

Quantum Care Limited

Providence Court

Inspection report

Providence Way
Baldock
Hertfordshire
SG7 6TT

Tel: 01462490870

Website: www.quantumcare.co.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 15 May 2018 and was unannounced.

At the previous two inspections on 31 January 2017 and 17 October 2017 the service was rated as 'Requires Improvement' because the provider was found not to be meeting the required standards. At the last inspection in October 2017 we found that people had not consistently received person centred care that took account of their health, care and social needs and were not involved in planning or reviewing their care. We also found that people had not always received safe care and treatment and that the provider's governance systems were not effective because they had not identified the shortfalls we had found.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions Safe, Effective, Caring, Responsive and Well-led to at least good. The action plan was submitted 21 November 2017 and stated that actions would be completed by 01 March 2018 in order to ensure the provider was meeting identified breaches of regulations 9, 12 and 17 of the Health and Social care Act (Regulated Activities) Regulations 2014.

Providence Court 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. On the day of this inspection 45 people were living at Providence Court in one purpose built building.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, at the time of this inspection the registered manager was absent from the home with no clear date for their return. In the interim a deputy manager from a sister home was undertaking management responsibilities with support from the regional manager and the quality team.

We found significant improvements from our previous inspection in October 2017. However, these need more time to be embedded into the everyday culture of the home. People were not aware of who was managing the home in the registered manager's absence. Staff gave us mixed views about how effectively communication worked within the home. Staff felt supported by the current management team. The manager had developed an information sharing tool that was used to cascade learning from accidents and incidents through the staff team. There were quality assurance systems in place which included audits undertaken by the home's management team and representatives of the provider. The management team worked closely with external organisations for the benefit of the people who used the service.

People told us that they felt safe living at Providence Court. Staff demonstrated an understanding about reporting incidents of concern. Potential risks to people's health, well-being or safety had been identified

and reviewed regularly to take account of people's changing needs. We observed safe moving and handling practice. A successful recruitment campaign had resulted in more permanently recruited staff available to provide people with consistent care and support. People were supported by sufficient numbers of safely recruited staff. People's medicines were managed safely. People had personal evacuation plans in place for in the event of an emergency such as fire and we saw that regular safety checks were completed. The home was clean and fresh and infection control practices were appropriate.

The service worked in accordance with the Mental Capacity Act 2005 (MCA). People told us they enjoyed the food provided for them. Assessments had been undertaken to identify when people may be at risk from poor nutrition or hydration and appropriate action was taken accordingly. People told us that they received care from staff who were skilled and knowledgeable. Staff said they felt supported and were completely confident to approach the current management team for additional support at any time. People were supported to access healthcare support as needed.

Staff took action to help people if they were experiencing difficulty or discomfort. The management team had taken steps to help ensure people, or their relatives where appropriate were involved in planning their care. People told us that staff were kind and caring towards them. Staff and management interacted with people in a warm and caring manner. People were able to make choices about activities of daily living. People's care records were stored in a lockable cupboard in communal areas on each unit in order to maintain the dignity and confidentiality of people who used the service. Visitors to the home were welcomed and greeted brightly by the staff at reception.

People had received the support they needed to be comfortable and smart. People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. A variety of activities were being developed to help provide stimulation and engage people. People and their relatives knew how to make a complaint. The provider had a robust overview of complaints made to the service and these were reviewed as part of the regional manager's routine checks.

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.

People told us that they felt safe.

Staff members demonstrated an understanding about reporting incidents of concern.

The home was clean and fresh and infection control practices were appropriate.

Potential risks to people's health, well-being or safety had been identified and reviewed regularly to take account of people's changing needs and circumstances.

We observed safe moving and handling practice.

A successful recruitment campaign meant that there were more permanently recruited staff available to provide people with consistent care and support.

People were supported by staff who had been through a robust recruitment process.

People's medicines were managed safely.

People had personal evacuation plans in place for in the event of an emergency such as fire and we saw that regular safety checks were completed.

The manager had introduced a system to cascade shared learning from incidents around the staff team.

Is the service effective?

Good 

The service was effective.

People were supported to access healthcare support as needed.

The service worked in accordance with the Mental Capacity Act 2005 (MCA).

People told us they enjoyed the food provided for them. Assessments had been undertaken to identify when people may be at risk from poor nutrition or hydration and appropriate action was taken accordingly.

