

Quantum Care Limited

Pinewood Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 26 July 2016. The visit was unannounced. At our last inspection on 1 November 2013 the service was found to be meeting the required standards in the areas we looked at. Pinewood Lodge provides personal care for up to 60 older people. It does not provide nursing care. At the time of our inspection 59 people were living at the home.

At this inspection we saw evidence that the newly appointed manager had recently submitted an application to be registered with the Care Quality Commission (CQC) as the registered manager. The 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 told us that staff helped them stay safe at Pinewood Lodge. Staff received training on how to safeguard people from abuse and were knowledgeable about the potential risks and how to report concerns. Robust recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's needs. People were supported to take their medicines safely and at the right time by trained staff where necessary and appropriate. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People who received support, relatives and health care professionals were positive about the skills, experience and abilities of staff who received training and refresher updates relevant to their roles. Staff supported people to maintain good health and access health and social care services when necessary.

Staff obtained people's agreement to the support provided and always obtained their consent before helping them with personal care. People told us that staff supported them in a kind and caring way that promoted their dignity. We found that staff had developed positive relationships with the people they supported and were clearly very knowledgeable about their needs and personal circumstances.

People who received support were involved in the planning and regular reviews of the care provided and this was accurately reflected in their individual plans of care. The confidentiality of information held about people's medical and personal histories was securely maintained.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences and routines. People were supported to pursue social interests relevant to their needs. They told us that the manager and staff listened to them and responded positively to any concerns they had. People were encouraged to raise any concerns they had and knew how to make a complaint if the need arose.

People, their relatives, staff and professional stakeholders were all complimentary about the management team and care staff and how the service operated. The management team monitored the quality of services

and potential risks in order to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to stay safe by staff who had been trained to recognise and respond effectively to the potential risks of abuse.

Safe and effective recruitment practices were followed to ensure that staff were suitable for the roles performed.

Sufficient numbers of staff were available to meet people's support needs at all times.

Where necessary, people were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Is the service effective?

Good ●

The service was effective.

Staff obtained people's agreement and consent before support was provided.

Staff were trained and supported which helped them meet people's needs effectively.

People were supported to maintain good health and access health and social care services when necessary.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were involved in the planning and reviews of the support provided.

People were supported in a way that promoted their dignity and respected their privacy.

The confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support that met their needs and took account of their preferences and personal circumstances.

Guidance enabled staff to provide person centred care and support.

People were helped and supported to pursue social interests relevant to their needs.

People knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People who received support, relatives, staff and health care professionals were very positive about the managers and how the service was operated.

Staff understood their roles and responsibilities and were well supported by the management team.

Pinewood Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 26 July 2016 by one Inspector and one expert by experience. An expert by experience is a person who has experience in this type of service. This was to help facilitate the inspection and make sure that people who used the service and staff members were available to talk with us. Before the inspection, the provider was also required 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. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 14 people who used the service, four relatives, eight staff members, the manager and the provider. We also received feedback from health and social care professionals. We looked at care plans relating to six people who used the service and four staff files.

Is the service safe?

Our findings

People told us they felt safe because of the care they received from the staff who supported them. One person said, "I am very safe here and I enjoy living here, the carers are lovely I have no worries at all." Another person who lived at Pinewood Lodge told us "I agree with my friend it's very nice here and staff are really nice they help all the time, yes I feel very safe here."

Relatives told us they were confident that their family members were kept safe and well protected from potential risks of abuse and avoidable harm. The relative of one person said, "My [Relative] has lost capacity now and we visit 2-3 times a week, the carers are lovely and very patient with everybody we have no concerns here at all". Another [Relative] said "I visit daily here and would raise concerns if I was not happy, the staff are generally very good though communication between staff is hit and miss at times and I think that could be improved, I don't think for a minute anyone is in danger here." However we found when speaking to relatives that this was not the experience of the majority of people.

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Staff had access to information and guidance about how to report concerns which included relevant contact numbers. A staff member commented, "I know the whistleblowing procedures very well and would not hesitate to report abuse of any kind."

Safe and effective recruitment practices were followed to ensure that all staff were of good character and suitable for the roles they performed. There were enough suitably experienced, skilled and qualified staff available to meet people's individual care and support needs. One person told us "I think the staff are all very capable of looking after me, in the way I want them to. Yes they all seem to know what they are doing."

The manager told us that staffing levels at Pinewood Lodge were effective to meet people's individual needs, and that periods of sickness and annual leave were covered by the permanent staff team thus generally, removing the need for agency cover. We saw that the staffing arrangements were a minimum of 12 carers provided on each morning shift and 11 carers during the afternoon shifts plus one care team manager for each of the four units. The deputy and manager were supernumery but provided additional cover when necessary. This meant that people consistently received their support from staff that were known to them and in adequate numbers to keep them safe and to meet their individual needs. During our visit we saw that there were sufficient numbers of staff available to care for and support people in a calm, patient and unhurried manner.

