

Quantum Care Limited

Providence Court

Inspection report

Providence Way
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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

About the service

Providence Court is a residential care home providing personal to up to 61 people. The service provides support to older people, some of whom are living with dementia, in 1 purpose-built building. At the time of our inspection there were 41 people using the service.

People's experience of using this service and what we found

At the last inspection we found concerns relating to people's safety and welfare. Therefore, this was a follow up inspection as the service was in special measures. At this inspection we found there had been significant improvements and we were assured that people's wellbeing was being promoted.

People said they were safe and well supported by the service. Individual risks were assessed, and staff were aware of these and supported people safely. Reviews of events and accidents were carried out and any actions needed were carried out. People received their medicines as the prescriber intended and staff had received training and competency checks. However, there were some points relating to medicines that required further development. Staff knew how to report any concerns about a person's safety or welfare. People told us there was enough staff to meet their needs. Infection control systems were in place.

Staff received training for their role and people felt they had good knowledge and skills. Staff felt supported by the management team. People were supported to eat and drink well. People were involved in the planning of their care and were given choices that were listened to.

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

People and relatives told us staff were kind and caring, they were happy living at Providence Court. Interactions observed were positive, staff responded to people in a way that anticipated their needs and demonstrated they knew people well. All observations found staff to be attentive and caring about the people they supported.

Staff told us things had improved at the home and people were happy and well cared for. Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly. The management team had worked with staff to improve the culture and attitudes in the home. As a result, we found people were treated with dignity and respect. Staff communicated more effectively with people.

There were mixed views about activities from relatives. However, people and staff felt this was improving. Work was in progress to get care staff more involved with activities instead of only having planned activities.

The manager was well known in the home, they had recently returned to the home and applied to be re-

registered having been in post previously, and prior to the issues arising identified at the last inspection. People, their relatives and staff spoke positively about them and the management team.

The monitoring processes in place were being used effectively to improve the standard of service. Quality assurance systems were used to identify any areas that needed further development and to help ensure remedial actions were implemented. Some points identified as part of this inspection were already being worked on by the manager and swift action was taken to address them.

People, their relatives and staff felt their views about the service were sought and listened to. People and staff told us that the manager was often around the home and the service was well run. Complaint processes were in place and the manager was encouraging regular contact with relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service was inadequate (published 10 February 2023). □

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 February 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Please see all sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Providence Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Providence Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors. A third inspector made calls to relatives following our site visit.

Service and service type

Providence Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Providence Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post who had applied to be registered.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 May 2023 and ended on 13 June 2023. We visited the service on 23 May 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people and 18 relatives and friends about their experience of the care provided to their family members. We spoke with or had feedback from 11 members of staff including the manager, regional manager, care and ancillary staff. We also spoke with visiting professionals in the home.

We reviewed a range of records. This included 12 people's care records, a variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating for this key question has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We reviewed a sample of medicines and found records and quantities to be accurate. We found eyedrops for 1 person that were out of date. We raised this with the registered manager who took action to address the issue.
- We also found that a staff member administering did not know the risks associated with blood thinning medicines. While care plans detail implications of these medicines, more work should be done to ensure staff are aware of what they are administering. In addition, staff did not always wash their hands.
- People received their medicines in accordance with the prescribers' instructions. A person said, "The staff will bring me medicines, if I am in discomfort and need medicines, they sort it, and I don't have to wait." We noted a person received their pain medicines 30 minutes before receiving care to help reduce discomfort.
- Staff had received training and competency assessments. This included basic knowledge of medicines and observations to include handwashing. We discussed with the management team the need for this to be more robust.

Assessing risk, safety monitoring and management

- At our last inspection people were at risk of harm due to not being supported safely. At this inspection we found staff were working safely, there was better oversight and staff awareness and risks had been reduced.

Enough improvement had been made and the service was no longer in breach of regulation 12.

