

Quantum Care Limited

Pinewood 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:

Pinewood Lodge is a residential care home that was providing accommodation and personal care to 54 older people at the time of this inspection.

People's experience of using this service:

People were happy with how care was provided and felt safe living in the home. One person said, "I do feel safe because carers are around. There is always somebody I can ask for help. I am happy I moved here." Staff were aware of how to keep people safe and when to report any concerns they may have had.

Risks to people's wellbeing were assessed and actions taken to reduce these. People were supported by enough staff and recruitment checks were carried out before new staff started work.

People's medicines were safely managed and administered as the prescriber intended. People lived in a clean environment and staff used appropriate protective equipment, such as gloves and aprons to prevent the spread of infections.

Staff felt supported by the management team and were well trained. People felt staff were competent and experienced.

Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People received care and support in a manner that met their preferences. Complaints were dealt with and resolved quickly.

People liked the staff who cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the registered managers approach to deliver high quality care, which helped people to continue to live as independently as possible.

People, staff and professionals told us the home was well managed. Systems to monitor how well the home was running were carried out regularly. Where concerns were identified, the registered manager followed this up to make sure action was taken to rectify the issues. People were asked for their view of the home and action was taken to change any areas they were not happy with.

Rating at last inspection: Good (last report published 10 September 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

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

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was Well Led

Details are in our Well Led findings below

Good ●

Pinewood 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who had personal experience of using type of service.

Service and service type:

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

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

Notice of inspection:

This inspection was unannounced

What we did:

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We used this information to assist with planning the inspection. We also asked the provider to complete a Provider Information Return before our visit. Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps inform our planning for the inspection.

We asked for feedback from representatives of the local authority commissioning and safeguarding teams

and health professionals who worked with the home.

During our inspection visits on 22 May 2019, we spoke with eight people and four people's relatives. We also spoke with the registered manager, the deputy manager, seven care staff, and two visiting professionals. We looked at three people's care records and other files in relation to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "It`s always very good, I have been here for a couple of years now, I feel safe, sleep well in my bed and am not worried for myself or anyone else."
- Staff understood how to protect people from harm, and how to report concerns. Staff told us that they had received safeguarding training and felt confident in identifying and reporting their concerns. Staff said they would follow whistleblowing procedures and report anything they had concerns about.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff reported these appropriately and the registered manager took action to reduce the risk of these reoccurring.
- Where an incident happened this was shared with staff through meetings, daily handover or through supervision. For example, there had been a delay in referring one person to their GP. This did not result in harm however the registered manager reported this to the local authority safeguarding team, reviewed through team meetings and held individual coaching sessions with staff.

Assessing risk, safety monitoring and management

- People and their relatives told us risks to their safety and wellbeing were safely managed. One person`s relative said, "We moved [person] from a different home where they were missing their medicines and having all sorts of accidents. We are so happy with the stay here. [Person] is a resident for a year and a half now, and had no falls, staff changed the medicines to liquid form and now [person] will not refuse them. [Person] is much happier because the staff know what needs to be done."
- Incidents and accidents were reported to the management team and investigated and where necessary prompted a review of people's care.
- Risks to people's health and welfare were assessed and appropriate actions taken to mitigate these risks. These areas included risk of falls, skin integrity and weight loss. Where equipment was required such as mobility equipment, this was safely used and maintained. We observed staff supporting people safely throughout the inspection. One person said, "When they use the hoist I feel very safe, the staff know what they are doing and how to do it. I couldn't be in better hands."
- Risk assessments in relation to the home had been completed and were reviewed. This included fire safety and documented how to evacuate people in the event of an emergency. People had their individual evacuation needs assessed and staff were aware of how to evacuate people in case of a fire. Fire drills were practised.

Staffing and recruitment

- People were supported by enough staff to respond to people's changing needs in a timely manner. People told us that staff were available when they needed them. One person said there were enough staff available,

and a second person said, "I can always summon help when I need it." However, people also told us at times they felt they needed to wait longer than necessary for care to be provided. Although this was people's experience we did not find evidence to support their views.

- Staff told us they felt there were enough staff to provide care safely. One staff member said, "I think it's a really good home. I did 15 years in the community [before working here]. We have time with the residents, we can build up a relationship with them. Here the job takes as long as the job takes." However, all staff were concerned about planned changes to deployment in the home. The registered manager told us that they were planning on changing the deployment of staff, however they expected this change to benefit people.
- We observed throughout the day that the home was calm. People were responded to in a timely manner and staff had sufficient time to spend with people.
- The registered manager carried out assessments of people's needs and staffed the home accordingly.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped to ensure that only suitable staff were employed.

Using medicines safely

- People told us they received their medicines on time. Where people were able to administer their own medicines staff supported them to do so.
- Staff administered medicines safely and records demonstrated this. Staff had received training in how to safely give medicines. Managers regularly assessed staff's competence to ensure they were safe to administer people's medicines.
- Medicines were stored securely, and regular audits were completed to ensure people's medicines were managed safely. Where errors occurred, these were investigated thoroughly, and appropriate actions taken to minimise the risk of recurrence.

