

Quantum Care Limited

Dukeminster Court

Inspection report

Dukeminster Estate
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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

We carried out an unannounced inspection on 14 March 2017.

Dukeminster Court provides accommodation and personal care with nursing for up to 75 elderly people, some of who are living with dementia. At the time of this inspection there were 70 people living at the home.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

During our previous inspection undertaken on 16 June 2016, we identified concerns in relation to medication. The provider sent us an action plan and told us that they had taken immediate action to make the necessary improvements. During this inspection we found that the required action had been taken. The provider had created robust processes to ensure that people's medication was always available in the home.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. There were enough staff available to support people to be safe in the home.

The provider had robust recruitment processes in place. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Staff were given the opportunity to get to know the people they supported through keyworker roles.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices. Staff supported people to maintain their health and well-being.

Feedback was encouraged from people and the registered manager acted on the comments received to continually improve the quality of the service. The provider had effective quality monitoring processes in place to ensure that they were meeting the required standards of care. There was a formal process for handling complaints and concerns which were investigated and resolved in a timely manner.

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.

There were sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

Quality monitoring audits were completed regularly.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of a high quality.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

The registered manager was approachable and provided strong leadership and direction for staff.

Dukeminster Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. ¹ This inspection was carried out to check whether the provider had made improvements in order to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 14 March 2017 and we received formal feedback from our experts by experience on 15 and 16 March 2017. The inspection team consisted of one inspector from the Care Quality Commission and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the provider action plan which the provider had created in response to our previous inspection. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager, four care staff, the activities co-ordinator and members of domestic staff. We spoke with 13 people who used the service and four visiting relatives. We looked at the care records of four people who used the service and medication policies and audits.

We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

We previously inspected the home and found that they were not meeting regulations because people did not always receive their medicines when they were due. This was because on occasions there were not sufficient amounts of medicines to administer. During this inspection, we found that the regulation had been complied with. The provider had appointed a member of staff to be the medication lead and one of their responsibilities was to review the ordering process for prescriptions. We found that there was a more robust process in place and that staff acted quickly if they found that prescriptions were not being returned by the local surgery in a timely manner. We saw that all requests were recorded and followed up regularly which meant that there was little scope for error.

People provided us with positive comments about the safety and management of medicines in the home. One person said, "I do feel safe I have everything I need here I get my medicine on time and they do stand and watch me take it." A second person said, "Yes I am safe I'm diabetic I get my medicine on time. Let's put it this way: we are our own boss here, they are very good to us."

Medicines records instructed staff on how prescribed medicines should be administered, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines and allergies were clearly labelled on people's medicines administration records (MARs).

All the people and relatives we spoke with expressed to us that the home was a safe place to live in. One person said, "I feel safer here than in a previous home". A second person said, "I feel very safe and there's no pressure".

People felt that there were enough staff to support them safely and we observed throughout the day that there were ample staff available in the home to support people. One person said, "I feel safe here, why wouldn't I? Look at all these people around me." While a second said, "I am safe, I know I am and I'm looked after very well."

The registered manager told us that they would regularly allocate extra staff to shifts to ensure that staff were not stretched and people received the care and support they required in a safe manner. Staff we spoke with said, "There are enough of us working. We are not stretched." Another member of staff said, "We generally have enough staff, of course if someone is sick it can't be helped but [registered manager] will always bring someone in."

The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so.

Information about safeguarding people was displayed within the home. Staff told us that they had been trained in safeguarding and were able to explain the procedures on keeping people safe. One member of

staff said, "We have received training and know what to do if we have concerns." Staff were aware of and understood the provider's whistleblowing policy and told us that they would use it if needed.

We saw from people's care documents that personalised risk assessments had been completed for each person who lived at the home and were reviewed regularly. Each assessment identified the people at risk, the steps in place, the equipment available to minimise the risk, such as which hoist and sling to use when transferring people and the action staff should take should an incident occur. Risk assessments that were in place included the risks related to medicines, falls, and if a person went away from the home.

Staff told us that they were made aware of the identified risks to each person and how these should be managed by a variety of means. These included looking at people's care plans, their daily records and by talking about people's experiences, moods and behaviour at shift handovers. This gave staff up to date information and enabled them to reduce the risk of harm occurring.

Staff recorded and reported on any significant incidents or accidents that occurred and the registered manager investigated these. There were PEEPs (personal emergency evacuation plans) in place for each person which guided staff on how to safely evacuate each person in the event of an emergency. If a person was at risk of falls then a falls risk assessment had also been completed.

Staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the registered manager to confirm that staff were suitable for the role to which they were being appointed to.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

People and their relatives told us that staff had the skills that were required to care for them. One person said, "I think the staff are very skilled in the way they approach me, they are very loving."

Staff told us that they were supported by the provider to gain further qualifications and training. One member of staff said, "[Registered manager] supported me to achieve my full potential, the company has trust in us and helps us to progress." Another member of staff said, "If you fancy extra training then they will give it to you, for example if you want training on blood glucose testing or Parkinsons."

Training records we had previously looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service, in which they covered the home's mandatory training which also included Safeguarding, health and safety, and dementia care.

Staff we spoke with told us that they had received supervision and appraisals. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the registered manager and they felt that the registered manager listened to their views and concerns.

Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. 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 looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest.

We observed throughout the day that permission was sought before staff provided support to people. One person told us, "[Staff] always tell me what they are going to do and ask permission before doing so." Staff told us that they always asked for people's consent before providing any care or support and explained how they communicated with people who were unable to communicate verbally with them. One member of staff said, "We always ask permission, if someone can't tell us verbally then we look for facial expressions. If

someone is unhappy it will show on their face." Another member of staff also said, "We work with these people on a daily basis so if there is a change in them we can tell quickly."

Care records showed that staff supported people where possible to maintain a healthy weight. We observed throughout the day that people were encouraged to have snacks and drinks and staff were regularly preparing drinks for people. One member of staff said, "We have these little kitchens in the centre of the unit which means that people can see the food and smell it, it makes them want to try it." People we spoke with were complimentary of the food choices available to them. One person said, "The food is always enough, if you want more you could ask and they would give it. There's plenty of choice and I don't need any help with washing or assisting to eat, but they are very good with those that do, they are genuinely lovely people." A second person said, "I can't fault the food; there is plenty of choice if you don't like what's given you can ask for something else."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals and these were documented within their care documents. Outside professionals such as chiropodists, hairdressers, and opticians were brought in at people's request. One person using the service told us that although they had not needed a doctor whilst they had been at the service, they knew that they only had to tell a staff member if they did not feel well and that the staff would call a doctor.

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be complimentary of the staff and felt cared for. The rating continues to be good.

People we spoke with commented on how well they were looked after and how caring staff were towards them. One person said, "The staff are so kind and go out of their way to make you comfortable, I rate them at 110%". While a second person said, "They always treat me with respect, they are also my friends and are wonderful." A third person said, "I'm really very well looked after". We observed that people knew who their keyworker was and were able to point them out to us. We observed during the course of the day that staff knew the people they were supporting well and made comments or had conversations with them about their lives, recalling where they had worked when they were younger and what sort of music one person liked. We also heard a conversation in which a member of staff mentioned the football team that another person supported to create a conversation.

We observed a male carer who had just come on duty go straight to a fish tank which staff had told us had recently been added to the unit. This member of staff then went to a person using the service and said, "Hello [name] have you thought of any names yet for when the fish gives birth? I have been watching call the midwife recently." The person using the service responded and said, "No I haven't, how many will it have?" Both then began to laugh. The person using the service turned to us and said, "He is so funny, what a wonderful person, he always makes time for a chat".

A visiting relative commented to us, "Whilst I was visiting my [relative] one day a resident was crying and very upset as they had just lost [a relative] and the way in which the staff spoke to them and comforted them was remarkable very caring and loving, that to me is a skill in itself".

We saw that people's bedrooms had their key worker's name on the outside of their door and that there were memory boxes displaying photographs of the person who's room it was. We saw that the home was designed in a dementia friendly way. We spoke with the keyworker for one person they spoke fondly of the person they supported and said, "I am the keyworker for [person] and I love them. [person] doesn't like other staff to support them to change. I show staff the best way to support them because they don't let anyone change them but me."

Staff we spoke with were aware of the life histories of people who lived at the home and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these through talking with people and their relatives, and from the lifestyle profiles within people's care records, which included a sections entitled 'Things I Would Like You to Know About Me' and 'All About Me'. A member of staff told us, "It gives me great pleasure to see difference in people from when they come into the home and now. We assist them to have a better life, this is how care should be."

The lifestyle profiles had been developed in discussion with the people and their relatives to give as full a picture of the person as possible. A member of staff told us, "I am the keyworker for [person] so I know

what's happening day to day. It's important for me to know [person] so I can see if there are any changes in their health." Staff we spoke with told us that they had the time to spend with people and talk with them. We observed in the afternoon that people sat and drank tea with staff and chatted. It felt like a very relaxed atmosphere. We also observed one person dancing and staff encouraging them.

