changed. I've not met them personally." Several members of staff told us that they were unsure who the manager was as they had heard a rumour that one manager was leaving and another one starting but no formal information had been received. We spoke with the manager about this. They confirmed that a change of management was planned and that a manager from another of the provider's services would be taking over at this home. In the lead up to this, the new manager was working some days at the service and the existing manager was also working some days, but not all week.

The manager expressed surprise that people did not know about the current arrangements and told us the phased change had been planned to be supportive for people and staff. However, they acknowledged that they had not communicated these changes in management arrangements adequately to ensure that people and staff were clear about who was leading the service. This may have led to people being unsure of whom to speak with if they had concerns or wished to share their views and may also have been disruptive to staff.

During our inspection we saw that the management team walked around the home frequently and had a good rapport with people and the staff. They were aware of what was happening and were ready to offer hands on support to staff to meet people's needs when necessary. Staff were aware of their responsibilities and knew to report issues of concern to a member of the management team. However, some staff felt that the support they received from management was inconsistent, particularly from the team leaders. A staff member told us, "It depends who is on. If [name] is on you know you will be fine, everything will get done and you get support. If some of the others are on, you can forget it."

People, their relatives and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. Records from a recent meeting showed that staff had discussed issues relating to the care and smooth running of the home. Staff also discussed any learning that had been identified from analysis of accidents, such as falls, and complaints at these meetings as well as the provider's policies, visions and values.

There was an effective quality assurance system in place. Quality audits completed by the manager and senior team covered a range of areas including infection control, care plans and medicines management. The Compliance and Regulation Manager conducted a monthly programme of quality monitoring visits.We saw that action plans had been developed where shortfalls had been identified and the actions were signed off when they had been completed. However, we noted that recent audits had not identified some of the issues that we found during our inspection, such as the lack of guidance to staff in care plans about how to support people living with dementia.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br><br>People's care was not always planned or delivered in a manner which was appropriate, met their needs, or reflected their preferences Regulation 9 (1) (a) and (b) and (c) |