People told us that they received care from staff who were skilled and knowledgeable.

The staff members we spoke with said they were totally confident to approach the current management team for additional support at any time.

Is the service caring?

Good ●

The service was caring.

Staff took action to help people if they were experiencing difficulty.

The management team had taken steps to ensure people, or their relatives where appropriate were involved in planning their care.

People told us that staff were kind and caring.

Staff and management interacted with people in a warm and caring manner.

People were able to make choices about activities of day to day living.

People's care records were stored in a lockable cupboard in communal areas on each unit in order to maintain the dignity and confidentiality of people who used the service.

Visitors to the home were welcomed and greeted brightly by the staff at reception.

Is the service responsive?

Good ●

The service was responsive.

People had received the support they needed to be comfortable and smart.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

A variety of activities were being developed to help provide

stimulation and engage people.

People and their relatives knew how to make a complaint. The provider had a robust overview of complaints made to the service and these were reviewed as part of the regional manager's routine checks.

Is the service well-led?

The service was not always well-led.

We found significant improvements from our previous inspection in October 2017. However, these need more time to be embedded into the everyday culture of the home.

The registered manager was absent from the home with no clear date for their return. In the interim the home was being managed by a deputy manager from another of the provider's services with additional support from the regional manager and the provider's quality team.

People were not aware of who was managing the home in the registered manager's absence.

Staff gave us mixed views about how effectively communication worked within the home.

Staff felt supported by the current management team.

The manager had developed an information sharing tool that was used to cascade learning from accidents and incidents through the staff team.

There were quality assurance systems in place which included audits undertaken by the home's management team and representatives of the provider.

The management team worked closely with external organisations for the benefit of the people who used the service.

Requires Improvement 

Providence Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was unannounced and carried out by two inspectors and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with three people who used the service, one relative and two visiting professionals to obtain their views on the service people experienced. We spoke with six care staff members, two domestic staff, one care team manager, the deputy manager, the regional manager and the acting home manager (referred to throughout the report as 'manager'). There was also a member of the provider's quality team as part of the feedback session together with the provider's nominated individual.

We received information from service commissioners and health and social care professionals. We viewed information relating to four people's care and support. We also reviewed records relating to the management of the service.

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 due to their complex health needs.

Is the service safe?

Our findings

At the previous inspection in October 2017 we identified a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because staff were not all aware of how to report safeguarding concerns externally, inconsistent infection control practices and individual risk assessments not always being adhered to.

Since the previous inspection in October 2017 staff had been issued with a 'prompt' card detailing what the types and signs of abuse may be and what they needed to do if they had any concerns about people's safety or wellbeing. Posters were displayed around the home to give information to staff and visitors about how to report any concerns to the local authority safeguarding team. One staff member told us, "I'd speak to any of the managers. We always know who the CTM (Care team manager) of the day is. If I wasn't happy or didn't think they were doing anything I would call head office or social services." Another staff member told us, "I would raise a concern with any of the staff, whether it was something I heard, saw or even thought wasn't quite right. I'd speak up." This showed that the management team had supported staff to become familiar with safeguarding procedures.

In October 2017 we had observed some poor infection control practice where staff members had not disposed of personal protective equipment in a timely manner after providing personal care. At this inspection we did not observe any issues of this nature and noted that the home environment was clean and fresh with no malodours.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. The risk assessments were kept under review and updated to reflect any changes to a person's needs or as a result of any accidents or incidents.

People who had been assessed as requiring bedrails on their beds to prevent them from falling had protective covers over the rails to reduce the risk of entrapment. We saw a risk assessment for a person that stated, "[Person] has tissue paper thin skin and is prone to bruising and developing skin tears easily." There was clear information for staff to follow so that they could support the person safely and to help them to reposition two hourly to help avoid developing pressure ulcers. There was no-one in the home living with pressure ulcers at the time of this inspection. Call bells were in place for people to call for assistance if needed and sensor mats were in place to alert staff where a person was at risk of falling.

People told us that they felt safe. One person said, "It's very good. They (staff) are very fussy. They're very good." Another person told us, "I feel safe. Nothing makes me feel unsafe. It's a safe environment."

We observed safe moving and handling practice. Care plans included clear information regarding people's moving and handling needs. For example, one care plan stated that a person needed support to use a stand aid with a small red sling. This meant that staff had access to information to support people safely.