- People told us they felt staff supported them safely. A person told us, "They (staff) are very good." We saw staff working safely. This is included supporting people appropriately with moving around the home and the use of equipment. Where 1 person started to walk and felt they could not walk anymore the staff were responsive to this and got a wheelchair. A relative said, "It is safer now, there were lots of falls."
- Although another relative described the service as having 'medium safety', and said, "I feel [person] isn't observed for long periods of time." The manager told us that they have added QR codes in rooms, so staff have to scan this code to record they have checked on people. Of the records we reviewed, which included the family member of the relative who raised the concerns about length of time between observations, regular checks and care delivery were recorded.
- People had their individual risks assessed and this information was available to staff. Most staff were aware of people's risks and how to support them safely. They told us they report any falls or concerns to a senior staff member. However, we did observe a staff member start to support a person to eat and they were

not in a fully upright decision. We asked the manager to check on this, but the staff member was already correcting the action and get a colleague to assist them to help sit the person up a bit more.

- There was pressure care equipment and management plans in place to help prevent pressure ulcers. The management team advised there were no pressure ulcers in the home at the time of the inspection.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. The home had a COVID-19 outbreak in 1 unit at the time of our inspection. All staff, with the exception of 1 staff member, were seen wearing their masks appropriately. The staff member received a meeting of concern with the manager. We also saw that people were given the choice as to whether they wanted staff to wear masks when supporting them when the home was not in an outbreak. People's preferences were reflected on their bedroom doors and in their care plans.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visitors to the home. Visiting was being managed safely as the home was in an outbreak. People had visitors on the day of inspection.

Staffing and recruitment

- At our last inspection there were not enough suitably skilled staff to meet people's needs and this meant people were waiting for care and support. At this inspection we found staffing had been increased and people's needs were met.

Enough improvement had been made and the service was no longer in breach of regulation 18.

- People told us there were enough staff to meet their needs. A person said, "Staff always come if I need them." A relative said since the last inspection, "There's a lot more staff."

- Staff told us there was enough staff. A staff member said, "There's enough staff. I would put relative here because of staff, all friendly, treat people like family, not just a job, they care."

- Our observations showed that people's needs were met as needed and in a timely way. Most of the time, staff were visible in the communal areas. However, 1 relative told us, "Carers at night have been observed sitting in the lounge watching tv ignoring residents." We raised this with the manager to follow up.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection people were not protected from the risk of abuse and safeguarding protection plans were not followed. At this inspection we found that the necessary systems were in place to help ensure people were protected.

Enough improvement had been made and the service was no longer in breach of regulation 13.

- People told us they felt safe. A person said, "I feel safe, I can speak to staff."
- Staff knew how to recognise and report any signs of abuse. They had received training and information was displayed around the home.
- The management team had reported any concerns appropriately to the local authority safeguarding team and the Care Quality Commission.

Learning lessons when things go wrong

- The management team shared findings at staff meetings from audits, complaints and events with staff to help ensure there was learning from them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences.
- Most people's relatives told us the service was well prepared to meet their needs.
- Staff supported people to access health or social care professionals as needed.
- Senior staff contacted health professionals as needed, care staff raised any changes or health concerns with their senior.
- We were told by relatives that the management and staff team managed health needs well. One relative said, "If the Dr sees [person], they are not well or there is a change in medication, they will call and tell me. They call me if they are in hospital to ask me how [person] is."

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were suitably trained for their role.
- Staff told us they felt training was sufficient and they were given opportunities for further their knowledge. A staff member said, "I have all the training I need."
- We observed staff working in accordance with their training. Staff training had been delivered since the last inspection. We reviewed the training records and saw most training was now up to date, and those that were due, were flagged and booked in. Additional training sessions and daily toolbox talks were planned in until the end of the year. A visiting health professional told us they felt staff were responding appropriately to people's needs in relation to health conditions.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food. A person said, "I have plenty of drinks." A relative also said, "[Person] has put on weight since admission, they enjoy their food." Another relative said, "[Person] lately has been eating better and drinking better, they lost weight in hospital and now it is increasing." We observed breakfast and lunch. Food looked and smelled appetising.
- People were verbally offered the meal choices at lunch and shown two plated meals to support their decision making. Most people chose to eat in the dining area, with only a few meals being taken to people in their rooms.
- People were offered drinks on throughout our inspection visit. This included tea, coffee, milkshakes, juices

and squash. There were snacks available too.