Staff only commenced work in the home when all the required recruitment safety checks had been Satisfactorily completed. We looked at recruitment documents and found that the recruitment process was robust and that the staff members had not been able to start work until the manager had received a copy of their criminal record check and satisfactory references

Where necessary and appropriate, people were supported to take their medicines safely, on time and in

accordance with prescriber's instructions by staff who had been trained. One person said, "I always like to know what I am taking, so ask if I don't recognise the tablets they are giving me."

Medicines were stored, managed and disposed of safely. People were helped and supported to take their medicines by trained staff who had their competencies checked and assessed in the workplace. People's individual plans of care contained detailed information about the medicines they used, what they were for and guidance about potential side effects. We saw that when medicine errors had occurred they were thoroughly investigated and effective steps taken to reduce the risks and likelihood of reoccurrence.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed to take account of their changing needs and circumstances. This included in areas such as mobility, physical and mental health, dietary needs, communication, behaviour and emotional well-being. We saw that information and guidance about these risks, together with steps taken to mitigate them, were accurately recorded in people's individual plans of care. For example a person had been identified as at risk of choking. We saw that this person had received a speech and language assessment (SALT) with a recommendation for the person to have a soft diet. The risk assessment had been devised, in detail, to assess the risk, and included guidance for staff on how to support the person if they started to choke and control measures in order to reduce the risks. This had been update in June 2016

Any incidents or accidents that occurred were recorded, investigated and reviewed to ensure that steps were taken to identify, monitor and reduce potential or emerging risks.

Is the service effective?

Our findings

People received care and support from staff who had been trained and supported to meet their needs in a safe and effective way. This included in areas such as moving and handling, medicines, infection control, emergency first aid and safeguarding. One person said, "I go to all of my [Relatives] reviews and we get consulted often. Most carers follow the care plan though not all. I feel that relatives should be invited to train the carers, we know our [Relatives] best and it's the little things that gets my [Relative] annoyed. I think an input from family members into their likes and dislikes, maybe a small training session of 30 minutes just for them to get to know them would be useful."

New staff were required to complete a structured induction programme of six days followed by a period of two weeks shadowing an experienced member of staff before they worked unsupervised. During this time they also received training relevant to their roles, and had their competencies observed and assessed in the work place. All staff members received training and refresher updates in areas such as infection control, nutrition, medicines and moving and handling. They also received training designed to meet the specific needs of people who lived at the home, for example dementia care. A health care professional said, "I have always found the staff here competent and professional, who know their service users well."

Staff told us they felt valued and supported by the provider and management team. They had the opportunity to meet with the registered manager and a senior colleague on a regular basis to discuss and review their performance, professional development and any other issues that were important to them. One staff member said, "I am very supported in my role here and have been offered more training for personal development, the new manager is fantastic and has offered me more than I have ever been offered and I have been here 8 years, we have regular supervisions and appraisals and we can ask for more training in specific areas." Another person told us "The training and support we get has improved considerably since the new manager has been here, they are a real asset to the people who live at Pinewood Lodge and the staff."

People's identified needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being.

Staff were clearly very knowledgeable about people's health, welfare, individual support needs and personal circumstances. One person who received support told us, "I couldn't praise them [Staff] enough; they all know how I like to spend my days." A social care professional commented, "Pinewood Lodge is a caring and professional service and I have never had any concerns about the care and support provided, when I have visited."

We saw that people's agreement and consent to the support they received was both accurately and consistently reflected in their individual plans of care. One person told us, "I am never told what to do and the staff that care for me always ask before they do anything for me, especially when its personal care."

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 to 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 staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager and most staff we spoke with understood and were able to demonstrate that they knew about the principles of the MCA and DoLS. The staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered manager had submitted seven applications to lawfully deprive people of their liberty to the local authority. The outcome of these applications was not yet known.

People said that staff respected their choices. One person said, "We all help one another. I can do whatever I want whenever I want. It makes my days more interesting." Another person said, "Nothing is too much trouble and we are able to go where we want to. I have all my things I want in my room. It's just like being at home. Our observations throughout the inspection showed that staff asked people their choice and respected the choices made. People told us that they felt listened to by staff. Staff showed they understood the importance of asking about and respecting people's choices. Staff were able to demonstrate to us an understanding that they knew how to ensure people did not have their freedom restricted.

Staff were very knowledgeable about people's nutritional requirements and helped those in need of support to eat a healthy balanced diet that met their needs wherever possible. The levels of support provided varied in accordance with people's individual needs and personal circumstances.

