

# Quantum Care Limited

## Vesta Lodge

### 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 ●

# Summary of findings

## Overall summary

### About the service

Vesta lodge is a purpose-built care home providing accommodation and personal care for up to 61 older people. At the time of this inspection 60 people were using the service.

Vesta lodge has four units over two floors. There were multiple communal areas including quiet areas.

### People's experience of using this service and what we found

People, and their relatives said the care and support people received was safe. The manager ensured people were protected from the risk of harm or abuse. Risks to people's health and well-being were assessed, and measures put in place to mitigate identified risks. The manager operated safe and effective recruitment practices. People, their relatives and staff told us there were enough staff available to meet people's needs in a timely manner.

People's medicines were managed safely, and people received their medicines regularly from staff who had received training and had their competency checked. There were infection control procedures in place and the environment was clean and bright with a nice fresh smell throughout the service. The manager demonstrated they reflected on any adverse incidents and shared any learning with staff.

Vesta lodge is arranged over two floors. Assessments were completed prior to people moving into the home to establish if people's needs could be fully met. Staff received training, support and supervision to enable them to carry out their roles effectively. People said they enjoyed the food provided and were offered choice. Staff knew people well and were able to identify any changes in people's needs and seek timely intervention from appropriate healthcare professionals.

Staff treated people with kindness and dignity. People and their relatives made positive comments about staff members kindness and the attention they showed to people. People were encouraged and supported to be involved with their care choices. People's care plans were person centred and supported staff with understanding people's current needs while supporting them to remember important life experiences, likes, dislikes and preferences. Visitors were made to feel welcome at all times.

People received care and support as they wished. Staff knew what people liked and offered people meaningful choices throughout the day. There was clear signage throughout the home so that communal areas, bathrooms and people's bedrooms were easily identifiable for people and their visitors. People enjoyed a wide range of opportunities for social interaction. People were comfortable to raise concerns if they needed to and felt they were listened to and issues were resolved. When people were nearing the end of their lives action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.

People said the manager was extremely approachable and was seen around the home regularly. People,

their relatives, external professionals, and staff, told us the home was well managed, and there had been many improvements. The manager used the manager's robust governance systems to help identify and resolve issues in the home. People had regular meetings to discuss the service and make suggestions about how the home performed. The manager obtained feedback from people to help make continuous improvements at the home. The manager had developed good working relationships with external health professionals ensuring people's social and health needs were promptly met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good. (published 25 March 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Vesta Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. This means that they and the manager are legally responsible (once they are registered) for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the manager sent us in the manager information return. This is information managers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the manager, regional manager, deputy manager, a

senior care worker and care worker. We 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 a range of records. These included three people's care records and medication records. We looked at three staff recruitment files and staff support records. We also reviewed records relating to the overall quality and management of the service, including audits, feedback, concerns and compliments. We received feedback from two healthcare professionals.

After the inspection

We received written feedback from a further six relatives and family members. We received some additional information from the manager events planned and areas that are being developed in particular many multi cultural events.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. .

Systems and processes to safeguard people from the risk of abuse

- Staff received training and knew how to identify and report any potential concerns which helped protect people from harm or abuse. A staff member told us, "I have had safeguarding training. We also have regular refresher training which really does keep it on the agenda and remind staff of the process."
- Staff were aware of how to whistle-blow and the managers policy on this. A staff member told us, "I would feel confident about whistleblowing. [Name] would deal with it if a concern was brought to her attention. I have never had a reason to [raise concerns] but I feel comfortable to bring any concerns to her attention."
- The manager was aware of their responsibility to report issues relating to safeguarding to the local authority and notify the Care Quality Commission.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place to monitor their assessed risks. People's risk assessments detailed any identified risks and any measures in place to mitigate these risks. Staff demonstrated they were aware of risks to people, and where to access information.
- People were supported to take informed risks, and risks were kept under regular review. Any changes were implemented in a timely way.
- Maintenance checks for equipment, fire equipment and utilities around the service were carried out. These were to help keep people, staff and people's visitors as safe as possible.
- People had an individualised personal emergency evacuation plan [PPEP] in place as guidance for staff in the event of an emergency such as a fire.

