Quantum Care Limited

Vesta Lodge

Inspection report

Watling View
St Albans
Hertfordshire
AL1 2PB

Tel: 01727799600
Website: www.quantumcare.co.uk

Date of inspection visit:
15 February 2017
20 February 2017

Date of publication:
24 March 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15 and 20 February 2017 and was unannounced.

Vesta Lodge provides accommodation for up to 61 people with residential and dementia needs. At the time of this inspection there were 57 people living at the service.

There was a manager in post who was in the process of registering with CQC. 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 2008 and associated Regulations about how the service is run.

When we last inspected the service on 22 October 2015 we found the provider was meeting the regulations. At this inspection we found that the provider was continuing to meet the regulations. However, improvements were required to ensure continued compliance with the regulations in relation to the delivery of personal care.

There was a welcoming and calm atmosphere throughout the home. Hand cleaning dispensers were placed around the home to enable staff and visitors to sanitise their hands regularly and reduce the risk of infection, and the home mostly smelt fresh and clean and was well maintained. However, there was an unpleasant odour on one of the units. The environment within the unit for people living with dementia could benefit from being more dementia friendly to help people find their way around the unit and to provide stimulation.

There was plenty of information on notice boards such as guidance to support people who were living with dementia, pictures of staff on duty, date and weather boards on each unit, activities for the week, thank you cards and safeguarding information. There were also suggestion boxes for people to provide feedback about the service on each unit. People told us they felt safe living at Vesta Lodge. Staff understood how to keep people safe and risks to people's safety and well-being were assessed and kept under regular review to help to keep them safe. People's medicines were managed safely by staff who had received training.

People had their needs met in a timely way and we observed there were sufficient numbers of staff who had the right skills and experience to support people safely in a timely manner. There was a robust recruitment process in place. However we found some historic recruitment files did not meet the current standards that were currently in place. The manager undertook to review these with a view to bringing them up to the same standard of the current recruitment process. This helped to ensure that staff who were employed at the service were suitable to work in a care setting.

Staff received regular support from their line managers which included one to one supervision and team meetings. Staff told us they felt well supported. People received the assistance they needed to eat and drink

sufficient amounts to help keep them well. People were supported to maintain their physical and mental health and staff made referrals to healthcare professionals when required.

We saw that people had not always been assisted with personal care in a timely way. In some cases this meant that people's dignity was compromised. Although staff told us they completed detailed records of personal care provided we found that sometimes the detail was not included and therefore it was difficult to establish how or if they had been assisted. Staff were knowledgeable about people's individual requirements in relation to their care and support needs and preferences. People and or their relatives had been involved in the planning of their care where they were able to and where this was appropriate. Visitors were welcomed to the home at all times and were invited to join in events and celebrations throughout the year.

People were supported to participate in some activities that were provided. This was an area that required improvement as activities were not always relevant to people's individual's interests and abilities. We also found that people who were cared for in their bedrooms had little engagement or stimulation.

There were arrangements in place to receive feedback from people who used the service and their relatives. People were able to raise any concerns they had and told us that in most cases they were confident they would be listened to and any concerns raised would be addressed.

People and their relatives were mostly positive about the staff and management at the service. However we did receive some less positive feedback. This was discussed with the manager and we found that some of the issues referred to concerns that had be raised some time ago, most of which had been addressed. However there was an action plan in place to address other areas where the manager had identified shortfalls in the standards at the service. There were systems and processes in place to regularly monitor the quality of the care and support provided for people who used the service. Where shortfalls were identified actions were in place to make the required improvements.

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

This service was safe.

Risk assessments were completed to help keep people safe

People's care was provided by appropriate numbers of staff who had been through a robust recruitment process.

Staff understood how to recognise potential abuse, and knew the process for reporting concerns.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had been appropriately trained and supported for the roles they performed.

People's consent was obtained and they had had their capacity assessed in line with MCA guidance.