At the previous inspection in October 2017, staff told us that there had been times when they had been short staffed whilst they waited for agency staff to arrive to cover for sickness. At this inspection the manager told us that there had been a successful recruitment campaign with some new staff members having already started to work at the home. We were advised that significant changes within the staff team meant that there were still approximately 300 vacant staff hours however, further successful applicants were awaiting pre-employment checks to be completed and would be starting imminently. A staff member told us, "There's been a lot of new staff recently so less agency which is good." Another staff member told us, "There is usually two or three staff on this unit. We can always ring downstairs if we need some help and someone will always come up." A further staff member commented, "Less agency staff has really given us the stability we needed. Numbers never dropped but it's always more difficult working with someone who has not been here before."

The management team reported that agency staff usage had reduced by 50% since July 2017 and that this had a positive effect on the morale of the staff team and on the quality of care people received. A relative shared a concern with us about changes within the staff team. They said, "There's been a big changeover of staff; there's not the consistency." We discussed this with the management team who advised that new staff shadow established staff so that they become familiar with people's specific needs before working independently which may have made relatives and people feel there were a lot of new faces. During the course of the day we did not see people waiting for long periods of time and call bells were answered promptly.

People were supported by staff who had been through a robust recruitment process. We saw that files included information about criminal record checks, references and proof of identity. A good practice recommendation was made to follow up references with a telephone call to confirm they were genuine.

At the previous inspection in October 2017 we had found that staff had limited understanding in relation to the administration of covert medicines. At this inspection there was just one person in receipt of covert medicines and we found that this had been agreed by the GP and the dispensing pharmacist.

At the previous inspection we had found that there were instances where stocks of people's medicines were not well-managed and occasionally ran out leaving people in pain. A staff member told us, "I've never found any tablets run out but sometimes a (pain relieving) gel. [Person] didn't have any gel this morning so I have told downstairs and they have said they will get some." We explored this with senior staff and found that staff had satisfied themselves that the person was not demonstrating any pain at this time.

People told us they felt that their medicines were managed well. One person said, "They do (medication) and always do it at the right time so I don't have to worry about it." Another person told us, "They're very good on (medication). They turn up and give them. I might say no, I'm not going to take that. They let the doctor know."

We checked a random sample of boxed medicines and found that these agreed with records. The deputy manager told us they undertook a tally of boxed medicines four times daily to help ensure they agreed with the medicine administration records (MAR). They told us that they had picked up some discrepancies for example on the day of this inspection they had found a discrepancy of one tablet. This had meant that the person may not have received their medicines however these frequent routine checks had identified this shortfall in a timely manner. The shortfall had been documented on a monitoring chart and carried forward into supervision for the individual who had administered the medicine. The deputy manager told us, "We are finding a few anomalies but we are managing it."

Medicines records had been developed to include a lead laminate for each person including information about any allergies and person centred information about how people like to take their medicines. For example, one person liked to have a biscuit with their medicines.

The provider's quality team had carried out a full audit on medicines in early April 2018. An example of an issue identified through audits included where a body map did not identify the specific area on a person's body where appointment was to be applied and a covert medicine plan had not been countersigned by a pharmacist. This showed us that these audits were robust and identified areas for improvement required to promote people's safety and well-being.

The deputy manager told us they were in the process of consulting with the GP about the times that people received their medicines. The intention was to see if dosage times could be safely changed where a person's medicine was prescribed as once per day. Currently these were all given in the morning which meant that the medicines round at the busiest time of day was unnecessarily heavy and reduced the staff availability to support people with their personal care needs. The intention was to move these where appropriate to a midday administration when people's personal care needs were not as great.

Staff told us, and records confirmed that they received regular training to support them to administer people's medicines safely. A staff member told us, "I had face to face training and then was watched, I think three times. I had a training booklet to fill out too." Another staff member told us, "I've had no problems with medicines. Everything fairly straight forward."

People had personal evacuation plans in place for in the event of a fire and we saw that regular safety checks were completed. Staff demonstrated a mixed understanding what actions they would take in the event of such an emergency. They told us that there been no evacuation practice undertaken in the home and they had limited understanding of equipment to be used to help people who were not independently mobile to evacuate from the home. Some care plans required some further development in this area for example, a personal emergency evacuation plan for a person stated that during the daytime staff would support the person to move from their armchair to the wheelchair and be taken to a safe zone. However guidance for such an event at night time was not appropriate. The management team told us that all fire and emergency instructions and guidance were under full review and that Hertfordshire fire service were due to pay them a visit imminently. The management team provided us with a copy of a fire action plan that showed a variety of actions had been identified including horizontal evacuation training that had been scheduled and all staff had been issued with a notice to attend. Smoke detectors were being tested on the day of this inspection and fire notices around the home instructed staff and visitors to go to reception for further instructions in the event of a fire alarm.