Staffing and recruitment

- There was a robust recruitment process in place. Pre-employment checks were completed. This included obtaining a minimum of two references, proof of identity, completed application including employment history with any gaps in employment explained. A criminal records check using the Disclosure and Barring Service (DBS). The DBS is a service that provides information about an individual's criminal record to help employers make safe recruitment decisions.
- Dependency assessments were carried out on people to determine the safe number of staff needed to support them. For example, some people required two staff with their moving and handling needs.,
- Observations during the inspection showed there were enough staff on duty to support people in a timely way. Call bells were answered quickly.
- People felt staffing levels were adequate generally. One staff member told us that if staff went off sick at short notice this could impact the numbers of staff. However, this was resolved with senior staff assisting as required. Staff were contacted on these occasions to see if they could work additional shifts.

### Using medicines safely

- Staff received training before they were able to administer medicines to people. We found medicine trolleys were clean, tidy and in good order.
- Boxed and packaged medicines were stocked checked daily with periodic checks by the RM/Senior staff. No discrepancies found in stock control. We reviewed a total of 6 MAR charts and found all required information had been completed. PRN protocols were in place and had recently been reviewed.
- Arrangements were in place to safely receive, store and dispose of people's prescribed medicines.
- Records that documented the administration of people's medicines were in good order. People who were prescribed their medicines as an 'as required' basis had information for staff in place to guide them to when these medicines were to be used.
- We noted staff had recorded temperatures of 24 degrees on several occasions over the past month. No action had been taken by staff to alert the registered manager to this. Medicine efficacy can be affected at 25 degrees. The registered manager told us that medicine trolleys would be returned to medicine room as soon as administration rounds were completed in the future and not stored at the end of the corridors by the windows which was the probable heat source.

### Preventing and controlling infection

- The communal areas and people's individual rooms were visibly clean with no malodours.
- Staff were trained on infection control and food safety to help reduce the risk of cross contamination or the spread of infection.
- Staff confirmed they had access to personal protective equipment (PPE) of aprons and gloves for them to use for personal care.

### Learning lessons when things go wrong

- Accidents and incidents were documented and any actions taken to reduce the risk of it happening again were recorded and shared with staff
- Examples were given by both the registered manager and staff on how lessons were learnt when things went wrong or there was a near miss. One example related to action taken when administering medicines and locating the trolley in a quiet area to reduce the risk of too many interruptions.

# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed before they moved to the service and reviewed regularly to make sure the service was still meeting their assessed needs. Assessments were developed with the person and, or, their relative or legal representative or advocate.
- The manager and staff worked closely with external health professionals and organisations such as hospital discharge teams. This made sure people were being supported effectively.

Staff support: induction, training, skills and experience

- New staff were required to complete a comprehensive induction covering all key topics relevant to their role. This was linked to the Care Certificate. This is a nationally recognised training programme to develop staff with the skills and knowledge required to work in health care.
- Staff told us, and records confirmed they had supervisions, and observed competency checks and support to carry out their roles effectively. A staff member told us, "Supervisions are helpful and a two-way discussion about all topics relevant to my role."
- Staff had regular refresher training to support their ongoing development.

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

- People were offered choices about what they liked to eat and where they wanted to eat. Although lunch was served at a set time we saw that not everyone ate together or at the same time. People could choose when they ate which gave them control of their lives and decision making.
- We saw people could access a range of drinks and snacks whenever they wanted.
- Staff helped people maintain their independence, so they could eat independently with minimal staff support.
- Staff supported people at risk of choking by helping them and, or, preparing food and drinks to the correct consistency in line with Speech and Language Therapist's guidance. This information was documented in care records.

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

- Staff supported people to access a range of health care professionals, including attending external health appointments. These included people's GP's, social workers and physiotherapists.

Adapting service, design, decoration to meet people's needs

- The manager involved people in discussions and decisions about the environment they lived in, including

the décor colour and style.