People were supported to eat and drink sufficient amounts to maintain a balanced and varied diet.

People were assisted to access health care professionals to ensure that their health and wellbeing was maintained.

Is the service caring?

Good

The service was not consistently caring.

People were not always supported in a timely way which on occasions compromised their dignity.

Communication was difficult for staff whose first language was not English.

Staff demonstrated a good understanding of people's needs and wishes and mostly responded accordingly.

Staff had developed positive and caring relationships with people they clearly knew well.

Staff were respectful of people's wishes.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were supported to participate in some activities but these were generic and not always suited to people's preferences and abilities.

There was a complaints process in place and we saw that complaints were investigated and responded to. However in some cases the process had been protracted and had not been resolved in a timely way.

People and their relatives felt that they could raise concerns and that in most cases they would be acted upon.

Is the service well-led?

Good

The service was well led.

People, their relatives, and staff felt the home was well managed and they had confidence in the management team.

The provider had robust systems in place to monitor and effectively manage the quality and safety of the service.

People and their relatives felt the staff and managers worked in an open and transparent way, and that they were approachable and supportive.

Vesta Lodge

Detailed findings

Background to this inspection

This inspection took place on 15 and 20 February 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us in January 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff supporting people who used the service. We spoke with six people who used the service, five care staff, activities staff, the deputy manager and the home manager. We also spoke with a representative of the provider and a member of the provider's quality monitoring team. We spoke with relatives of five people who used the service to obtain their feedback on their experience of the service.

We received feedback from commissioning staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service, four staff recruitment records and other documents relating to people's health and well-being. These included staff training records, medication records and quality monitoring audits.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe living at Vesta Lodge. One family member told us "I have no concerns about my [relative's] safety, I never go home and wonder are they safe." A person who lived at Vesta lodge also confirmed, "I feel safe, I know that I can call on staff if I needed something and they (Staff) would come and help me." The person went on to say, "Occasionally you have to wait a few minutes if they are helping other people, but that's to be expected." Another relative of a person who used the service told us, "My [relative] is definitely safe here and the manager calls to let us know if there were any problems so I don't have to worry unnecessarily." However another relative told us they did have concerns they told us, "My [relative] has had several falls as they were not always given their call bell to enable them to summon assistance and this put them at unnecessary risk of falls." However the person said that this issue had now been addressed but took months for it to be resolved. We discussed this with the manager who told us the actions they had taken to resolve the concerns.

There were risk assessments in place for all aspects of people's daily living and environment and in addition specialist risk assessments to identify potential risks to people such as swallowing, falls risk assessments and mobility and skin integrity. We saw in one care plan falls risk assessments had been completed and a risk assessment for bedrails was in place and these were reviewed monthly. We saw that pressure relieving equipment had been regularly serviced and maintained. We observed that people were assisted with repositioning in accordance with their care needs. Although we noted that records were sometimes not completed at the time the person was repositioned. The manager told us that record keeping was discussed regularly and staff were aware that they should always complete the record at the time the assistance is provided. A best interest decision was in place for the use of the bedrail and we saw bedrails with appropriate covers to help prevent injury or entrapment. We looked at four pressure relieving mattresses to check whether these were set correctly for the person who was using them and in all instances people had their correct settings for their recorded weights.

Where risks to people's health, or safety had been identified, these were assessed and reviewed regularly to help keep people safe and also to consider people's changing needs and preferences. These assessments contained sufficient information to inform staff how to mitigate risks where possible. Staff helped people to move safely using appropriate moving and handling procedures. For example, we observed two staff members transferring a person from a chair in the lounge to a wheelchair. We saw that staff followed a process that they were familiar with. We noted that they kept the person informed, provided reassurance an d worked together to ensure the manoeuvre was completed safely.

Staff had been trained in how to protect people from avoidable harm and were able to demonstrate they knew about potential risks and how to identify any signs of abuse. Staff were able to demonstrate they knew how to keep people safe. They were able to tell us the processes in place to report any concerns and recognise signs that would concern them such as changes to a person's behaviour and unexplained marks. Staff knew how to escalate their concerns and how to report outside of the organisation if required to CQC or social services and the police. One staff member said, "We have had training here on safeguarding and I would not hesitate to report the person if I saw any kind of abuse towards the people that I care for."

There was a safeguarding procedure in place and we saw that a safeguarding concern had been raised and investigated. This had recently been concluded and was closed. We reviewed the process as part of our inspection and noted the procedure had been followed. We saw that notices were on display at various places throughout the home to remind people, staff and visitors to the home of the process for reporting concerns and all the relevant contact numbers. This helped to demonstrate that the provider had taken appropriate steps to help ensure that people were protected from potential abuse.

People, their relatives and staff all told us that there were enough staff available to meet people's needs. We observed that there was plenty of staff available throughout our inspection. One person told us, "I don't usually have to wait very long for help." Call bells were answered in a timely way.

There was a robust recruitment process in place. However, we found that some of the records we reviewed had not always been processed using the current policy which meant there were inconsistencies in recruitment records. We spoke to the home manager about these findings and they told us they would review the recruitment records. For example, references did not always correspond with people's employment history and professional reference contact details contained a mobile phone number and there was no compliments slip or company stamp to confirm their authenticity. The home manager told us they were recruiting permanent staff which helped provide consistency and also reduced the need for the use of agency staff. Where agency staff were used the home manager booked in advance so they could have consistency where possible.

Medicines were managed safely and there were suitable systems in place for the safe ordering storage, and disposal of medicines. We looked medicines on one unit and found that the controlled drugs were all correct and they followed safe procedures such as two staff signatures and given by two staff. Temperatures were recorded daily. We looked at medicine prescribed on an as needed basis for two people and checked stock balances which we found to be correct. We observed staff giving medicines in a kind and respectful manner. Once given the staff member stayed to ensure the medicines had been taken. The staff member on one unit explained whilst supporting a person with their medicines what they were. We saw a medicines assessment in place for covert medication and a record of decisions for given covert administration which had appropriately included the Pharmacist and GP. Covert administration is when a person is given their medicines without being aware they have had them. This is usually in response to a best interest decision.

People were supported to take their medicines by staff who had been trained and had their competency checked periodically. People told us that they received their medicines regularly and a relative confirmed that they felt the administration of people's medicines were managed safely. We saw that medicine administration records were completed accurately.

Good

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Vesta Lodge was appropriate to meet people's needs. This was because staff had the appropriate skills and support in place. One person said, "I like it here and I have all the help I need, I like the staff, most of them are very nice." A visiting relative told us "We looked at several other homes before coming to Vesta Lodge and when we came here it just felt right." Another family member told us, "I think (relative) has everything they need, the staff are very good and do their best."

Staff received training to help support them to care for people effectively. We saw that staff were provided with a range of training in topics relevant to their roles. This included basic core training such as moving and handling, safeguarding people from abuse and administration of medicines. In addition to routine training staff were encouraged and supported to complete training in topics that were of particular interest to them. For example, Dementia care or care of people who have diabetes. New staff attended induction training which covered core topics and provided staff with an overview of the companies' policies, aims and objectives.. We saw records that confirmed staff were supported by the home manager through regular individual supervision and team meetings. Staff confirmed they felt supported in their roles and said they could approach the manager or senior staff for additional support if they required it. Staff confirmed they had received induction training and shadowed other staff until competent. They also confirmed they had received supervisions once every two months.

Staff requested people's consent before providing support. We saw that staff explained what they were going to do and waited for people to agree before proceeding. Staff had an understanding about capacity, best interest decisions and how to obtain consent from people who had fluctuating capacity or who were unable to verbally communicate their agreement. Staff understood the importance of promoting people's independence with choice and the right of people to make choices. One staff member said, "I always assume they have capacity. We are all taught to encourage and support choice."

Where decisions had been made about a person's welfare, these were recorded appropriately. For example, one person had a 'Do not attempt to resuscitate (DNACPR)' document in place and the reasons were around their dementia. We saw that their relative had endorsed and agreed the decision on the DNACPR form. There was also evidence that confirmed the relative had the legal authority to make this decision. The care plan stated that person needed support from family and staff to make decisions about their care. The capacity assessment around the DNACPR stated that the GP and next of kin was present as person unable to participate in decision.
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 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 were being met. We saw where required DOL's applications were in people's care plans

All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The home manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They were aware of what the process that needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection applications had been made to the local authority in relation to people who lived at Vesta Lodge and had been authorised, others were awaiting authorisation at the time of our inspection.

People told us that the food was plentiful. One person told us, "It's not like home cooked food, but you do get a choice and there is always more than enough." A visiting relative told us, "They have at least two choices and if they don't like either they can have a lighter meal like an omelette or jacket potato." We saw that there were jugs in the communal lounges and people were able to have snacks when they wanted. We observed people supported at lunchtime on three of the four units. We saw that people were offered choices of what to eat and there was an alternative menu should the person not like the choice on offer.

There was a pictorial menu on each table and two staff were able to explain how they ensured people living with dementia were assisted in making a choice on a day to day basis. We saw that one person was offered an alternative to the soup and sandwiches and they were given a hot meal of chicken fricassee. The provider changed the mealtimes around last year at people's request? so now people have their main meal in the evening and a lighter 'snack' type meal is provided at lunchtimes. We observed staff assisted people with their meal in a kind and respectful manner, waiting for the person to finish each mouthful before giving the next. The meal time was both relaxed and informal with background music playing. We saw examples of specialist equipment used to support people's independence for example, two handed beakers and adapted cutlery.

Specialist diets were catered for including soft diets or liquidised meals and people's cultural preferences taken into account. Food was discussed at residents and relatives meeting and the chef talked to people about what they would like to see on the menu. We observed the lunch being served in communal dining rooms and we saw people were provided with appropriate levels of support to help them eat and drink. Some people opted to eat in their rooms and staff served their food to them, before assisting in the dining rooms.

People had their weight monitored and assessments were completed to identify if they were at risk from poor nutrition or hydration. These assessments were kept under review and where people were at risk of poor hydration or had lost weight food and fluid charts were in place to help monitor their intake. Where required, referrals were made to dieticians to assist with managing people's nutritional intake.

People told us that their health needs were met and that staff supported them to access to health care professionals when required. In addition healthcare professionals visited the home if they were required. This included opticians, chiropodists or dental practitioners. The home was also being supported by a care home improvement nurse who supports the staff with training in relation to identifying the deteriorating resident and pressure areas. The nurse visits every two weeks and monitored hospital admissions and gives help and advice where required. They told us that he home manager was happy for their input and informed them of any residents that were unwell, receiving end of life care or any other contributing changes.

Good

Is the service caring?

Our findings

People and their relatives were generally positive about the way they and their relatives were cared for by staff. However, we found that on one unit people had not received personal care in a timely way and records had been completed in a generic' way which did not detail what support people had been given. We also found that in some cases people's dignity had been compromised. For example, one person was found to be wearing a tabard with residual food from breakfast which had not been removed or whose mouth had not been cleaned.

We saw that staff were not always present in the communal lounge on one unit, although staff passed up and down regularly, they did not always come in to engage with people. This meant that people who lived with Dementia were left on their own and could not always attract the staff's attention if they needed to. On one occasion we were sat in the communal lounge for more than 10 minutes and two of the three people who were in the lounge were sleeping, and were unengaged by staff. We saw on two occasions where staff spoke with people, the people struggled to understand, they looked vacantly at the staff member. The staff member continued to offer tea and we saw that people then responded and understood when they saw the cup and saucer. This suggested that the people concerned did not always understand what staff were saying to them, and may be a communication problem. We also observed over lunch that staff sometimes spoke loudly to help make themselves understood. However, this was not appropriate. We discussed this with the home manager who told us they would monitor this and support staff where this was identified as being an issue.

People confirmed they were aware of their care plan and knew that staff held information about them. They told us they had access to their care plan if they wanted to. Care plans reflected people`s involvement and consent. Consent forms were signed by people where this was appropriate by relatives. One visitor told us , "We are always invited to be involved if we wish." Another person told us, "I they look at the folder I think that must be how they know what to do."

People and their relatives spoke about most of the staff having caring attitudes and the compassion that people and their relatives were shown by staff. one visiting relative said "I really feel they care about me as well, they always offer a cup of tea or refreshments and I am invited to participate in events throughout the year." One person who lived at Vesta lodge told us, "I think I receive good care here and find the staff to be friendly and kind."

People and their relatives told us that they had developed relationships, in particular with regular staff and this enhanced their quality of life. One relative told us, "They recognise staff who support them regularly and that is important especially for people who have memory problems." One person told us, "I like it when they (staff) sit and chat to me, I do get bored and it's good to have a chat." Another person told us, "I keep them in check and make sure they do what they are supposed to do." People also told us that staff supported them to maintain relationships with family and friends. Two visiting relatives told us that they visited at different times and were always welcomed by staff and managers.

There were pictures and items on the walls around the units where people living with dementia resided which helped people identify where they were and also photos and individual memory boxes. However we found that this would benefit from being developed further to consistently orientated and stimulate people. The manager told us they were planning to do much more to make it more interesting and a more 'stimulating' environment for people with dementia.

Staff were able to demonstrate they knew people well. For example, when speaking with one member of staff they were able to tell us about peoples preferences and routines. One staff member told us about information they recorded about people`s life histories, and what they enjoyed doing and told us, "It's always a good way of starting a conversation if you mention something you know they previously enjoyed."

Staff as much as possible tried to encourage people to retain their independence and to make choices and do as much as they could for themselves. We saw staff speaking with people in a dignified way and bending down so that they could make eye contact with the person they were addressing. Staff also understood the need to respect and maintain people's right to privacy and dignity. One person told us, "Staff knocks on the door, they never just barge in." Another person told us, "They (staff) are mindful of my dignity when they help me to get washed they cover me with a towel and chat away so I don't feel awkward." Two relatives confirmed that their family members were given a choice about who provided their personal care. One told us, "[Person] would not want a male worker and we have to respect that." The home manager confirmed that if people expressed a preference this was recorded in their care plan and they would respect people's wishes. People had detailed end of life care plans in place that included the type of burial they would like.

Requires Improvement

Is the service responsive?

Our findings

People's care plans were all person centred and had been reviewed regularly. There was good guidance for staff to meet people's needs. Staff were able to verbally demonstrate they knew the people they supported. For example, one staff member told us in detail about a person that they supported. Another staff member talked confidently about a person's preferred routine. We heard examples of how the service responded to people's changing needs for example by undertaking regular dependency audits to make sure they had the right amount of staff of duty to support people.

Another care plan explained in detail how the person liked to have a hot bubble bath. However on their daily records it only stated that 'personal care given' therefore it was unclear to know how often they had been offered a choice of a bath. This was passed back to the manager as part of the feedback.

Overall people and their relatives felt listened to and told us their concerns and complaints were usually acted on. However, we found that some complaints had taken a long time to resolve and this had left the family feeling that their complaints were not addressed. We also found that on two occasion's remedial action that had been put in place were not consistently followed by staff and this again took longer than expected to be addressed and resolved. Other relatives told us they had not complained formally but felt they could approach the home manager with any concerns and were confident they would be listened to.

