Quantum Care Limited

Dukeminster Court

Inspection report

Dukeminster Estate
Church Street
Dunstable
Bedfordshire
LU5 4FF

Tel: 01582474700

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20 December 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Dukeminster Court is a residential care home providing personal care to 71 people aged 65 and over at the time of the inspection. The service can support up to 75 people. Dukeminster Court is purpose built over three floors with separate wings.

We inspected Dukeminster Court on 8 October 2019. When we visited that day there was a chest infection outbreak on two floors of the home which meant we could not visit these parts of the service. We intended to return on an unannounced visit on 7 November 2019, but the home had an outbreak of a diarrhoea and vomiting virus, so we could not attend. We returned to the service on 20 December as an unannounced visit to complete the inspection.

We found positive elements to the service, however we also found some shortfalls with how the provider and the registered manager were monitoring the quality of the service. At times there potentially were not enough staff to meet people's social needs. Some staff practice was not person centred. There were missed opportunities in terms of staff chatting to people and checking they were comfortable. The provider had not identified this shortfall. Staff tried to spend time with people but this was largely seen as an addition to their work rather than part of their role.

Some people did not have completed risk assessments and care plans to support staff to promote their safety. Good and safe practices was not always followed when administering people their medicines. These issues had not been identified by the provider or registered manager.

Staff we spoke with had a good understanding about how to respond if they had concerns about a person being harmed in some way. Various safety checks were taking place to promote people's safety when they were in the building and using any equipment.

Staff felt supported and believed they could access advice from senior staff if they needed to. Staff spoke well of their inductions and training. The provider ensured all training was face to face because they believed this led to effective learning, staff also agreed with this approach.

Systems were in place to monitor people who fell and who were a low weight. Action was taken to promote people to gain weight. People and relatives spoke well of the food and drinks. There were choices and people ate their favourite foods.

When people were unwell health professionals like GP's were called upon. People and relatives felt confident the staff knew what to do in these situations and knew people well enough to know if they were unwell and needed support.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives believed staff were caring and kind. Where possible people's independence was encouraged by staff. There was a range of events which took place at the home. Thought was given at these times to what people found interesting and fun.

People had end of life plans in place and the staff had received compliments of how they had supported people at this time in people's lives.

Relatives spoke well of the staff and the registered manager. They spoke about how the registered manager was out and about in the home and how they responded to issues when these happened.

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

Rating at last inspection
The last rating for this service was Good (published on 8 April 2017).

Why we inspected
This was a planned inspection based on the previous rating. You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified breaches in relation to how people's safety was managed and how the quality of the service was assessed. There were shortfalls in how the registered manager and the provider assessed and monitored the service. Some people's risk assessments were not complete. Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Dukeminster Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and two assistant inspectors on the first day and one inspector and one assistant inspector on the second day.

Service and service type
Dukeminster Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we received about the service such as notifications. This is about important events which the provider must send us. We spoke with the local authority. We reviewed the website for the service. We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke with four people who lived at the home and seventeen relatives via

telephone and e-mails. We spoke with six members of the care staff, the chef, the registered manager and the area quality manager. As most people were not able to communicate with us we completed many observations. We reviewed the care records for 13 people including a sample of medicine records. We also reviewed incidents and accidents records, complaints and compliments, three staff recruitment checks, and various safety checks which related to the building and equipment used.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service was not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Some people did not have full risk assessments in place. For example, one person lived with an acquired head injury and dementia. They had a history of not letting staff in their room and of wanting to leave the home in an unsafe way. There had been no risk assessment about certain items in their room, which potentially could cause them harm. These included a washing detergent, razors, and potential ligature equipment. It was unknown if these items were a risk to this person as no assessment had been completed. Some of these items were removed from this person's room, by the quality manager when we showed them.

● This person had a history of trying to leave the home alone. Their emergency evacuation plan did not tell staff how to manage this risk if they needed to be evacuated to outside the home in an emergency situation.

● Some people who had mobility issues and self-propelled themselves in their wheelchairs did not have risk assessments for this. One person was at risk of choking, but their care plan had not been updated to show this.

