

# Quantum Care Limited

# Courtland 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 April 2016 and was unannounced. At our last inspection on 4 April 2014, the service was found to be meeting the required standards in the areas we looked at. At this inspection we found that they had continued to meet the standards.

Courtland Lodge provides accommodation and personal care for up to 60 older people. At the time of our inspection 57 people lived at the home. Some people at the home were unable to verbally communicate with us so we observed how care and support was provided in communal areas such as the lounge and dining area.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they felt safe, happy and well looked after at the home. Staff received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to help ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made efforts to ascertain people's wishes and obtain their verbal consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained

throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders were complimentary about the manager and staff on how the home was run and operated. Appropriate systems and processes were in place to monitor the quality of services provided, reduce potential risks and drive 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 by staff who knew how to recognise and report abuse.

There were sufficient numbers of staff to meet people`s needs safely at all times.

Safe recruitment processes were followed.

People`s medicines were administered by staff who were trained and knew people well.

### Is the service effective?

Good ●

The service was effective.

Staff received induction training and refresher training to ensure they had the skills and knowledge to meet peoples` needs effectively.

Peoples' consent and agreement was obtained and staff were aware of the requirements in relation to MCA/DoLS.

People were supported to eat a healthy balanced diet and there was a range of food and drinks available for people to choose.

Peoples health was monitored to ensure their physical health and wellbeing were maintained.

### Is the service caring?

Good ●

The service was caring.

People had developed positive relationships with staff, which were based on mutual respect and trust.

Staff involved people and or relatives in planning and reviewing their care.

Peoples` dignity and privacy was maintained and respected by

staff.

Personal information was kept secure and confidential.

### Is the service responsive?

Good ●

The service was responsive.

The care people received was personalised for their needs and reflected their preferences.

People had access to the community and were able to participate in a range of individual or group activities.

People were able to raise concerns and complaints.

### Is the service well-led?

Good ●

The service was well led.

People were positive about the manager and the leadership in the home.

The manager promoted an open and transparent culture at the home.

There were systems in place to monitor the quality of the service.

The manager demonstrated a very good knowledge and understanding of people's needs.

# Courtland 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 April 2016 by two Inspectors and two experts by experience and was unannounced. An expert by experience is a person who has experience in this type of service. Before the inspection took place we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 18 people who lived at the home, five relatives, seven staff members and the registered manager. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans that related to four people who lived at the home and two staff files.

We used 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 due to complex health needs.

# Is the service safe?

## Our findings

We spoke with five[Relatives] and asked them if they considered their [Family Member] was safe living at the home all five confirmed that they were confident in the staff to provide a safe place in which to live. One [Relative] told us "I always leave knowing that my [Relative] is safe and well looked after." One person who lived at Courtland Lodge told us "I know there is always someone around to help me if I get a bit confused or a bit anxious and during the night I press my 'buzzer' and they always come and help me get back to sleep."

People told us they felt safe at the home and they were well supported by staff who had been trained to recognise and respond to the potential risks and signs of abuse. One person said, "All the staff are kind, they make me feel important and not just an 'old person' and I never have to worry about being safe." All the staff we spoke with were knowledgeable about the principles of safeguarding, how to raise any concerns they had, both inside the home and externally and also how to 'whistle blow' if the need arose. One carer told us "I would whistle blow, and take it to the manager, or higher up if needed, if I felt the manager wasn't listening." Staff told us they had access to detailed guidance about how to report safeguarding concerns which included contact details for the relevant local authority. One staff member told us, "We have all had training in safeguarding and how to protect people; the manager makes sure of this." Another staff member told us that, "I have been here for four years and each year we have training about safeguarding to keep us up to date with changing practices."

People were supported by staff who had been through a robust recruitment process. This helped to ensure staff employed at the home were suitable for the roles performed. This included checks to make sure they were of good character and physically and mentally fit to do their jobs. The provider had flexible working arrangements which ensured there were enough suitably experienced and skilled staff available to meet people's agreed care and support needs safely, effectively and in a calm and patient way. A relative told us "I used to be a nurse so I know what good care is and I can honestly say that I have never witnessed any of the staff here to be anything but kind and professional. People had detailed and thorough assessments of their needs and dependency levels carried out and reviewed to help the manager ensure there were enough suitable staff available at all times. One person told us, "There is always [Staff] around if I need help." 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.

