Quantum Care Limited

Providence Court

Inspection report

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Ratings

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

Overall summary

This inspection took place on 09 February 2015 and was unannounced. Providence Court is registered to provide accommodation and personal care for up to 61 older people, some people may also be living with dementia. On the day of the inspection, there were 59 people living in the home.

The service has a registered manager. 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.

People felt safe and they were protected against the possible risk of harm or abuse. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines as prescribed by their doctors.

Summary of findings

People received care and support from staff who were competent in their roles. Staff had received relevant training and management support for the work they performed. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity to make decisions for themselves. People's nutritional and health care needs were met. They were supported to maintain their wellbeing and had access to and received support from other health care professionals.

The experiences of people who lived at the care home were positive. They were treated with kindness and they had been involved in the decisions about their care and support. People were treated with respect and their privacy and dignity was promoted.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to pursue their social interests outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a culture and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

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?
The service was safe.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

People's medicines were managed safely and they received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People's dietary needs were met.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Good

Is the service responsive?
The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their leisure interests and joined in activities provided in the home.

There was an effective complaints procedure.

Good

Is the service well-led?
The service was well-led.

There was a caring culture at the home and the views of people were listened to and acted on.

There was a registered manager who was visible, approachable and accessible to people.

Good

Providence 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. 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 inspection took place on 09 February 2015 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection we reviewed the information we held about the service. We looked at the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with ten people who used the service and observed how the staff supported and interacted with them. We also spoke with two relatives, six care staff, two senior managers from the organisation and a visiting social worker.

We looked at the care records including the risk assessments for seven people, the medicines administration records (MAR) for 14 people and six staff files which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

Is the service safe?

Our findings

People felt safe living at Providence Court. One person said, "There are always people around us and I will use the call bell if I feel unsafe or have a concern." Staff confirmed that they had received training in safeguarding people from the possible risk of abuse and they were aware of their responsibilities to report any allegations of abuse to the manager. Staff were able to explain to us the safeguarding procedures they would follow when required. They told us that they would immediately remove the person from danger and seek appropriate advice from the safeguarding team and notify the Care Quality Commission. Information on how to report any concerns relating to abuse was available to staff with the contact details of relevant authorities. Our records showed that the Care Quality Commission had been notified of incidents as required by legislations.

Risks to people had been assessed and reviewed regularly so that they were cared for in a comfortable and safe environment. When risk assessments were completed, staff explained to people about the risks and had asked them how they would like to be supported. Their care records showed that each identified risk had an action plan in place to mitigate the risk. For example, one person who had been identified as high risk of developing pressure sore, their risk assessment gave clear instructions for staff to ensure that proper steps were taken to minimise this risk. Daily turns charts and fluid charts had been completed and evaluated to ensure that the person had enough to drink to maintain their skin integrity. The staff we spoke with said that they discussed with people about their identified risks as part of their care plan reviews or when their needs had changed. The service had kept a record of incidents and accidents which had been used to identify any patterns and trends which enabled then to prevent future occurrences.

The service had an emergency business plan to mitigate risks within the service. Staff demonstrated they were aware of the actions they should take if required. The plan included the contact details of the utility companies and the management team. Each person had a personal evacuation plan in place for use in emergencies such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures. The senior staff told us when there had been previous disruptions due to adverse weather conditions such as heavy snow, they had called members of staff who lived locally to ensure that they maintained safe service delivery.

There were enough staff employed to help people to meet their needs. One person said, "There is always staff to help me when I need them. I do not have to wait long for them." People felt that there were times when staff were rushed. However, they said they understood that there were other people who also needed care and support from the staff. Staff felt that there were sufficient numbers of them on duty to support people. We observed that although staff were busy, they supported people unhurriedly and they spent time with them either in the communal areas or checked on people who stayed in their rooms. We noted from the staff duty rotas that sufficient numbers of staff had been consistently rostered on each shift including the night duty so that people's needs were met appropriately. Care records showed that an established dependency tool had been used to assess the needs of people. The senior staff confirmed that they used the outcome of the dependency tool to determine the numbers of staff required to support people and appropriately meet their needs.