We found no evidence that people had been harmed however, some people's safety was not being reviewed and effectively managed at times. This placed people at potential risk of harm. Action was taken in response to what we found, but systems at the service did not identify these safety issues. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Records showed that actions were being taken when a person fell or hurt themselves.

● Various safety checks were being completed to promote the safety of the environment and equipment used.

Using medicines safely

● There had been medicine errors reported to the local authority. When they assessed the service, they observed some staff administering medicines were distracted. We also found this when we observed two out of three members of staff giving people medicines. This is not safe practice.

● On our first day of inspection we identified some people had out of date medical creams in their en-suite bathrooms. The registered manager had these removed when we brought this to their attention. On the second day of inspection we found no out of date medical creams.

● We completed a count of medicines and found what had been given tallied with people's medicine records.

Preventing and controlling infection

● We found the home, in general, was clean with no malodours. People's relatives also told us this. However, we found one person's en-suite was not clean. Their room also had a stale aroma to it. There was no plan for staff about how to promote the hygiene of their en-suite and room.

● There had been two infection outbreaks at the home one in October and another in November 2019. In October this was a chest infection outbreak and the second was a diarrhoea and vomiting bug. The registered manager told us what actions had been taken in response to these events and how they monitor the hygiene of the home. Staff were observed following safe practices to promote good hygiene. Domestic staff told us what they did daily to also promote a good standard of hygiene in the home.

Systems and processes to safeguard people from the risk of abuse

● An allegation of abuse had been made and a senior member of staff had not followed the provider's safeguarding processes. The registered manager told us what action they had taken to correct this.

● Care staff we spoke with had a clear understanding what abuse could look like and what they must do if they had concerns. This included knowing how to raise the alarm internally and to external agencies, such as social services.

● People told us they felt safe. One person said, "The staff here look after me." Another person said, "Oh yes always someone around, I feel perfectly safe here." People's relatives also told us they believed their relatives were safe.

Staffing and recruitment

● There were sufficient numbers of staff to meet people's care needs.

● Staff recruitment safety checks in place and complete.

Learning lessons when things go wrong

● The registered manager had taken action when they had identified shortfalls. For example, to manage a high number of falls. Systems were revised, and action was taken to reduce the occurrence of these.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had assessments before they came to live at the home. We saw professional guidance was referred to in people's care plans. People's social needs and their backgrounds were holistically assessed.

Staff support: induction, training, skills and experience

- People's relatives spoke well of the staff. One person's relative said, "The staff are clearly happy in their work, organised and well trained in the tasks they perform." Another relative said, "They [staff] know [name of person] very well and can anticipate their needs which is vital." One person said, "They [staff] seem to be going on training all the time."
- Staff spoke well of their inductions and their training during this time. Staff spoke positively of having face to face training. One member of staff said, "I find it easier to learn in a class room setting, rather than on line." The registered manager and quality manager told us this was an intentional decision made by the provider to promote effective learning.
- Staff received regular supervision and felt supported by their seniors, and colleagues.

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

- There were effective systems in place to monitor people's weight and to prompt action when people were an unhealthy low weight. Relatives told us how their relatives had improved their weight due to staff support.
- People's favourite foods were identified, and we were told by the chef and people's relatives that people had these foods. People and their relatives spoke favourably of the food. One person said, "There are always things we like, plenty of choice, the quality is good on the whole." One relative said, "The food is good, and the staff make sure [person] is eating and drinking." Another relative said, "The food is out of this world, [person] eats everything they put in front of them."
- There were many choices of different foods for breakfast, lunch and dinner displayed on menus. Most people had their main meal in the evening, because they preferred this routine of eating. Although, on our first day of inspection in one dining room only one option for lunch was provided and some people spoke negatively of the quality of this meal. We told the registered manager about this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- One person said, "They [staff] notice if you are off colour and if you are not eating as you would normally do, they are very observant, they [staff] will call the doctor if I am unwell."
- People's relatives were confident prompt health input was arranged when it needed to be. One relative

told us, "We are always notified if there is a problem with [person] and the doctor is called promptly."
● People's relatives also spoke of how well people had been since they moved to the home. One relative said, "[Person] didn't get ill last year or this year." Another relative said, "[Person] is doing really well, we put this down mainly to constant company, three good meals a day and regular medication."
● Staff responded when they saw people looked unwell. A GP told us staff were good at contacting the surgery when people's health needs appeared to change. Records showed health advice and input was sought from professionals.

Adapting service, design, decoration to meet people's needs
● The service was designed and decorated to meet people's needs. People had space to spend time alone or with others in the communal parts of the home.
● People's relatives spoke highly of the décor and the environment of the home. One relative said, "Compared to other homes we looked at, Dukeminster is like the Hilton."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● We saw staff asking people for their consent when they provided support for them. People's capacity to make certain decisions had been assessed. However, care plans regarding people who received covert medicines were either not up to date or did not explain to staff, how this medicine should be administered. Once we identified this the registered manager told us this would be addressed.

Requires Improvement

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were not always well-supported or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
● In some areas of the home staff routinely walked past people without stopping and talking with them. Even when some individuals appeared they needed some support. For example, some people had fallen asleep at awkward angles without staff intervening to make them comfortable or asking them if they wanted to rest in their bed. Some people sat for long periods of time without anyone talking with them.
● We entered one area of the home as people were eating their lunch. Three members of staff were talking in loud voices about a person's toileting needs that morning. They were speaking of this person in a negative tone. This was not respectful nor considerate of the people who were sitting nearby.
● During the inspection we saw two members of staff talking about a person who was living with an advanced cognitive condition in front of them. This is not respectful or kind.
● We were talking with a person in their room when a member of staff came in and handed them some incontinence pads which had been "donated" and spoke about this. These were left on the bed by this member of staff. This was not very respectful or thoughtful.
● Often in the afternoons staff sat beside people with several plastic folders pilled high or with a trolley overflowing with folders, even though the store cupboards where these records were kept were close by. Often the folders encroached on people's own space. This was also not promoting these communal spaces as people's own home. It looked institutionalised.

● People told us staff were mindful of people's private space. One person said, "Staff always knock on the door to enter my room." Another person said, "The staff are very good and always respect my privacy when my family come to visit."
● Relatives told us people's independence was promoted by staff. One relative said, "Since [person] went to Dukeminster they have regained confidence, and lives happily within an established structure and environment."
● Records were stored securely to promote people's confidential information.

Ensuring people are well treated and supported; respecting equality and diversity
● One person told us, "The staff's manner is kind and caring and I do like the friendliness amongst themselves, I find that very encouraging." A relative told us, "I visit [person] weekly, the staff treat everybody with the utmost respect."
● People and their relatives told us they were listened to by staff and the registered manager. One relative said, "I personally feel I have come to know all the staff [who support my relative] and believe them to be friends not just [person's] carers."

● Cultural and religious beliefs were identified in people's care plans.

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

● People said they were involved in decisions about their care. Relatives also told us they were involved in the planning of people's care. One person told us, "I discuss my care regularly with the Unit Manager." A relative confirmed, "I am always informed of how [person] has been and I love the way staff encourage and support [person] in their daily life."

● Resident and relative meetings were held on a regular basis. People and relatives were asked questions about the service. People also had reviews of their care.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

● We observed a mixture of positive staff interactions with people and missed opportunities. Staff in some areas of the home were more effective than others in spending time with people, talking with them, and checking people were alright. However, we also saw staff not engaging with people, when they needed support or when they had been sitting on their own for long periods.

● Some relatives felt there were not always enough staff to meet their relatives' social needs. One relative said, "I have the slight impression that staff levels are too restricted." Another person's relative said, "Staff are lovely, they are just too busy [to engage with my relative]."

● One person's family told us they had raised this issue in relation to their relative, but staff were still not trying to engage or spend time with their relative. We also saw staff routinely not engage with this person over the two days we inspected the home.

● Staff told us they tried to spend time with people and have a chat with them in the afternoons. However, we observed this was not routinely the case. Staff spent time completing paperwork at these times without talking with people or involving them with a meaningful activity. Spending time with people was something staff tried to do or fit into their work rather than a part of their work.