We saw that people were offered a choice of where they would like to eat their meals. Some people chose to eat with their friends in one of the dining rooms, whilst others either ate in the lounge areas or in the privacy of their own room. Those who needed additional support were encouraged to eat in the dining room nearest to the kitchen as there was always a member of staff available to support them. We observed the lunchtime meal and found that it was a relaxed and social occasion. Our observations during the lunchtime meal showed that social interaction was promoted by staff.

One person said, "I like the food here. I sometimes forget what I have ordered, but they always make sure I am given something I like." We get hot drinks at regular intervals and if I want one at any time I just need to ask. One relative told us, "[Family member] is always happy with the choices of meals offered each day and drinks are plentiful." Another person told us "The food is okay and there is plenty of it and we get offered drinks and tea all the time, yes the carers would get me a drink whenever I wanted one, most of the carers understand my needs though not all" People had mixed views about the recent change to when they have their main meal. The main meal is now served at the end of the day and the mid-day meal usually consists of sandwiches and soup. One person told us "I wasn't consulted or asked about the change in meals, one day they just changed over." Another person said that they preferred to have a lighter meal in the evening as they felt too full eating their main meal at the end of the day. This information was passed onto the manager for their attention.

Kitchen staff were kept updated by the care staff regarding people's weight gain or loss or any special dietary needs. They also confirmed that if people did not like the food that was on offer they would make them something else to eat. This was confirmed by our observations during the lunch time meal. Snacks, fresh fruit and drinks were available to people throughout the day. We saw staff encouraged people who needed some assistance with their fluid intake to drink throughout our inspection.

People and the relative said and records showed that staff were quick to involve external health care professionals when needed. One person told us, "They [staff] send for a doctor if they're consider you need one." One relative said, "They [Staff] call a doctor whenever the need arises. They are quick to inform me what is happening."

Is the service caring?

Our findings

During our inspection we saw that people were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their individual needs. One person told us "The girls are very caring here and they show respect and dignity and the manager is lovely we see them all the time they chat to us and they are very kind". A visiting [Relative] told us "The girls are caring and patient too, they look after [Family member] very well and I have no concerns we come here all the time and it's always clean and tidy here, the carers always offer us tea and update me about anything that has happened". One person was happy to tell us "The carers are very good and help my [Family member], always cheerful as well, it's not an easy job looking after people but I have no worries about this home at all"

Staff had developed positive, caring relationships and were very knowledgeable about people's individual personalities, characters, personal circumstances and the factors that influenced their moods and behaviours.

People were assisted by staff to be as independent as possible. Observations showed that staff encouraged people to do as much for themselves as they were able to. We noted that staff guided people, when needed, in a respectful way. We saw one person being encouraged to stand up from their chair before transferring to their wheelchair. This was done in a patient and caring manner.

A person's relative visiting the home told us, "The care [Family member] gets is first class, certainly when compared to the previous home they were in." Nothing is too much trouble and the way they speak and treat people is excellent. I can't think of any improvements they can make in the care. They [Staff] are always ready to discuss things with you."

Staff supported people in a kind and patient manner. Staff took time to support people when needed at a pace the person was comfortable with. We also saw staff reassure people, who were becoming anxious, in an understanding manner to help them settle. We also noted good examples of how staff involved people in conversations throughout our visit. These included conversations about lunch, weather and what was on the television.

People told us that staff respected their privacy and dignity when supporting them. One person said that staff knocked on their bedroom door when they wanted to enter and waited for a response. This was confirmed by our observations throughout our inspection. This meant that staff respected and promoted people's privacy.

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 pictures, memorabilia and small pieces of furniture. We saw that people were relaxed and comfortable to approach and talk with care staff, domestic and kitchen staff and the management team.

Information regarding advocacy services from Age uk was available for people to access where required. We

saw this information was displayed throughout the home. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

People were involved in regular reviews and discussions about their care and support with key workers, family members and health and social care professionals. This involvement was reflected in people's individual plans of care and showed they were consulted about progress in terms of activities, their independence, relationships and their health care needs. For example one person's care plan described how to support the person when they became anxious or upset. We saw that there were step by step guidelines on how to deescalate the situation but also gently reassuring the person using family photographs and objects that provided them comfort.

We asked 11 people if they had been involved the planning of their care. Seven people told us that they had seen their care plan when they first moved into the home and also when they had asked to see it or their relatives. The remaining four people told us that they knew there was information kept about them in the office but had never asked to see it. One person told us "I know that they write about how I am and if I need to go the doctors but I don't feel the need to read it regularly. We found that all six care plans we looked at had been signed by the person themselves or their relative. This meant that people had been involved and consulted about their plan of care.

Is the service responsive?