Relatives told us that they always considered there were enough staff on duty to provide care and support to people. Staff told us that they felt there were enough staff to keep people safe. An on call system was in place for staff to seek guidance and advice out of office hours from the registered manager. We saw from the rota on the day of our visit that there were 11 care staff and one care team manager on duty to provide care and support to 57 people plus the deputy and registered manager. The care staff were divided between four units with higher staffing levels being provided in Clarendon and Hazelwood units, where people's needs had been assessed as high.

The home had the appropriate systems in place to manage medicines safely. We saw evidence of peoples currently prescribed medicines on the Medicines administration records (MAR). These correlated with the

copy GP prescriptions kept by the home. We looked at recording of medicines and saw no omissions in the recording of receipts of medicines, administration of medicines and disposal of medicines. Storage of medicines in all units was tidy and well-organised and secure. Temperature monitoring of rooms and fridges ensured that medicines were kept at the right temperature to maintain their potency.

Several people were prescribed 'As required' medicines to be taken for example if they were in pain or very agitated. We saw clear protocols to describe how and when these medicines were to be given and a separate record was kept of the benefit or effect of giving each dose.

The home was carrying out daily checks of the MAR charts after each medicine round had been completed which ensured that any errors were immediately picked up and resolved. Monthly detailed audits were completed and random stock checks were made. The last audit we viewed was carried out in April 2016 and we saw that action was taken and recorded when concerns were noted.

Potential risks to people's health, well-being and safety had been identified, documented and reviewed on a regular basis. Steps were taken to mitigate and reduce the risks wherever possible in a way that took full account of people's individual needs and personal circumstances. This included areas such as mobility, nutrition, medicines and skin care. The manager adopted a positive approach to risk management which meant that safe care and support was provided in a way that promoted people's independence wherever possible. For example, risk assessments associated with the risk of falls, the risk of malnutrition and the risk associated with people's skin breakdown had been completed.

The registered manager used information from accident, injury and incident reports to monitor and review new and developing risks and put measures in place to reduce them. This meant that the registered manager used information and learning outcomes effectively to mitigate risks wherever possible which ensured people received safe care.

We found that the equipment used in the home, such as wheelchairs, hoists and crash mattresses were clean. There was a cleaning and a maintenance schedule used to ensure all equipment was checked and cleaned regularly in line with the infection control principles. The equipment people used or required had been assessed by an occupational therapist or other appropriate person to ensure it was appropriate for people to use. This was an area which improved since our last inspection.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example first aid and fire safety. Additional emergency guidance, checks and tests were tailor made to cater for the needs and particular circumstances of night duty staff. Regular checks were carried out which ensured that both the environment and the equipment used were well maintained to keep people safe. Detailed personal evacuation guidance had been drawn up for each person to help staff provide effective support in the event of an emergency situation.



## Is the service effective?

### Our findings

One person who lived at the home told us "I have lived here for several years and I now see it as my home." Another person told us that. "The carers are very kind and welcoming and they seem to be doing what they are meant to do."

During our visit we observed people made decisions about their care and the activities they wanted to take part in. For example when the lunchtime meal was served we saw that people were given the choice where they wished to sit. We saw that the carer gave people the choice between sitting in their armchair, at the table or in the privacy of their own bedroom. They told us "People should be able to choose where they eat their meals, like we do at home." Staff knew people well, were aware of their needs and how to provide care to meet these needs. They provided a comfortable, relaxed atmosphere that people enjoyed.

People were supported by staff that had the appropriate training and supervision for their role. Staff told us, and training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people, for example with behaviour that challenged, and knew how to support a person when they become distressed or anxious. This meant that staff's knowledge and expertise had been further developed to benefit and care for the people who lived at the home.

Newly employed care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing established staff before working with people independently. Training was provided during induction and then on an on going basis. We spoke with one new member of staff who described in detail, their induction programme and the training provided during their first two weeks. They were very complimentary about the member of staff who they had shadowed and felt that they had learnt a lot from them. They said, "I had worked in other care homes but it's much better organised here as I felt that the induction was very good and was given plenty of time to get know the people who live at the home before they expected me to work unsupervised."

Staff received regular support through supervisions from their manager. An annual appraisal system was in place and staff told us that they received the support and guidance they needed from their managers and the provider. Staff told us they worked as a team and felt supported in their role by the manager and each other. One member of staff told us that "The manager is firm but fair and makes sure that they walk around the home every day to speak to people who live here and also to check to see if the staff are ok. I think we work well as a team and learn from each other." I am proud to say I work here as part of this team. They also said "I would whistle blow, and take it to the manager, or higher up if needed. If I felt the manager wasn't listening."