Preventing and controlling infection

- Staff were trained to minimise the risk of infection and they followed good practice guidance. Staff used appropriate personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- Domestic staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. The home was clean, tidy and smelled pleasant when we visited.

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

Good: 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

- Managers completed assessments of people's needs before they started using the service. This enabled them to ensure they could meet their needs.
- Staff worked with health professionals and consulted national guidance about health conditions, such as pressure care. This helped them understand how to meet people's needs following recognised good practice.

Staff support: induction, training, skills and experience

- Staff felt supported. All staff spoken with told us that they could get support from managers at any time. One staff member said, "The support is brilliant here. I can go to [Registered manager] with anything. All the managers are approachable. The training is brilliant. It`s not e-learning it's proper training. There is also extra training coming up that I will be doing so I think they want me to develop."
- Staff received an induction when they first started working at the home. This provided them with essential training and enabled them to shadow experienced staff. Once staff completed their induction, their training was updated regularly in key areas such as safeguarding, skin integrity and nutrition.
- Staff received supervision through individual meetings or direct observation. Staff said these meetings were helpful for them and found them useful. One staff member said, "Supervision is really good. I get time to talk to my manager about the residents and also about me and how I am doing."
- Staff were able to further their knowledge by undertaking 'champion' roles. These were roles where staff had enhanced knowledge of areas such as falls prevention or safeguarding. Staff then supported their colleagues with acting as a mentor in these areas. The registered manager was able to demonstrate where falls had reduced since the appointment of their falls champion.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment 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 had received training in the MCA and DoLS and understood the principles of the MCA and

encouraged people to make decisions for themselves.

- Where people did not have capacity, decisions were made in their best interests and involved relatives and health professionals where appropriate. Assessments were continually reviewed, and the registered manager was in the process of ensuring all records were current and reflective of the persons capacity at that time.

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

- People enjoyed the food provided to them. One person said, "It's good food, there's plenty of it and it's freshly cooked. They ask what we want and if we don't fancy a particular thing they will change it." One relative said their relative's health had improved since living at the home. "When they moved in they didn't eat well at all, in fact I was really worried. But over the last few months [Person] has actually put weight on, and kept it on, I am really happy."
- People chose their meals earlier in the day, but staff checked with people what they had chosen when delivering the meal to the table.
- Tables were set ahead of the meal and drinks were offered. Mealtimes were a sociable occasion; people chose where they sat and took part in conversations around the tables. Staff supported people to eat at their own pace and to eat and drink independently. This included prompting and encouraging people or directly assisting them.
- People's allergies, dietary needs and weight changes were shared with the kitchen staff. Staff recorded people's food and drink intake where people were assessed as being at risk of not eating or drinking enough. Professional guidance was sought where people were at risk of weight loss or required assessment due to swallowing difficulties.
- Snacks and drinks were all around the home to make them easily accessible for people.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by a wide range of health and social care professionals. People told us they could attend hospital appointments and opticians when needed and were able to freely access the GP. One health professional said, "I support a lot of the homes locally, but have to say this one is one of the better ones. They are quick to get help when needed and have all the information we need to hand." Records showed people were supported by GP's, district nurses, dieticians, speech and language therapists and physiotherapists among others.
- Where people's health needs changes these were documented, and staff were aware of these. One person said, "I can see the GP when I want, all I need to do is ask and they [Staff] arrange it."

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

- Pinewood Lodge is a purpose-built residential care home. Adaptations had been made to ensure people were able to move around the home safely.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness and respect. Staff spoke with people in a passionate and respectful manner. One person said, "I love all the carers, they are like my friends. We have a laugh together and share stories. They do know me well." One relative said, "This is a service with brilliant care. All the staff are well mannered and respectful towards not just [Person] but everyone."
- Staff showed genuine concern for people and ensured people had what they needed. Staff were aware of people's individual needs and preferences.
- People were comfortable in the presence of staff and enjoyed positive relationships with them.
- We saw numerous examples of positive interactions with staff knowing people well throughout the inspection.
- People and their relatives told us that their relationships were respected. People living at Pinewood Lodge had developed friendships with others living at the home which helped them avoid being lonely or isolated. People who were in relationships before living in the home were able to continue to develop and staff gave examples of where married couples had happily lived in the home for many years.
- People's life histories, religion or cultural beliefs, hobbies and interests were recorded and staff ensured holidays and festivals were celebrated.