- Where people were losing weight, the appropriate advice was sought, and fortified foods were provided. Those required modified consistency foods, received this appropriately.

Adapting service, design, decoration to meet people's needs

- The building was set up so people could move around their units. Access to the unit with a COVID-19 outbreak was closed for anyone not needing to access it.
- Some areas had refurbishment planned as they had signs of wear and tear.
- Communal areas were pleasantly decorated, and people were moving around and using them.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had their capacity assessed and best interest decisions noted. People had been involved in the process and this was documented.
- Where needed, family members or professionals has been involved in the process to help ensure the right outcome was reached.
- There was an overview of DoLS status for people and if any conditions were attached to authorisations.
- We found that staff gave people choices, and listened to their decisions, even when they were assessed as not having capacity. Staff knew about people's decision-making abilities and encouraged these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

- At our last inspection people did not have their dignity promoted and were not treated with respect. For example people did not receive care when needed, and privacy was not promoted. This inspection we found there was a change in the culture and approach in the home and people were treated with dignity and respect.

Enough improvement had been made and the service was no longer in breach of regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the staff. When asked how things at the home were, a person said, "The staff are very nice. I can't fault them." Another person said, "They (Staff) are unbelievable, they can't do enough for me." Relatives were positive about staff. A relative said, "What I see they do take care of [person]. They are very happy there and laughs a lot." Another relative said, "A strongpoint of Providence Court is the caring staff."
- We saw examples of positive interactions. For example, a staff member greeted a person as they walked in with a handshake and asked if they were ok. The staff member was asking for permission at each point of supporting the person. "Nice to see you sir," shook his hand, asked what he wanted to wear.
- Staff supported people in a way that showed care. For example, a person was disorientated, and a staff member supported the person to find their room and look for things they recognised in their room to help them feel comfortable.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in deciding their care. Staff were seen to ask people before assisting them.
- Care plans were developed with people's involvement. A relative said, "I was involved in the care plan review."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that promoted their dignity. Doors were closed, and staff knocked and asked if they could enter. Staff were speaking in a respectful way.
- The atmosphere and approach in the home was lighter and staff were speaking with people in a way that demonstrated they knew them. Staff asked how people were and if they needed anything.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people told us that they had plenty to do and opportunities to join in with a variety of activities. On 1 unit a person said, "Every day is good day, occasionally staff will have a chat with me, but I have my tablet and my TV." A relative said, "They do activities and [person] is happy."
- We saw, on 1 unit, while staff were friendly and kind to people, sometimes there was a lack of meaningful engagement observed outside of care tasks. Following our inspection this unit closed to allow for it's refurbishment and people were living on the more active units. On the other 3 units we observed activities and regular engagement going on. saw staff chatting with people, speaking about their past lives and things they enjoyed. Work was in progress to get care staff more involved with activities instead of only having planned activities.
- Staff were spending time with people doing puzzles and playing ball games. A person was supported to care for their comfort dolls. Staff were seen chatting and singing with people throughout the morning. A staff member said, "Activities are better, people are enjoying it, they're much more active."
- People were using communal areas to get involved in group activities. Others were watching and chatting.
- For people cared for mainly in bed, or those who liked to stay in their rooms, an activities organiser would visit rooms and offer 1-1 activities. However, we did not see this in progress on the day of our visit.
- Care plans included what people liked and enjoyed, and previous interests and past times. On 1 unit, a member of staff had spent time compiling a map for the wall and capturing people's travels around the world. This was a talking point on the unit.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- When the care plan was developed at the start of supporting a person, staff discussed any specific need or preference in which they communicate. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- People and their relatives told us that staff communicated well and in a way that met their needs. Our observations found in most cases staff took time to engage with people effectively.