The Mental Capacity Act 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 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. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. The registered manager and care 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 the necessary DoLS applications to the supervisory body (local authority) and were waiting the outcome of these.

People told us they had been involved in making their own decisions, wherever possible about the care and support provided. Everyone we spoke with confirmed that staff always asked knocked and asked permission before they entered their room and were very careful to maintain their dignity when they provided personal care. One person described how the staff member had helped them with their bath and that they made sure they respected their dignity by ensuring they were covered with a towel at all times. "They told us "Bath time is one of my simple pleasures in life and therefore I like to be left to have a bit of a soak and not to be rushed, which most of the time I am not." Throughout our visit we observed staff provided care and support in a friendly, enabling and appropriate way.

The home had a four week menu in place which reflected the choices and preferences recorded within people's individual plan of care. This included people's specific dietary needs such as diabetes and vegetarian diets. The main meals had been changed from being provided at mid-day to being served at 5 p.m. We saw that menus were on each table and offered two choices for lunch and three choices for the main meal in the evening.

We saw under each item was written an allergy alert for staff to ensure that people were protected from eating food that they not be suitable for them. We saw that staff would make a note of what people ate so as to make sure they had received sufficient food. People told us they enjoyed the meals provided with one person stating "The food is excellent. Every day it's hot and there is always a choice." However one meal was less than palatable so I complained and I was offered something else straight away." Another person told us there was always plenty of drinks provided and if we want a drop of wine on a Sunday we can ask for it." We observed people who required support with eating their meal were treated with respect and dignity and we saw staff took their time with people, offering them small and palatable portions whilst they explained what they were about to eat in a timely and unhurried manner.

Relatives told us that staff would contact them if they had any concerns and would contact a GP if necessary. One relative said "The home has an open door policy which means I can pop in at any time and speak to the manager about any concerns I may have, which they attend to promptly."

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician and therapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

# Is the service caring?

## Our findings

Staff knew people well, were aware of their needs and how to provide care to meet these needs. One [Relative] told us that "I can honestly say that there is a warm and respectful relationship between the people who live at Courtland Lodge and the staff. Another [Family Member] told us that "There is a very personal approach from the staff towards by [Relative] nothing is too much trouble." A visiting relative told us "There is nothing more I want for my [Relative] then to be safe and happy Whenever I come for a visit, they are always well dressed in clean clothes, well fed and hydrated and they are happy ,they might not remember me, but I can see they are ok."

10 people we spoke with confirmed they had been involved in the care planning process and considered it was a good reflection of the care and support they needed. We saw that people had signed their own care plan and six people's relatives had been involved and consented to the plan of care on their behalf.

One staff member told us that "We are one big team here and if the manager needs to cover a unit then they do so and I have seen this for myself. This makes us feel valued and appreciated."

We observed staff provided care and support in a friendly, enabling and appropriate way. One relative told us, "We were told that we could visit any time of day or night, within reason of course." We were consulted and involved from the word go."

We observed the home provided a relaxed and comfortable atmosphere that people enjoyed. People's privacy was promoted. One relative said, "My [Relative] can become anxious and agitated at times and when this happens the staff try hard to calm them down by offering to take their hand and sit with them. This usually works especially if it's one of the familiar staff members."

Visitors and relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. This showed that staff respected and promoted people's privacy.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. We saw that staff used this knowledge to support people. For example, we saw one person had become quite anxious at lunchtime. We observed a staff member approached them in a calm manner, gently putting their arm around their shoulders to comfort them. They established what they needed and then gently assisted them to the bathroom. This meant that staff demonstrated an understanding of the people's needs in a manner that was both respectful and caring. Our observations showed that all staff were kind, caring and respectful to the people they cared for. Staff called people by their preferred name and spoke in a calm and reassuring way.

The registered manager was aware that local advocacy services were available to support people if they required assistance, through their GP surgery. However, there was no one in the home who currently

required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Staff also ensured that people's private information was held securely and demonstrated the importance of maintaining confidentiality. For example, when we reviewed documents as part of our inspection, documents were presented and when finished reviewing them, they were taken back to where they were stored which ensured the records remained private.

## Is the service responsive?

### Our findings

People and their relatives said that staff met their care needs. One family member told us, "I come on different days and times and other family members visit too. I always feel welcomed and consider the care and support they receive is of a high standard." Throughout our visit we found that people were happy, they were smiling, with lots of chatting between the people who live at Courtland Lodge, visitors and the staff who cared for them.

People had a pre-admission assessment completed by the registered manager or senior staff members prior to moving into the home. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, their families, other professionals and people's historical information were used to assist with people's care planning.