We saw that staff communicated appropriately with people and people told us that the staff protected their dignity and treated them with respect. One person told us, "The staff are very good and treat me with respect". While a second person said, "I can wash myself but not in all areas but they are very patient with me and let me do it then they help me with the rest". A third person said, "I can wash myself but if I don't feel like it they do it for me there's no strictness here it's like being at home, they always wear gloves and treat me with respect". And a fourth said, "If I wanted to ask for anything or if I wanted to change something say like my room, they would even do that for me they always ask me if I'm ok and happy (points) that girl looks after me I'm treated very well". A relative we spoke with also said, "There is more personal care here than I've seen in eight other Homes".

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. One person using the service said, "They know me and my likes and dislikes, they bring me crosswords, newspapers and I'm never bored here if I want to go to the activities I do. If not, I have plenty to do and the staff are always up for a chat." A relative also commented, "When [relative] came in here they were very thorough when compiling the care plan and [relative] was present, they went through [relatives] medical history, general well-being, preferences, allergies, everything you can think of."

A relative also spoke to us about how well the home was able to support their relative. They said, "I think my [relative] has settled very well here they needed a little encouragement in the start but staff went out of their way to accommodate my [relatives] needs." The relative went on further to explain how staff had support their relative during a time of bereavement. They said, "[Staff] were so perseverant with [relative], emotionally they were very down, but [staffs] gentle and kind persuasion brought my [relative] back to their old self."

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to peoples care plans through regular updates and staff handovers.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. We were told and we saw that people knew the care staff and the care staff knew them well. This allowed for a personal service which we saw worked well for all.

The home also had an activities coordinator who organised daily activities for people. We saw that participation in the activities was the choice of the person and if they did not wish to get involved then their decision was respected. People told us that they had choice throughout the day as to what they wanted to do. We observed people moving about the home and sitting in groups talking.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. We saw that complaints had been investigated by the registered manager in accordance with the homes complaints policy. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. One person said, I have no complaints about anything there is always loads to do and we have nice chats with the staff. I

haven't personally been to meetings to say how I feel but they know because they ask me all the time they know I'm happy if I wasn't I would tell them".

Is the service well-led?

Our findings

At this inspection we found that the home was still well-led. The rating remains Good.

The service had a registered manager in place. People knew who the registered manager was or who they needed to go to if there were any issues or concerns. Some people told us that they had attended monthly meetings at the home and that their relatives had also been invited to attend by e-mail. One person said, "I see the manager and her deputy". A second person said, "Everything works like clockwork". A third person said, "This home is better than five others I've been to and is a very good standard" and a fourth said, "We like this home very much". A visiting relative also spoke to us about the registered manager, they said, "The manager knows me and my wife very well, she approaches me by name and I feel the same that she is also very approachable I could go to her with anything and I know it will be done, when [relative] contracted a chest infection they wasted no time in getting the GP out".

The registered manager's office was at the front of the home and people and relatives were able to enter and talk with them. All the people we spoke with said that the registered manager had an open door policy and relatives told us that they were able to visit at any time.

We observed that people were comfortable approaching the registered manager and staff and the home had a very relaxed and joyful atmosphere. One person told us, "Oh they [staff] are lovely people I sing all day and they sing along with me." It was clear that there were positive working relationships with staff and management and staff felt valued by the service. One member of staff said, "Working here gives me great pleasure, we are a great team."

Monthly staff meetings were still in place and the registered manager had continued with customer engagement meetings on each of the units on quarterly basis. People and their relatives were invited to discuss any matters about the unit or the home. We also saw that the registered manager kept in touch with relatives on a weekly basis via e-mail. We saw that they kept families in touch with what was happening around the home and any significant news that needed to be shared. For example we saw that when an outbreak of an infection had occurred in the home, the registered manager had kept families updated regularly. A relative we spoke with said, "I am always consulted about my [relatives] care and am invited to meetings every three months. I get emails regularly, and attended a meeting just three weeks ago whereby the manager asked me for my views on my [relatives] care and progress and to ask me if I had any complaints or requests."

A member of staff spoke to us about the registered manager. They said, "The home is [registered managers] heart." They also said, "[Registered manager] comes in at the crack of dawn and leaves after dark, she is always there to listen to you." Another member of staff said, "We are a great team, we are all genuinely good carers." A third member of staff said, "Quantum care is one of the best places to work for, they do their very best here."

There was an effective quality assurance system in place. The registered manager had completed a number

of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

The registered manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.