The recruitment records for staff showed that all required checks had been carried out. The checks included the Disclosure and Barring Scheme (DBS). DBS helps employers make safer recruitment decisions and prevent unsuitable people from being employed. Written references, documentary proof of their identity and completed application forms with full employment histories had been obtained. Detailed interview notes were kept and prospective staff were expected to undertake a written test to demonstrate they were sufficiently literate and numerate. The recruitment process was robust to ensure that staff with the right skills and abilities were employed.

There were arrangements in place for people to receive their medicines safely and as prescribed. People confirmed that they received their medicines regularly and on time. One person said, "The staff give my tablets before my meals each day." We observed staff giving medicines to people and we noted that this was done safely with staff referring to and signing the records on each occasion. We saw that people's medication administration record (MAR) charts gave clear directions on the dosage and times to be given. There were no gaps in any of the MAR charts we looked at

Is the service safe?

and a spot check on some of the medicines held against the records showed that the balance carried forward was correct. A record of all medicines stored as stock had been kept and checked regularly. Where controlled drugs had been given, these had been signed by two members of staff and a balance of each medicine remaining had been kept. Staff confirmed that only trained members of staff administered medicines so that people received their medicines safely and regularly. Medicines had been stored in locked medicine trolleys which were securely kept in the medicine room. Records showed that medicines no longer required, had been returned to the pharmacy for safe disposal.

Is the service effective?

Our findings

People received care and support from staff who were experienced, skilled and knowledgeable. Staff knew them well and that they were aware their preferences, likes and dislikes and things that mattered to them. One person said, "Staff communicate well. I do not have any difficulties in understanding them. They know how to support me."

Staff members had been formally inducted in their roles when they first started work at the home. They had an initial training session, followed by a general induction about their roles and responsibilities and then shadowed an experienced member of staff before forming part of the official staff numbers. One person said, "Staff know how to help me. They are very careful when they use the hoist to put me to bed or on my chair." We observed how people were supported to use their walking frames, and staff had ensured that mobility aids were kept besides them so that they had easy access to it when needed. We looked at the training matrix for each staff member, which showed they had attended essential training courses and had regular updates within the last year. Courses included, moving and handling, safeguarding, fire safety and food hygiene. Some training was based on internet learning and staff confirmed they had received the relevant training for their roles. Several members of staff had completed a National Vocational Qualification Level 2 in Health and Social Care.

The staff confirmed that they received regular one to one supervision and yearly appraisals so that their work was appraised, any training needs identified and provided. Records showed that a yearly programme of regular supervision and appraisals had been planned for each staff.

Mental capacity assessments for people had been carried out and the requirements of the Mental Capacity Act (2005) had been followed. Staff were aware of how to support people who lacked capacity and any decisions made would be in their best interests. For example, staff confirmed that people were encouraged to choose what they would like to wear by showing them different set of clothes and observed their reaction to indicate their preferences. Where significant decisions were required, best interests meetings had been held to consult with relevant people prior to decisions being taken. Deprivation of Liberty Safeguards (DoLS) are required for people in care homes, to make sure they are looked after in a way that does not inappropriately restrict their freedom. Applications for DoLS had been submitted where necessary, and judgements were being awaited from the local authority supervisory board. This demonstrated that the manager understood their responsibilities in this regard. A social worker who was conducting the DoLS assessments confirmed that appropriate applications had been made in respect of people living with dementia.

People were complimentary of the food provided. One person said, "The food is good here and plenty of it." We observed that where people required assistance to eat, this was done in a sensitive, unobtrusive and unhurried manner. They were offered choices of where they chose to sit and what to eat. Staff showed people the different food choices on offer and they were supported to choose. The menus provided a choice of food and other alternatives so that people had a nutritious and a well-balanced diet. We saw that a variety of drinks were available to people who were encouraged to drink regularly. People who stayed in their rooms had a jug of drinks which they said staff filled and changed daily. The atmosphere during lunchtime was pleasant.

Care records showed that each person had a recognised nutrition assessment carried out and their weight was monitored regularly. For people who were on food and fluid charts, we saw that these had been completed appropriately and evaluated daily to ensure that people had enough to eat and drink. We noted that where people had difficulty in swallowing, the Speech and Language Therapist (SALT) had carried out an assessment and advice given on how to support the person with their food.

People told us that they saw their GP when required and that staff had called them when we were not well. One person said, "I saw my doctor couple of weeks ago and everything is fine with me now." Another person said, "I see my optician and dentist outside the home, but I see the chiropodist when they come to see us." We noted where people required nursing care such as changing of dressings for wounds or pressure sores, they had been seen by the visiting District Nurses. The senior staff told us that people were able to access other health care professionals when required and that staff made the appointments for them.

Is the service caring?

Our findings

People received good care and support from kind and caring members of staff. One person said, "I am well cared for. The staff are always nice. You press the button when you need something and they are always there." We observed that people were treated with kindness and in a caring way, and we noted how people were chatting and laughing with the staff. The atmosphere was calm and relaxed and people seemed to be enjoying life.

People's care records showed that they and their relatives had been involved in the decisions about their [relative's] care and support. One person said, "I know I have a care plan because the staff talk to me about it and we discuss the help I need." Another person commented, "I leave these things to my daughter who deals with it." Staff confirmed that they discussed with people and relatives about the care plans regularly and when there had been any changes in the person's needs. Changes in people's needs had been reflected in their care plans including their decisions on how they would like to be supported. People told us that they had received information when they first came to the service, and there was additional information about the service available to people on request and displayed on the notice boards.

People confirmed that their privacy and dignity was always respected. We saw staff knocked on people's bedroom doors, and waited for a response, prior to entering. The staff also consulted with people when providing personal care. For example, staff told us that they ask people how they would like to receive their personal care. Some people preferred a strip wash. Other chose to have a bath or a shower. One member of staff explained to us how they ensured people's door was closed and that people were covered appropriately when giving them a wash. People confirmed that the staff always asked them about their choices about how they would like to receive their personal care and that their privacy and dignity was always respected. The staff we spoke with gave good examples of what dignity meant during personal care. For example, knocking on doors, keeping the door closed during care and explaining to people what they were going to do before starting.

During the inspection we saw one person had a minor slip and gently sat on the floor. Initially they did not wish to stand up. We observed the incident was handled with patience and good humour by the staff in attendance. Eventually the person did stand up and went off with the staff for their lunch.

People confirmed that any issues about their health and wellbeing were discussed behind closed doors and that they saw the doctor in the privacy of their rooms. One person said, "I see the doctor or the visiting nurse always in my room where it is private." Care records were locked away and staff had a good attitude towards ensuring that records were not left out on display. Staff were aware of their roles in maintaining confidentiality. They said that they only gave information about people to relatives and health care professionals who were involved in their care.

Access to advocacy services were available to people but currently there was no individual using the service. We noted that information about advocacy services was displayed on the notice board.

Is the service responsive?

Our findings

An assessment of needs for each person had been carried out when they first met the senior staff who had visited them before they came to stay in the home. Information obtained from this pre-admission assessment, and reports from other professionals had been used to develop each person's care plan. People confirmed that they had provided information about themselves, their preferences and likes and dislikes so that staff would know how to support them. One person said, "Staff know what time I go to bed and what time I get up in the morning. This is how I like it and staff are very respectful." People said that staff respected their choices and preferences and always supported to make choices regarding food, drinks, clothes and the activities provided.

People received personalised care that was responsive to their needs. One person said, "The staff assist me with my personal care the way like. Sometimes, I wash my hands and face." Staff confirmed that people had been supported to receive their care and treatment. For example, one person who had a pressure sore, the District Nurses had been renewing the dressings and providing treatment. Care records were presented in a consistent and user-friendly format and contained a full assessment of people's needs. The care plans were detailed and covered important areas of care such as personal care, mobility and nutrition. We noted that people's preferences such as whether they would like a male or female carer, their leisure interests and hobbies and whether they preferred to have their bedroom door open at night had been included in their individual care plan. The care plans had been reviewed regularly and any changes in a person's needs had been reflected and updated so that staff were aware of the changes when supporting people in meeting their needs. For example, when a person had rolled out of bed, it was decided that the person would benefit from using a bed rail and staff to ensure that bed rails were fully covered with paddings.