The manager had introduced a robust process in relation to accidents and incidents. The manager analysed accidents and incident records and created a report for the care team managers to help ensure that care plans were updated in a timely way and reflective of any incident. The provider's quality team also had oversight of accidents and incidents on a monthly basis.

The manager had introduced a tool to cascade shared learning from incidents around the staff team. For example the care team manager had noted that the person's medicine did not tally with records. Further investigation concluded that the previous staff member administering this medicine had identified this but had not reported it. The outcome was that the person had been given an incorrect amount of their medicine, fortunately with no adverse effect. The recommendations from this learning was that all managers are to report any discrepancies as soon as practically possible so that a full investigation may be carried out in the interests of people's safety and well-being.

Is the service effective?

Our findings

At the previous inspection of this service in October 2017 we had found that people had not always received prompt professional involvement in the event they experienced pain. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found that people were satisfied with the support they received to access healthcare support as needed. While we were talking with a relative of a person who used the service a staff member came to say that the person had been added to the list to see the GP today. The relative told us, "I asked for the GP as [Person] was wheezy over the weekend although they seem fine now." A person who used the service said, "I would ask somebody (to arrange) if I needed a doctor or someone. If it wasn't the right person they would ask someone else for me."

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 found that mental capacity assessments had been undertaken and DoLS applications had been submitted to the local authority for approval.

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well. Staff had an understanding of the principles of the MCA and told us that a lack of capacity did not mean a person could not take part in day to day decisions and they always assumed people had capacity until assessed otherwise. We heard staff asking people for their consent before providing them with care and support. A person who used the service told us, "Yes, staff ask before doing anything."

People told us they enjoyed the food provided for them. One person told us, "The food is very good. It's well cooked. There is a fair amount of choice." Another person said, "I'm very pleased with the food. It's nice. It fits in with the time of year; seasonal. I like that." A relative told us, "The food is good. [Person] has a good appetite. There is a choice if she doesn't like it." One person was having lunch with two visiting friends, all three commented positively on the taste of the food and how well cooked it was.

We observed the breakfast and lunchtime meals served in a communal dining room and saw that people were provided with appropriate levels of support to help them eat and drink. We noted that choices were offered at the mealtime and staff used the picture menus to help people choose. The dining rooms were clean, tables nicely laid with tablecloths, napkins and menus.

At the previous inspection in October 2017 we had found that people on one unit sometimes had to wait until their food had cooled in front of them before staff were able to support them. To address this the lunch service on this unit had been staggered so that staff were able to provide the support people needed. The lunchtime dining experience was pleasant but did not flow well due to the staggered serving. Some people were served their main course while others were having dessert and some were having soup.

Assessments had been undertaken to identify when people may be at risk from poor nutrition or hydration. People's weights were monitored to help identify if people lost or gained weight and appropriate support was accessed in this event. The chef had a list of people assessed as being at risk from poor nutritional intake. They supplied high calorie snacks and smoothies for people. We noted that fruit, drinks and some snacks were available throughout the home for people to access at will.

People told us that they received care from staff who were skilled and knowledgeable. One person said, "Staff seem well trained and supported. They (provider) take trouble to find the right people." Staff members told us of various training elements that had been undertaken including basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care and continence awareness. One staff member said, "Training happens all the time." Another staff member said, "The training at the beginning was brilliant as I'd never worked in care before. I've done all my refresher training and more."

Staff told us that they had received an induction on starting at the home, including the care certificate booklet. An established staff member told us, "I have had three people recently working with me who are new. I like to be able to guide them and help them settle in. I remember when I was new and support from other staff is everything."