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

- People were asked about their views about the care as part of their care plan review. Staff told us that care was delivered in accordance with people's wishes, choices and preferences.
- People confirmed that they were consulted by staff about how they preferred to receive their care. One person said, "They are very good, they don't just come in and get on with it, they know me and what I like."
- People were supported to make choices about their care throughout the day. For example, they chose when to get up, what they wanted to eat and what activities they wanted to do.
- People and their relatives told us that they felt involved in planning their care. Records demonstrated that people had been central to the assessments and subsequent reviews of their care. Where appropriate people's relatives were able to contribute to any relevant decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and treated them in a dignified manner. Staff knocked on doors and were discreet when supporting people.
- People were well presented, clean and were dressed appropriately and according to their preference. People who required assistance with personal care or with using the toilet, received this with minimal fuss and in a discreet manner. One person entered the corridor from their room asking for support with their

personal care. Staff immediately saw the person required help to maintain their dignity and guided the person back to their room where care was provided behind closed doors.

- Records were stored securely to ensure people's confidential information was not seen by people unauthorised to see this. When staff spoke about people they did so in a quiet tone, so they would not be overheard.

Is the service responsive?

Our findings

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

Good: 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's care needs were met, and they were happy with the care they received. One person said, "I am very happy with things. Everything is how I want it to be and I am certain that staff meet any needs I have."
- Care provided to people was personalised and responded to people's needs effectively and safely. Staff had built good relationships and knew people's likes, dislikes and preferences.
- People said they were involved in developing their care through formal reviews. They told us, "The care I receive, be that with my health, socialising or care fits me like a glove."
- The registered manager told us although they employed activity staff, their ethos was that all staff engaged people with activity and stimulation. This was either on a one to one basis, such as reading, talking or doing make up, or as a program of activity. This approach was evident on the day as due to a lack of activity staff, care staff were leading the day's activities. A program of these activities was available on noticeboards around the home and people from all parts of the home were encouraged to take part.
- People were able to go out when they wished and visit family or go on day trips. We saw one person with the relatives waiting to take them out for lunch, and another going off to the shops.
- People told us they were generally happy with the activities provided but did say that activities were the usual ones provided, such as bingo or signing. People told us they did not always socialise with others across the home, and did not always feel part of the wider community, and that evenings were usually boring and isolating at times. One person said, "After 6pm it`s like the middle of the night. I have people to phone, but for others who don't have anyone it must be boring." The registered manager and regional manager told us they were developing a new program of activity to support people, which would be implemented shortly to address this issue.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. People had information about external organisations that they could also contact about their concerns.
- Complaints had been investigated and responded to quickly and appropriate action taken to resolve them. A visitor told us that the issue they raised with the registered manager was dealt with and resolved quickly.

End of life care and support

- Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit.
- Staff told us that they would consult with people's relatives in the event of this care needing to be given.
- Additional guidance was available for staff in the form of an end of life policy and the support of the district nurses, GP's and palliative teams in addition to the local hospice.

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.

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff told us that the registered manager was approachable and visible. One staff member said, "[Registered manager] is always available and will always help us when we need them to. I think they lead by example and expect us to do the same."
- People's relatives and health professionals were happy with the care provided. One visiting professional said, "Two years ago I would score them a 2. [Registered manager] since being here has really improved things. They listen and have improved the communication a great deal and the care is really very- very good. Overall now, they are an eight or nine, that's how highly I rate the management team here."
- Daily handovers reviewed updates or changes to people's needs and meetings with staff discussed all relevant information. The registered manager or deputy manager attended these meetings to ensure they had received the information they needed.
- Regular meetings were held with staff, people and their relatives to keep them informed of current developments or matters relating to the running of the home. People were able to freely contribute to the meetings and felt their views and opinions were considered by management.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager was committed to developing a person-centred culture within the service that reflected the providers ethos. They understood their responsibilities to ensure people received the care they wanted and stepped in to support staff when needed. Staff were clear about their roles and responsibilities, and all staff were accountable for their actions.
- Governance systems were in place to enable the registered manager to identify and resolve issues in the home. These systems included regular audits, observations and checks. The registered manager gave the responsibility to care team managers and the deputy manager to carry out some of these checks. They reviewed this information to ensure it was accurate and where needed, additional actions were taken to improve further.
- Regular checks and monitoring were carried out by the provider, who also visited the service to carry out their own quality reviews. Action plans were developed following these checks and we saw the actions were signed off when completed.
- The registered manager had identified care plans as an area needing further development and this was ongoing at the time of the inspection, along with improving activities in the home and reviewing records relating to consent.
- Staff morale was good, and staff told us they enjoyed working at the home. One staff member said, "I love

my job. I like to feel I am with my family, I get to give back a little to people to give them a good life."

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

- People, their relatives and staff completed regular surveys on different aspects of the service which showed mostly positive comments. Issues raised had been recognised and the registered manager had recorded how they were being addressed.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Staff told us that they attended meetings, which gave them regular support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This enabled the registered manager to take action where needed and reduce re-occurrence.

Working in partnership with others

- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. The registered manager contacted other organisations appropriately.