We observed some people were using mobility aids such as walking frames, wheelchairs and other equipment which they said had helped them to mobilise with ease and maintain some of their independence.

A variety of activities was planned and provided for people on each unit. People told us that they were able to choose which activities they would like to join in. They said that staff reminded them of the activities that had been planned for each day, which enabled them to make an informed decision about whether they wished to join or not. Some people preferred to stay in their rooms where they watched the television, listened to the radio or spent some time on their own, and this was respected by staff. People accessed the local community facilities such as the shops, garden centres and parks regularly. Seasonal activities were planned and provided which people said that they enjoyed.

Information on how to make a complaint had been given to each person and their relatives when they first moved to the home. People we spoke with said that they have had no reasons to make a complaint but were confident that any concerns they had would be addressed if they brought it to the attention of the senior staff. One relative commented, "I've never had any complaints about this home. They are very accommodating, look after my relative well and they have never said no to anything I've asked for."

Complaints had been responded to in a timely manner, in writing and in accordance with home's complaints procedure. For example, where one complaint had related to lost clothes through the laundry system, the manager had apologised in writing and arranged for a reimbursement to be made to the person in question. Minor "grumbles" had also been recorded and dealt with efficiently and to the satisfaction of the complainant.

Is the service well-led?

Our findings

There was a caring culture where people expressed their satisfaction with the quality of service provision. One person said, "The service is good and staff are always around if I want to raise any concerns with them." People's views were listened to and they were able to talk the manager when needed. They were confident that they would be supported to deal with any issues they had on the day. People said that they had regular 'residents meetings' with staff to discuss any issues or feedback they may have in relation to food, the choice and quality provided, complaints or grumbles, privacy and dignity, safeguarding, staff approaches and health and safety. The feedback from the most recent 'residents meetings' had been positive.

Staff were aware of the values of the organisation, as such topics were regularly discussed with them during their induction, at one to one supervisions and in staff meetings. Staff confirmed that treating each person as an individual and respecting their human rights, including their privacy and dignity, was regularly discussed with them by the management team. They felt that they were supported by management to promote the values of the service which were very important aspects of their roles. Staff said that they were able to approach the manager if they had any concerns. They said that they worked as a team to support people in meeting their needs and that they discussed issues about their work including current practices on a regular basis.

The service had a registered manager, however they were currently providing cover in another service and the deputy manager was covering this role in their absence. Some staff felt the lack of a manager's presence within the home had not helped in maintaining their morale and a positive culture. We discussed this with the senior managers of the organisation and they had acknowledged our comments and confirmed that the registered manager was due to return to the service the week following the inspection.

The service had a system for recording and filing statutory notifications of events and changes. These were clearly numbered and contained a range of appropriate notifications made. The Care Quality Commission had been notified of incidents as required by legislations.

The action plan for the most recent questionnaire surveys carried out in 2014, showed that the issues raised as 'not so positive comments' had been addressed. For example, one person who had lost some of their clothes in the laundry, had them all labelled with the new marking system.

The provider had conducted regular quality assurance audits and had produced written reports on the standard of care, environment and general compliance they had observed. The report of January 2015, had identified areas for improvement such as accident forms required to include body maps and a number of care plans had not been not signed. These issues had been dealt with and other systems had been put in place to prevent similar occurrence. The compliance manager confirmed that the provider's visits were designed to assist the management of the home to make continuous improvements.

An audit of all accidents and 'near misses' had been carried out to analyse and identify any patterns so that appropriate action would be taken to address the issues. For example, a referral was made to a person's GP to have their medicines reviewed as this may have been the cause of some recent falls.