- People's rooms were decorated according to individual taste and preferences and were personalised. People chose the colours that decorated the communal areas of the service and their own rooms. Most communal rooms were brightly decorated.
- Signage was well positioned to help people identify different areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff encouraged people to make their own decisions. The manager had completed mental capacity assessments and had submitted applications to the local authority. .
- Staff explained to us how they encouraged people to make choices using whatever communication they used. Sometimes responses were non-verbal, but staff understood taking into account their body language.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People made extremely positive comments about the manager and staff. People told us that staff and the manager were kind, caring and compassionate.
- One relative told us, "Every single member of staff is friendly, polite, caring and one of the nicest things is, they all know [my family member's] name no matter what department they work in."
- Another relative told us, "If I had to recommend a care home to anybody, I would not hesitate to say Vesta Lodge. We attended a BBQ recently and last weekend we went to the Carnival, we took some friends with us and they could not believe what a beautiful place it was. They were highly impressed."
- Another family member told us, "I have to say [Name of the manager] is one of the nicest, funniest most caring people I have ever met. She runs a great place and the standard of the home is wonderful in every aspect." We saw people smiling when they saw the manager walking around the home. People told us how she regularly sung for them which they really enjoyed. There were lots of laughter and people were happy.
- The manager and staff had themed weeks to help really focus on people. For example, one week the theme was angels, another week it was smile, and gentleness. The themed weeks helped staff to focus on acts of kindness.

Staff considered each person's current individual needs. The manager told us that they encouraged people to talk about and remember 'life events' and things that were important milestones in their lives. This helped people come to terms with their current situation and to help make people feel valued and important.

- The atmosphere in the service was calm, compassionate and inclusive. We saw warm and meaningful interactions throughout the day between staff and people which were gentle, respectful and kind. People's body language and facial expressions showed that they were fond of the staff members as they interacted, smiled and communicated with them.
- Staff respected people's diverse needs and preferences, and they provided care in a way that supported people in a non-discriminatory way.
- The manager had worked with staff and people on a variety of ethnic and cultural events. Travel posters decorated the walls in one unit, food from different cultures another and celebrating a range of events like the Caribbean carnival which was in full swing. People's religious cultural and ethnic requirements were really well catered for. The manager ensured people received the right support to enable them to retain this aspect of their lives through sharing knowledge researching cultures and learning from each other.

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

- People were able to express their views and give feedback through several different forums.

- There were regular residents meetings, and the manager was regularly seen around the home and people were able to communicate with her whenever they wished. The manager operated an open-door policy and welcomed people's feedback.

- People were fully involved in decisions about their care. They were able to decide how they wished to be supported, by whom and any specific likes and dislikes, including their preferred routines, were fully recorded.□

Respecting and promoting people's privacy, dignity and independence

- Peoples personal and confidential information was stored securely to ensure compliance with general data protection regulation (GDPR).

- Staff knocked on people's bedroom doors and waited for a response before entering. We saw staff introducing themselves and going over to the person, so they could make eye contact and see who they were.

- Personal care support was carried out by staff in a discreet manner thus promoting and maintaining people's privacy and dignity.

- People were supported to maintain their friendships, develop new friendships and visitors were always made welcome. People and their families were invited to participate in any events at the service. Relatives were also invited to share meals and celebrate special occasions with their family members.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff supported them in a way that met their individual needs and preferences. This was confirmed by relatives. People and their relatives told us the service was flexible and able to respond to people's changing needs. For example, if people were poorly and required additional care and support this was provided. If people wanted to have a lie in and get up later this also was accommodated.
- People's care plans reflected their care needs and preferences. This enabled staff to know people's needs well. One relative told us staff could identify when people needed support from other professionals and were quick to involve other professionals as well as keeping them informed about any updates and sharing information appropriately.
- People and relatives confirmed they were involved in reviewing the care plans to ensure they continued to meet their needs. One relative told us, "They always contact me to ask if I want to attend the review. We have talked through all aspects of [Name of person's] care and staff are very responsive at tweaking it when things change."

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

- People told us they were supported and encouraged to develop and maintain relationships with people that were important to them and were involved in their lives.
- People were offered a range of meaningful activities, which had a positive impact on their wellbeing. People repeatedly told us they loved the manager singing to them and that she was always singing to people creating a happy, jolly atmosphere.
- People were seen and treated as individuals and we observed how activities staff encouraged people to be involved in areas of their particular interest. We noted that a person with an interesting educational background was giving a lecture on the history of St Albans. Another person a teacher by profession was offering a child free education.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service, including their care plans. We observed staff engaging with people who could not communicate verbally for example by looking at their body language and facial

expressions. Staff were able to understand people needs because they knew people well and knew their routines.

- The manager told us they would provide information in other formats if this was required to support people to understand it. For example, by providing care plans using translation services to communicate with people who did not speak or understand English, or in an easy read format, supported by pictorials or large writing.
- We noted one person whose had a specially designed cup with a message recorded by family reminding them to drink regularly to avoid them becoming dehydrated. The manager told us they were always exploring different ways of communicating with people to enrich the lives of people who had lost the ability to communicate verbally.