People's care plans contained specific documents, to be maintained by staff, to detail care tasks such as personal care having been undertaken. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that records were in place to monitor and respond to these risks. Daily records contained detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required. One [Family Member] we spoke with told us "My [Relatives] needs have changed a lot so their care plan is regularly updated with information on maintaining health, routines and preferences."

We saw that where people had been assessed at risk of malnutrition and dehydration fluid balance charts had been put in place which ensured people received adequate amounts of food and fluids. For example we saw in the 'Eating and Drinking' section of one person's care plan, guidance from the GP's most recent visit had provided with action points that had been met. Within this care plan there was also advice from the recent speech and language assessment carried out where supplementary drinks had been recommended to be added to the person's diet and also a weekly monitoring of their weight to be carried out. We saw that both these recommendations had been implemented and the records were up to date.

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One [Family Member] told us that the staff helped their [Relative] with their interest hobby in stamp collecting by bringing in new and used stamps for them to add to their collection.

People had access to activities that supported their hobbies and interests and could choose from the activity programme displayed throughout the home. We saw from the individual care plans that people's interests were reflected within the weekly activity programme provided. For example one person liked to take part in quizzes and another person liked to go to the local town shopping. Other popular activities provided were bingo sessions, pampering sessions, and gentle exercise sessions. Throughout our visit we saw people and their relatives enjoying coffee and a chat in the 'Best friend's cafe on the ground floor of the

home. This was an activity that people thoroughly enjoyed and which created a 'community' feel inside of the home.

There were residents meetings held on a monthly basis in order to give people the opportunity to raise any concerns or issues with the manager and staff. Information of these meetings was displayed throughout the home in order to ensure people they could attend if they wished to.

Several people were happy to show us around their bedrooms where we saw a wide range of memorabilia displayed and personal items depicting people's particular interests and a range of photographs of family and loved ones. One person told us "Having my precious things around me helps me when I am missing my friends and family but you will always have your memories if you have your photos."

People who lived at Courtland Lodge and their relatives confirmed that the manager had daily contact with people and therefore was able to discuss any issues or concerns on an informal basis. This meant that the manager had a system in place that actively encouraged feedback or listened to what people had to say in order to learn and improve upon the services provided.

The home had a complaints policy and procedure in place, as well as a complaints book which appropriately recorded complaints, the action taken and the outcome of the complaints. People told us they were aware of the complaints procedure. One person stated, "I would be happy to speak to any of the carers if I had a problem or go straight to the manager." We reviewed the complaints procedure and saw that there had been no formal complaints in 2016. The system in place recorded both the nature of the complaint and the action taken to resolve the issue, when necessary.

## Is the service well-led?

### Our findings

We found that the registered manager promoted a positive culture within the home that was transparent and inclusive. A relative told us that the registered manager always made themselves available and was always supportive. They said, "I see the manager walking around the home whenever I visit, they are often helping staff with jobs in the units and they will often sit down with people for a chat."

A social care professional told us that the staff and management team were always responsive to any comments and suggestions and were committed to working collaboratively with people, their families and relevant professionals. They told us, "I have always found Courtland Lodge a welcoming and professional place to visit and see the care staff working with commitment and passion to improve people's lives."

We saw records of regular staff meetings held which the staff told us they appreciated and felt able to contribute to. One staff member said, "In my last job it was a bit of a one way process but here you feel fully involved and you feel your opinions are respected and valued. It makes coming to work easy." The registered manager also received regular one to one meetings with their line manager. All aspects of the service provision were discussed during these supervision sessions and people who used the service and visitors had the opportunity to share their views and opinions on the service provided.

A range of audits, checks and observations were undertaken routinely by the staff and management team that were designed to assess the performance all aspects of the service delivery against the five domains that we inspect against. (Safe, responsive, effective, caring and well-led.) The registered manager told us that the audits were undertaken with the involvement of the staff team. We also saw that the service had received a full independent audit in January 2016 where they achieved an overall rating of 'Good' with the only area requiring attention was the effective domain. We saw that the registered manager had implemented an action plan to address the issues that required attention in March 2016.

We saw the results of the most recent audit in relation to The Rhythm of Life programme had been carried out in February 2016. This audit focusses on care, relationships, choice, individuality and engagement. We saw that there was an action plan in place to respond to the areas which had been identified as requiring improvement. This ranged from ensuring that there were always jugs and sugar bowls on each table to ensuring confidential information was not left unsecured within the units.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Staff told us that out of office hours support was always available and explained the on call process and who they needed to contact in an emergency. The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice.