Care Quality Commission

Quantum Care Limited

Tye Green Lodge

Inspection report

Tye Green Village
Yorkes
Harlow
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Date of inspection visit: 19 November 2015
Date of publication: 23/12/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Tye Green Lodge provides accommodation and personal care for up to 61 older people including those living with dementia. Accommodation is located over two floors and divided into four units. There were 61 people living in the home when we conducted this inspection.

This inspection was unannounced and took place on 19 November 2015. During our previous inspection on 12 August 2014, we found that all of the regulations that we looked at were being met.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had received training and had an understanding to ensure that where

Summary of findings

people lacked the capacity to make decisions they were supported to make decisions that were in their best interests. People were only deprived of their liberty where this was lawful.

Although people received their medicines as prescribed and complete records were maintained we found that the record were not always signed by the person who had administered the topical creams.

The provider had a robust recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People's privacy and dignity were respected at all times. Staff were seen to knock on the person's bedroom door and wait for a response before entering and closing the door to protect people's dignity when providing personal care.

People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals.

Care records we looked at and people we spoke with showed us that wherever possible people were offered a variety of chosen social activities and interests.

The provider had a complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the provider and registered manager, showed the subsequent actions taken, which helped drive improvements in the home.

Summary of findings

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

Although people received their medicines as prescribed and complete records were maintained we found that the record were not always signed by the person who had administered the topical creams.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

Staff had been supported and trained to care for people in the way they preferred.

People were helped to eat and drink enough to stay well.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Is the service responsive?

Good

The service was responsive.

People were encouraged to maintain hobbies and interests.

People's care records were detailed and provided staff with sufficient guidance to provide consistent, individualised care to each person.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Summary of findings

Is the service well-led?

Good

The service was well- led.

There were various opportunities for people and staff to express their views about the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Tye Green 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 19 November 2015. It was undertaken by two inspectors and an expert 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.

Before our inspection we looked at all the information we held about the service, which included notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During our inspection we spoke with 15 people and five relatives. We also spoke with the registered manager, deputy manager and six staff who work at the home. Throughout the inspection we observed how the staff interacted with people who lived in the home.

Due to the complex communication needs of some of the people living at the home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

We looked at four people's care records. We also looked at records relating to the management of the service including staff training records, audits, medication administration sheets and meeting minutes. We requested additional information following the inspection, which was provided by the registered manager.

Requires improvement

Is the service safe?

Our findings

We spoke with people and asked if they felt safe. One person said, "Safe, yes. Haven't seen anything to make me say otherwise." Another person said, "Yes, safe because staff are on hand. On the whole I think I am very lucky." A third person told us, "Yes I feel safe. Everything so good here."

Relatives we spoke with had no concerns about the safety of their family members, they mentioned that the staff were careful and made sure the front door was locked to protect people from unwanted visitors. People were kept safe because when we arrived staff carefully checked our identification to ensure that we had the required permission to enter the home.

We saw that there was information available which provided staff, people and visitors to the home with contact details of the local safeguarding authority. There had been one recent safeguarding incident which showed the registered manager had acted in line with the provider's policy and was clear of their responsibilities in regards to informing CQC and the local authority. Staff confirmed that they had received safeguarding training and were able to demonstrate what constituted harm of a person at risk and what they would do if they were told, saw or suspected that someone was being harmed. This meant that people were protected from harm or potential harm as much as possible.

People's health and safety risk assessments were carried out and measures were taken to minimise these risks. For example we found that where there were risks of people falling out of bed, we saw that bed rails had been used. Where people had been assessed to be at risk of harm due to poor skin integrity special mattresses and/or seating cushions had been purchased and were in use.

People we spoke with told us they received their medicines as prescribed. One person said, "I am asked if I would like any pain relief". Another person said, "I get all the medicines the doctor prescribes". Medicines were stored safely and within the recommended safe temperature levels. Medicine administration records (MAR) were in place and there were no gaps in the records that we looked at.

Where new medicine had been prescribed and handwritten information was added to the MAR's this had been checked and countersigned by a second member of staff. Detailed protocols were in place for given as required medicines.

We saw that although the senior member of staff conducting the medication administration round signed for topical creams they were not the member of staff who had applied the creams to the person. The topical creams were being applied by the care worker who was supporting the person with their personal care. Staff told us they had received training in medicines administration and records showed that their competency was checked to ensure they were safely able to administer medicines. However during our observation, a senior member of staff who was responsible for the administration of medicine was seen to administer eye drops, but they did not wear gloves and neither did they wash their hands before administering medication to the next person. It was also noted that they placed medicine into their hand before putting into a medicine pot to then take to another person. This put both the staff member and people receiving medication at risk of cross infection and the member of staff absorbing the medicine through their skin.

One member of staff told us about their recruitment. They explained that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff, suitable to work with people in the home, were employed.

There was a calm and relaxed atmosphere on the units. We saw that staff had time to stop and talk with people. Staff we spoke with considered that there was usually a sufficient number of staff to meet people's needs. They said that the recent increase of one member of staff for four hours on the evening shift, "worked much better". Staff told us that one person had been very disturbed when they were first admitted to the home. They said that one to one staff support had been provided until the person was more settled. The registered manager told us that staffing levels were assessed and monitored weekly to make sure that they were flexible and sufficient to meet people's changing needs.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff had the appropriate skills to support them or their relatives. One person said, "I feel they are well trained and help me when I need it." A relative said, "There is always training and refresher sessions' happening in the home." Another relative told us "[Family member] is very well cared for by knowledgeable staff."

Staff were enthusiastic about their work and told us that there was a training programme in place which ensured they had appropriate training to meet people's needs. Staff told us that they had regular training that enabled them to keep people safe and meet their individual needs. They were also offered opportunities for more advanced training to develop their careers. One member of staff was enthusiastic about the three month dementia care training that they had completed. They were hoping to do the year-long dementia care course and also a national vocational qualification (NVQ) at level 3 in care.

Staff told us that as part of their induction they had a three days classroom based induction, regardless of their previous experience. They also shadowed a more experienced member of staff for a minimum of three days. They told us that this period could be extended if they didn't feel confident in supporting people alone. They said that they were provided with an induction workbook. Each section was then signed off when they were deemed competent. One member of staff told us, "The induction is really good."

Staff told us that they had a review when they had worked in the home for six weeks and then received supervision every six weeks afterwards. The supervision included discussion of their progress and training needs. Staff told us that they had received an annual appraisal, which looked at their achievements during the year and then the setting of objectives for the coming year. Staff said that although there was no formal observation of their care practices they felt that they were monitored informally and provided with any support that they required. Following discussions with staff we found that not all staff had received training in the care of people living with Parkinson's. We discussed the mobility needs of people who live with Parkinson's and they did not understand when a person had variable ability with their mobility and that this could be down to the timing of their medication.

People told us that staff respected their decisions. One person said, "Yes, I can choose when to go to bed. I go at eight." Another told us, "They always ask my permission before they do anything." A relative told us, "They [Staff] accept and respect choices that [family member] makes for example when [family member] doesn't wish to take part in activities and prefers to stay in their room staff support them to do this."

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).

People's capacity to make day to day decisions had been assessed by senior staff. Where people lacked mental capacity to make decisions, they had been supported in the decision making process. This involved people who knew the person well, such as their relatives, other professionals and or advocates. This meant that people's rights to make decisions were respected.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood and were able to demonstrate that they knew about the principles of the MCA and DoLS. The staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and ensured that people's rights were protected. The registered manager had submitted a number of applications for DoLS to the supervisory body (local authority). At the time of our inspection the supervisory body had not made a decision on these applications. This showed that staff understood and ensured that people's legal rights were respected.

Good

Is the service effective?

We observed lunch which looked appetising. One person told us, "The lunch was nice today. The food is hot when you want it and the sandwiches are nice and fresh, and they don't rush you. Sometimes the staff are firm getting you to eat your food, which is good." The atmosphere at lunch was calm and unhurried. Staff engaged in gentle banter and made jokes, which people enjoyed. Staff were patient and gave people time when supporting people who required staff assistance to eat. Staff told us that people living with dementia often found it difficult to sit still for any length of time to eat a meal. We saw that as a result of that consideration 'finger foods' that could easily be picked up and eaten 'on the move' were available for people.

Whilst we found that people's views on the food was mixed on the whole most were complimentary and comments included, "I've no food allergies so can eat most things." "There are many things I don't like and don't want. But I get what I want and like". "Not like home food, although it's quite good and I don't go hungry" and "I get enough to drink."

Records showed that people's health conditions were monitored regularly and they were seen by the GP. 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. Records showed that staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

People were referred to the GP and dietician if they had unplanned weight loss. People with a low body mass index (BMI) received supplements including the use of cream and full fat milk to help them regain their weight. For example one person who was very underweight on admission had now had an increase of over five kilograms in seven months because of the extra supplements and monitoring their food intake. This showed that people at an increased risk of malnutrition or dehydration were provided with meal options which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the records were completed accurately.

Staff told us that they had good support from the local GP surgeries and the district nurses. One member of staff said, "The district nurses come out at all hours especially to support one person's catheter care". We saw people had access to the local mental health team and people had been reviewed from the team where concerns about their mental ill health had been identified. A referral had been made for one person, whose behaviour had become very unpredictable. The person was now waiting for a mental health assessment. People had chiropody every six weeks and regular checks of their eyesight. Staff said that some people visited the local dentist with support from staff if their relative was unavailable. Community dental visits for people in the home had also been arranged.

Good

Is the service caring?

Our findings

Staff were respectful, friendly and caring. One person told us, "I get the help that I need when I ask for it but I try to be as independent as possible." Another person said, "The staff are great. They help me in the way that I like." A third person said, "They [staff] are very nice, helpful, supportive and respectful we have a laugh and a joke." Relatives also made positive comments about the staff. One said, "Staff are mum's new family now." Another told us, "Staff are caring and they treat [family member] with dignity. They stopped me going into [family members] room as they were undressed."

There was a welcoming atmosphere within the home which was reflected in the comments we received from people, their relatives and staff. Everyone told us that visitors were made welcome at the home. Relatives said that they were able to visit whenever they wanted to. A relative said, "The place is homely and staff are very approachable and I can come here whenever I want." One person told us, "I like it that my relatives can visit whenever they want." We saw there were various areas of the home for people to socialise in addition to the house lounges.

All staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff knew people well and told us about people's history, health, personal care needs and preferences. A member of staff told us it was "important to talk to people's family to find out about their life events." This helped staff to understand people's actions and behaviours. Another member of staff said that this knowledge made it "much easier to empathise" with the people living at the home.

Staff were also aware of people's religious and cultural values and beliefs. This information had been incorporated into people's care plans and was taken into consideration when care was delivered. Arrangements were in place for a monthly church service to take place in the home and people told us that they very much enjoyed the service.

There were clear notice boards throughout home providing people with information of events both locally and within the home. People and their relatives were provided with an information pack about the home which was available in the entrance to the home.

People were supported and encouraged to make day to day decisions. For example, one person told us, "I go to bed when I want and I get up when I want." We saw people being asked what they would like to eat and drink and how they would like to spend their time. Information on accessing advocacy services was available in the home. An advocate told us that the staff at the home had made appropriate referrals to their service and that advocates were welcomed in the home. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Good

Is the service responsive?

Our findings

People, and or their family members, said that staff met people's care needs. One person told us, "They [staff] look after me lovely here." A relative said "The staff are lovely and know [family member] well." A member of staff told us, "A lot of people's care is based on what people preferred before coming into the home. For example a bath on a Sunday. We try to be flexible and provide what people ask for and try to keep families involved in the care of their relative where possible."

We found that staff were knowledgeable about people's needs and preferences. People's care needs were assessed prior to moving into the home. People were involved with their care plans as much as was reasonably practical. Where people lacked mental capacity, people's families, other professionals, and people's historical information were used to assist with people's care planning.

Care plans were written in a way that gave details of the person's individual care and support needs, including their abilities and their preferences. Although the expectation was that care plans were evaluated monthly, we found that this was not always the case. For example areas such as mental health, physical health and care needs had not been evaluated over the previous month. One person's mental health care plan stated that they had recently, 'become aggressive' when staff provided their personal care. However, there was no mention of this in the care plan evaluations and their 'cognitive assessment' had remained the same for the previous four months. The manager gave us reassurance that this would be amended that day. Relatives had been encouraged to complete a form entitled 'All about me', which provided information about people's background and interests. One we looked at contained a very good 'pen picture' of a person whose communication was now limited as they now were living with dementia. This gave staff more understanding of the person behind the dementia and helped them give care and support that was more tailored to their individual needs.

People and their relatives were invited to review their care and care plans six weeks after admission to the home. In one we looked at the relative had raised a couple of concerns. There was evidence that the concerns had been addressed and that this had been discussed with the relative concerned. One person had behaviour that could at times be challenging. Staff had developed a support plan for them to analyse the behaviour and to reduce the risk to the person and to others in the home. This included the nature of the behaviour that might cause a risk, the triggers identified and the support required to minimise the risk of recurrence of the behaviour.

People were supported and encouraged to take part in hobbies, interests and activities of daily living. Care records showed staff had obtained information about people's interests and encouraged these to be maintained and new interests developed. People had mixed views about whether there was sufficient activity to keep them interested and occupied. One person said "We're all so different although I don't do things I don't like. Although I like the singers." Another person told us, "Sometimes they take us out." A third person told us, "There is a lot going on." They spoke of group activities they joined in and of entertainment and trips out that they enjoyed. However, another person said, "There is not enough activity. We need more games and quizzes."

The home had one part time activity coordinator and the registered manager said that they were planning to recruit a second person. Care staff told us they were also encouraged to engage people in one to one chats and activities whenever possible during the day. There were numerous photographs of the activities, entertainments and outings that people had taken part in. Staff at the home had taken a group of people on a holiday to Blackpool in the previous year. People told us that they enjoyed the activities and entertainments. One person said that they enjoyed "the quizzes" and also "going into town if staff are not too busy". There was a schedule of activities on display around the home which showed that various group activities were organised every day in the home. One relative commented that they had held a remembrance service and had also put up a shallow paddling pool in the garden in the summer on a hot day and that an ice-cream van visited the home and people were provided with a free ice-cream.

Everyone told us they were confident in raising any concerns they had with the registered manager or other staff and felt their concerns would be addressed quickly. One person said, "I would know who to speak with about any problems." Two other people told us, "No complaints, nothing but praise. I would go to the front desk if had a complaint." And "No complaints. If I did would go to a carer

Good

Is the service responsive?

or ask my daughter to sort it out." We looked at the last formal written complaint made and found that this had been investigated and responded to in line with the provider's policy. Information about how to make a complaint was available throughout the home and in the home's information pack. Staff had a good working knowledge of how to refer complaints to the registered manager or the person in charge if the manager was unavailable for them to address.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People we spoke with said that they knew who the registered manager was. One person said, "She's easy to talk to, walks round and says hello." Another person said, "They [registered manager] are very nice and helpful. I can ask for them to come and see me and they come round." Relatives told us, "Seems pleasant. Overall I'm happy with [family members] treatment and they are happy" and "Manager picks up on anything wrong. They are switched on and walk around the home."

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff.

The registered manager was very knowledgeable about what was happening in the home, which staff were on duty, and appointments taking place on the day, any person whose health had worsened and if a GP visit was required. This level of knowledge helped them to effectively manage the home and provide leadership for staff.

Staff told us that they felt supported by the registered manager. One staff member said, "They [registered manager] had been very supportive and flexible." Another said, "I love working here and feel well supported and the residents are well cared for."

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "I would have no hesitation in raising a concern if I thought something wasn't right."

Staff felt there was good teamwork. One said, "We all work together, carers and housekeepers, we work as a team. We work well together." One person said, "The staff are very friendly and help each other out, the atmosphere is good and we laugh a lot."

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were given the opportunity to influence the service that they received through residents' meetings and by completing an annual survey to gather their views. People told us they felt they were kept informed of important information about the home and had a chance to express their views. People told us they visit the local community and shops. They enjoyed outings to local landmarks and pubs.

There were effective quality assurance systems in place that monitored people's care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks were carried out by the registered manager and included areas such as care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.