- For 2 people whose first language was not English, their dementia sometimes made them revert back to their first language. For 1 of these people there was a communication booklet, and the person's family were often in the home to support communication. They told us staff had made a good effort to learn some of the language. For the other person, while staff thought there was a booklet, they did not use it and could not locate it. A staff member said, "We have got to know what they mean and what they need." While we saw the person responding well to staff, work needs to be done to ensure that communication was always done effectively for this person. The manager told us they would ensure this was in place going forward.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff supported them in a way they liked and preferred. A person said, "Everything like clockwork, staff are friendly, can have help whenever you want, I had a fun bath, we were laughing, I enjoyed it." Relatives also felt that staff supported people well. A relative said, "Care is safe, [person] has gained weight, looking really well, their dementia has plateaued and looks very well. [Person] says they look after them." Another relative said, "Personal care is going well as [person] is always looking well dressed and hair combed."
- Staff knew people well and had access to information about people's needs. They were able to tell us about individual needs and any changes to their needs.
- People's care plans included information about how they liked and needed to be supported. The plans were person centred and captured the detail that guided staff.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were comfortable to make a complaint if it arose. A relative said, "Previously I felt I wasn't listened to and I complained and since then it's improved."
- The manager had included in their regular communications to relatives their contact information, and suggestions for relatives to pop into the office to see them, should they have any issues.
- There was an overview of complaints to help the team identify themes and trends

End of life care and support

- At times, people were supported at the end of their lives. Plans were in place to give staff instructions. This included if a person wished to be resuscitated or not.
- Staff had started to receive training in relating to supporting people at their end of their lives.
- A relative told us, "[Person] is end of life now but they are content. They are clean and tidy now and staff check all the time. They check in with me to tell me what's going on. Staff make you feel welcome. They moved their bed to sit near the window so they can look out the window."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- At our last inspection the leadership and governance in the home did not support people's safety and welfare. At this inspection we found under the returning manager who had previously managed the home in a safe and consistent way, systems were more robust, and oversight was in place.

Enough improvement had been made and the service was no longer in breach of regulation 17.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The oversight of quality assurance was being used in a more robust way. While there were some points that we identified as part of our inspection, the manager had identified these areas and were part of their plan to drive improvement in the home.
- We found the manager had made significant improvements in the home. People, their relatives and staff told us there had been positive changes.
- There were audits, checks and observations in place for all areas of the home. These included care plans, medicines and health and safety.
- The management team had worked on an improvement action plan to give an overview of performance and any areas that needed addressing. This included areas such as staff training, as some was identified as needing to be more robust, environmental refurbishment and record updates. We found that good progress had been made and this had had a positive impact on people's care and experiences and also the staff approach.
- There was an analysis of events, accidents and complaints to ensure all remedial action had been taken.
- The manager understood their responsibilities in relation to the duty of candour. They reported events appropriately and was in contact with relatives, keeping them informed, as needed.
- The manager carried out regular walk rounds to help ensure staff were working in accordance with standards and regulations. They provided guidance and support for staff. A person told us, "The manager [name], sticks his head in everyday, so I know everything is alright." A relative also told us, "Since the bad report, they seem to up their game." A staff member told us, "On the last inspection, it was a bad day. Things have improved tenfold, [manager] was what we needed."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People, their relatives and staff felt their views about the service were sought. One relative told us, "New manager is very nice. We are invited to family meetings. I would recommend the care home." People and staff told us that the manager was often around the home asking how things were.
- A local care providers association was in the process of carrying out an impartial survey on behalf of the provider.
- Staff feedback was sought through meetings and supervisions.
- Staff were positive the service and were positive about the management team. A staff member told us, "Things are better, down to manager, [manager] is very good, goes round and checks."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and most relatives said the management team was approachable, visible and friendly. A relative said, "[Person] been there for [number] years. [Manager] has been the best manager they have had." Another relative said, "Since the new manager has been here, he is very attentive you see him often. It shows good leadership, he came down and did a bit of role modelling where a staff member was struggling. I thought that was a really great thing."
- Feedback about the changes to culture and approach of the service was positive. A relative told us, "The manager is on the ball more and we get more update with information sent more now. It's well managed." Our observations supported this feedback.
- Staff told us the service now had a person-centred approach and they enjoyed working there. A staff member told us, "The atmosphere has improved. You can tell [manager] is a leader. It's moved up a gear."

Continuous learning and improving care.

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further improve the service. They were providing opportunities for further training for staff to help build their knowledge and skills which included adding champions in key areas and an engagement led to improve activities and interaction.

Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. This included district nurses, speech and language therapists and physiotherapists. They were also being supported by the local authority to help drive improvement.