Our findings

Care records we looked at were written in a personalised way they provided information about the person's life history, including their individual care and support needs. People also had their end of life wishes documented should they choose to. These plans included a wish to not be resuscitated. Records showed that people or their relatives were involved in the care and support plans as appropriate. A relative said, "We always feel involved in our [Family members] life, this includes their reviews, their health problems and their financial matters."

People were seen to be watching television and reading newspapers, magazines and books. Throughout our visit we heard lots of chatter and laughter. People enjoyed the activities. They described some of the other activities including art and craft sessions and said that they liked doing things together. This was evident through much of the day where people gathered and together they talked and reminisced about times gone by. One person said, "I like going down to join in the coffee mornings at the best friend's café where I can see all my old friends from the estate." We saw that for people who were looked after in bed there was 1:1 time provided where people could enjoy hand massage and nail painting. We also saw that staff encouraged people to help with some of the domestic task around the home, which included helping to put the laundry away, sweeping the floors and laying the tables in the dining rooms.

We saw that the activity staff had worked hard to create reminiscence areas on each floor of the home which helped people relax and enjoy memories of their younger years. For example one area had been transformed into an indoor garden space with running water, plants and a wooden bench for people to enjoy. There were further plans to create a laundry area in another corner of the home.

A member of staff told us about the various activities in the care home which included music and movement, crafting, quizzes, and reminiscence sessions. There was a programme in place for the coming month and people were able to tell us what was happening in the home. A relative said "Our [Family member] is really well looked after and gets 24 hour care and I can't think of any improvements they could make. There is always something for them to do so that they don't just sit in their rooms. My [Family member] loves talking and likes being with their friends in the home. They also love talking to the staff."

People and a relative told us that that they knew how to raise a concern. People and their relatives told us that communication was good and that they would speak to staff if they were concerned about anything. One relative said, "We are consulted by questionnaires and if I have a problem staff do deal with it straight away, I wish the younger carers were trained like the older carers as a couple of them seem a bit carefree. They have an activity lady that helps keep people occupied and engaged, although my [Family member] doesn't bother as they like their own company a lot, but the others appear to enjoy it."

One person told us "I know who to complain too but I haven't needed too, and they ask me about my care plan when we meet to see if I am happy with everything". We asked staff what action they would take if they were aware of any concerns. Staff said that they knew the process for reporting concerns and would inform the registered manager. Records of compliments showed that people and their relatives were

complimentary about the care they or their family member had received. Complaints records showed that they had been reviewed and action taken as a result of the concern raised. Information of the provider's complaints policy was also available to people in the main entrance.

Is the service well-led?

Our findings

The home had a manager, who has submitted an application to become the registered manager with CQC, a senior staff team, care staff and ancillary staff. We saw that people who lived at the home and staff interacted well with the manager during our visit. People we spoke with had very positive comments to make about the newly appointed manager and the committed care staff. Relatives said that the manager kept them up-to-date about their family members and that communication was good. A member of staff told us "The home has improved in recent months due to the new manager's enthusiasm and bringing ideas from other homes they have managed."

Staff told us that the new manager was very 'visible' within the home and carried out a walk around every morning and often again in the afternoon. One staff member said, "The new manager is very personable and knows everyone by their first name, including all the staff." Staff told us that the culture in the home was 'open' and that the manager was very approachable and always open to listening to new ideas. Staff spoken with told us that they were supported by the manager. They said that they had regular supervisions and appraisals. This was confirmed by the records we looked at.

A relative said, "The new manager has made a point of coming and speaking to us all, when we visit which makes us feel valued."

Records showed that staff meetings happened and that they were an open forum where staff could raise any topics of concern they wished to discuss. Staff told us that they were encouraged to make any suggestions that they may have to improve the service. Such as the CQC model of inspection, safeguarding and people's feedback and experiences of the meals provided.

There were effective quality assurance systems in place that monitored people's care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety, call bell audits and infection control audits. Where action had been identified these were followed up and recorded when completed to ensure people's safety. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This included two areas of the home where there was an unpleasant odour. This problem had been investigated and was in the process of being rectified by replacing the carpet with a hard floor covering to help eliminate the mal odours.

The manager had also introduced additional audits with regard to the standards of cleanliness and infection control. They also carried out daily 'walk around audits' and audits that related to people's experiences of mealtimes. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the manager regularly 'worked alongside' the staff in providing care. This ensured that staff were

implementing their training and to ensure they were delivering good quality care to people. As a result of these checks staff knew what was expected of them.

The manager had introduced a new system to help prevent and monitor accidents and 'near misses' which has helped reduce hospital admissions from 18 in May to 7 in July 2016. Records, and our discussions with the manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the manager had an understanding of their role and responsibilities.