#### Improving care quality in response to complaints or concerns

- There was a process in place to manage people's concerns, compliments and complaints. The service did not receive many complaints. We saw that many compliments had been recorded with a lot of positive feedback. The manager told us they dealt with any feedback there and then and these avoided grumbles escalating to a fully blown complaint.
- People and relatives told us they were happy with the quality of the service provided to them and they had no reason to complain. One relative said, "I haven't had any concerns at all I would just speak to [Name of manager] or a staff member. They are all very good at sorting things out."
- The manager told us they used learning from complaints to improve the service. They shared this with staff so that they did things differently to prevent the same concern reoccurring or further concerns from happening. End of life care and support
- People were provided with compassionate end of life care. If people chose to be cared for in familiar surroundings by staff who knew them well, this was respected.
- Peoples end of life wishes were recorded in a specific part of the care record called 'The final journey'. We noted that this section had been completed in a very personalised, sensitive, and compassionate way.
- We saw one person had been well supported by staff and the manager to make some detailed arrangements for after their death. The manager told us they had helped people plan for culturally specific end of life arrangements. For example, one person wished for their remains to be returned to their country of origin and staff had made these arrangements. They told us this had been a big concern for the person as it was important to them. The person felt very relieved when the arrangements had been put in place.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff told us that the manager was a jolly character and was seen around the home regularly. They told us the service was inclusive and we found the manager to be open and transparent throughout the inspection process.
- People, their relatives, and staff, told us they felt the service was well managed and that things had improved since the current manager had come into post. One relative told us, "I am kept well informed if [Name] become unwell, or has had a fall etc. The homes manager will always call me regarding anything I need to know. I would say Vesta Lodge is very well led, the management and staff provide very good care."
- Another relative told us "They [management] manage the care home well and they are very helpful. They are really kind, always willing to spend time with you. It is a happy atmosphere. I do think the staff are genuinely happy in their roles and are well supported by the manager. This makes a big difference." A staff member told us, "I think [Name of manager] has made a massive difference which is really positive. Staff are more motivated their contribution is recognised and appreciated, and she listens, that's really important."

How the manager understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager demonstrated they understood their responsibilities in relation to reporting when things go wrong. We saw that accidents and incidents were appropriately recorded. Notifications about important events had been submitted to CQC as required.

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

- The manager was in the process of registering with the Care Quality Commission They were a registered manager previously and therefore fully understood their responsibilities.
- They had developed some good auditing systems which they used alongside the managers own quality assurance systems. For example, they had introduced a register of people who were at high risk of developing complications, for example, pressure ulcers or those whose nutritional intake were of concern. This tool also monitored people who required extra care. The tool was effective as there were no pressure ulcers at the home. The risk register provided the manager with a good oversight of where to focus resources.
- Other monitoring systems included audits, observations and competency checks. The manager reviewed

this information to ensure it was accurate and where needed, additional actions were taken.

- Audits were also completed by the regional management with regular governance meetings to put strategies in place for improvements. Action plans were developed following these checks and we saw the actions were signed off when completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had meetings regularly to discuss the service and make any suggestions in relation to how the home was managed. This was fed back to management by the resident council who have an active role in helping with the management of the home, make decisions and providing feedback from other people. Topics included within their remit were catering, quality assurance, recruitment, activities and the environment. Improvement had been made in all these areas. For example, a tea and tech event which gave people an opportunity to learn about IT. This was called the Silver surfers event helping people to access the internet.

Continuous learning and improving care

- The manager had systems to gather feedback from people to help influence continuous improvement, these included regular surveys.
- The manager had good oversight of the service with regular manager quality control visits and audits.
- There were monitoring systems in place to identify themes and trends from accidents or incidents and learning was shared with staff to help drive improvements. For example, by storing the medicine trolley at the quiet end of the corridor to reduce interruptions when staff administered medicines.

Working in partnership with others

- The manager had developed good working relationships with external health professionals ensuring people's social and health needs were promptly met. This included the GP, district nurses, occupational therapists and social workers.
- The manager had developed good working relationships with local community groups to enhance people's everyday lives. For example, regular visitors to the home to provide entertainment and meaning full interaction with people.