All care plans we reviewed had completed pre-assessments. People preferences were responded to and staff told us that if people refused care they would always try to come back to them later and offer support then. This demonstrated a commitment to responding to people's preferred needs and choices.

We saw examples of one person's preference of a vegetarian diet and another person whose preference was female support when receiving personal care. We observed preferences with regard to leaving the person's doors open and closed and on checking found that these preferences were actioned as described in their care plans. Where it was documented that people were unable to use call bells, there were hourly checks in place. People had nominated key worker.

There was an activity co-ordinator on the day of our inspection. Activities completed were logged in an activity log for each individual and documented in the person's care plan. The activity co-ordinator told us they make sure they see everyone on each of the units and they the liked to ensure people received personal time. 1:1 time when they were looked after in bed. This included chatting reminiscing and hand and nail pampers. People's likes and dislikes in terms of hobbies they enjoyed were recorded within the care plan.

Staff also recorded their own observations when people were not able to verbally communicate their likes. For example, staff recorded that a person who lived with dementia liked to lock their bedroom doors during the night. Staff respected and recorded their wishes and they opened the door during the night when they checked on the person with a spare key. This demonstrated that staff understood how to deliver personalised care and support for people.

The activities co-ordinator told us that they had meetings with people who lived at Vesta Lodge and relatives were invited. However, these were not always well attended and the one planned for the week of our inspection had been reconvened as there was only one relative attending. A visiting relative told us, "This is an opportunity to share your views and contribute to changing things if you are not happy, but it's the same few people who attend." Two people told us they felt staff and managers listened to them and where possible changes were implemented.

Good

Is the service well-led?

Our findings

The manager was in the process of registering with CQC. The previous registered manager had deregistered on the 12 September 2016. The current home manager had been working at the home for six months. Overall feedback from people and their relatives was positive. Generally people told us they were happy with how the service was managed. Most people knew who the home manager was and told us they saw them most days when they came to their units. A relative told us, "[Manager] is very approachable, and does try [their] best to help." Another visitor said, "I think it's a tough question, we are not here all the time but from what we see, it feels like it is fairly well managed."

We found that the home manager was open and transparent throughout the inspection. They acknowledged that there were some things that needed attention and could be improved upon and a detailed action improvement plan was in progress. The home manager had a clear vision of how they wanted the home to be so that everybody could benefit from the improvement. For example improving the range and availability of activities and improving the experience of people who live with Dementia and to recruit more permanent staff and reduce the use of agency staff. Staff felt well supported and motivated. The home manager told us they were working hard to reduce the use of agency staff. We found the team to be cohesive and to work well together as a team. The manager told us she had been well supported by the provider as well as other registered managers within the organisation.

There was a range of audits and quality monitoring processes in place to monitor the health, safety and well- being of people who used the service. Some of the audits carried out included areas such as infection control, care planning medicines, and record keeping as well as daily environment checks. We found that where audits had identified areas that were below the standard expected actions were put in place to correct the issue. For example, we saw notes in files where information was required in relation to a person's life history. They had a monthly provider monitoring visit which was reviewed the following month to check that actions had been completed. Provider meetings were held which provided an opportunity for managers to share ideas and best practice and discuss ideas for improvement. However, they hadn't identified or resolved the malodour we smelt on one of the units.

There were systems in place to record accidents, incidents or near misses that had occurred in the home. The home manager told us they were reviewed to ensure they could minimise the risk of a reoccurrence and that learning outcomes were shared with staff. We saw a number of examples where this approach had been used effectively for example the times and whereabouts of falls.

The home manager was receptive to any support or constructive feedback provided. Staff understood their roles and responsibilities and knew what was expected of them. A staff member told us, "We are a good team and we are well supported by managers." We found that improvements were in progress and that the home manager demonstrated strong and visible leadership, and who had a good overview of all aspects of the home.