● People had lots of obvious labels of their names on personalised items such as toiletries and their glasses. One person living with advanced dementia was wearing their glasses with their name clearing showing on them when they were talking with us. More personalised ways of ensuring certain items did not get lost needed to be considered.

● People's relatives spoke positively about the activities and events which took place. One person's relative said, "The care team have discovered [person's] sense of humour and the activity team her singing voice."

● We were sent many photos by the registered manager of different people engaging with a range of events arranged for people to promote fun and interest in their day. Entertainers, school children and choirs also visited the home. Although this was positive, there was a lack of staff spending time with people, and chatting.

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

● People had personalised care assessments which explored their interests, preferences of daily routines, likes and dislikes with food and people's backgrounds. Care plans did tell staff what support people needed, although some people's care plans we looked at were not complete.

● Where possible staff had worked with people and their families and produced detailed personal histories. These included photos of important memories and people who were important to them. However, staff told

us they did not have the time to look at these records or explore them with people.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's care records identified people's communication needs. Staff talked to us about how they would communicate with individuals and the challenges some people faced due to their limited communication.
● People had memory boxes by their bedrooms, and we saw people used these to help them find their room.

Improving care quality in response to complaints or concerns
● There was a complaints process. We saw when people or their relatives made a complaint the registered manager investigated these. The registered manager would apologise when something went wrong and made plans to try and prevent this from happening again.
● People told us they would speak with the registered manager if they wanted to raise anything.

End of life care and support
● People's relatives had complimented the staff and the registered manager about how people were cared for at the end of their lives.
● End of life plans were in place, however, these did not always capture people's wishes or wants at this time in their life. Nor did they say if people had chosen not to talk about this. The registered manager told us they were reviewing these records to consider this aspect of planning people's end of life care.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. At times leaders and the culture, they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found some shortfalls in people's risk assessments. Some of these were not complete, had not been updated, or certain risks had not been explored or considered. A person's room was not clean. The management and provider quality monitoring checks had not identified these issues.
- Shortfalls in staff practice in terms of medication administration had been identified by the local authority and shared with the registered manager, but this was still happening when we inspected. Some people had out of date medical creams in their rooms and this had not been identified.
- Staff response to people was not always person centred. For example, staff not talking with people to see if they were okay, or to have a chat with them. This had not been identified by the management and the provider. We identified this on the first inspection day, but this was still happening when we returned two months later to complete the inspection. On the second day of the inspection we found people who had fallen asleep at uncomfortable positions staff had not respond to these situations. The provider was going to be changing how each part of the home was being managed. However, it was not clear how this issue would be addressed.
- We were not confident that there was enough staff to meet people's care and social needs. This had also not been identified before with any work completed in this area.
- At times there was a lack of oversight and management of parts of the home. Often there was no 'unit manager' present. Nor was poor practice being addressed. For example, We observed a group of staff being disrespectful about a person and not respecting the area as people's home. Staff were not being promoted to engage with people and see if some people needed support when this was needed.

We found no evidence that people had been harmed however, there were shortfalls in how the quality of the service was assessed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People spoke of a positive culture at the home.
- People's relatives also thought the culture of the home was positive. One relative told us, "I do not have any negatives to say about Dukeminster, all the staff I have come into contact with, have been friendly and approachable, I feel [registered manager] should be extremely proud of the team she has." Another relative

said, "It's like a second home to us, we are always welcomed."
● Relatives spoke highly of the registered manager in terms of how they responded to any issues raised and how they tried to ensure their relative was happy and well supported at the home. One relative said, "It's very well managed everything comes down from the top. [registered manager] makes herself very available, always out and about."
● Despite this positive culture, there were some examples and areas of the home where the culture could be improved upon in terms of always treating people in a person-centred and thoughtful way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care
● Complaints were well managed, and the registered manager and quality manager were open to what we found at the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● We were shown examples of the registered manager involving the wider community with the service to improve people's experiences.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that care and treatment was provided in a safe way. They had not assessed all risks to people's safety or taken appropriate actions to mitigate these risks. Regulation 12 (1) and (2) (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not always effective at identifying shortfalls to the quality of the care provided. Regulation 17 (1) and (2) (a) (b) (c)