At the previous inspection in October 2017 we received mixed feedback about the frequency and quality of staff supervisions with some staff telling us they barely received any. At this inspection we noted that management audits had identified that some supervisions were overdue, these were now scheduled to take place. The manager showed us a new supervision template that had been introduced providing an agenda to structure each supervision. The topics for discussion included staff members' wellbeing, their performance, record keeping, knowledge of safeguarding processes, medicines management, training and development, subject matter champions, time keeping and absences. The manager had also developed guidance for senior staff about how to conduct an effective supervision. Staff told us, "I had supervision a little while ago. We talked about the residents, the home, any improvements I need to make and how I'm getting on."

The staff members we spoke with said they were totally confident to approach the management team for additional support at any time. They said that the manager had a visible presence in the home and that the deputy manager was always approachable. Staff praised the manager for the support and guidance they gave the team during the course of their work. One staff member said, "Only on his second day, [manager] gave us all a lot of guidance about food, fluid and nutrition. Really helped us understand the way we should all be working and recording."

The home was purpose built and was divided into four separate units to accommodate people in smaller groups. The two ground floor units predominately accommodated people who lived with dementia. On this floor people's bedroom doors were painted different colours, were of a "front door" design and had door knockers. There were personal display boxes on the wall outside each room to help people identify their own rooms. The first floor was in total contrast where all doors were the same and the décor of the unit was bland. The manager advised that the top floor was scheduled for refurbishment in July 2018.

Is the service caring?

Our findings

At the previous inspection in October 2017 we identified an inconsistent caring approach and lack of involvement for people, this was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

In October 2017 we had found that staff had not always noticed when people needed support and had not always taken prompt action to relieve people's distress or discomfort. This was because we had noted people who had been in pain but did not receive the support they needed. At this inspection we did not see anyone in pain or discomfort, we did see that staff took action to help people if they were experiencing difficulty. For example, the manager noted that a spoon was too big for a person to manage during lunch and they had been struggling to eat. They quickly located a more appropriately sized spoon for the person to use. A person told us, "They're always watching to see if anyone needs anything." The person added, "The staff know me."

In October 2017 we had found that people had not been involved in planning or reviewing their care. At this inspection the manager shared the improvement plan which identified that meetings with relatives had been held or requested so far for people living on three of the four units. The completion date for this task was 30 May 2018 and the manager told us they felt that they were on track to achieve this. A relative of a person who used the service told us that they did have input into their relative's care plan.

In October 2017 we had found that some staff knew people they supported well and others did not have as much knowledge. There was a high number of agency staff being used at that time and no clear process for ensuring agency staff knew the people they supported. At this inspection we found that the usage of agency staff had significantly reduced due to a successful recruitment campaign. However, a relative of a person who used the service shared a concern about inconsistency of staff in recent times. The management team advised that newly recruited permanent staff members were already in post with others awaiting completion of pre-employment checks before they could start to work at the home. This would bring about more stability and consistency for people who used the service. A staff member told us, "The agency reduction has made a huge difference. People like the consistency of the same staff."

People told us that staff were kind. One person told us, "Kind and caring? Oh yes, every one." Another person said, "Staff are all kind and caring, all the time. Everyone is caring and well humoured. It's clean and tidy, done with minimum fuss...I'm very comfortable here." People felt that staff promoted their dignity and protected their privacy. A relative told us, "Privacy and dignity is good. [Person] is completely immobile now and needs everything doing."

We observed staff and management interacting with people in a warm and caring manner. For example, the manager was heard to say to a person, "Hello birthday girl! Your hair looks lovely." It was clear from the person's response and smile that they had appreciated the greeting.

People told us that they were able to make choices about day to day living. We saw two people having a late

breakfast at their request. We were told that one person was usually an early riser but had requested to have a lie in and have a late breakfast on the day of the inspection.

People's care records were stored in a lockable cupboard in communal areas on each unit in order to maintain the dignity and confidentiality of people who used the service.

Visitors to the home were welcomed and greeted brightly by the staff at reception.

Is the service responsive?

Our findings

At our previous inspection in October 2017 we identified an inconsistent approach to care provision, a lack of detail in care plans and a lack of activities. This was a breach of Regulation 9 of the Health and Social Care Act (regulated Activities) Regulations 2014.

In October 2017 we had found that people had not always received care that met their needs. This was because people had not always received the support they had needed with personal grooming and dressing. At this inspection we saw that people appeared comfortable and smart and had clearly received the support they needed.

In October 2017 we had found that people's care plans were not always sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one person who lived with dementia had fluctuating English language skills. There had been no action taken to support communication with this person as their cognitive function declined and communication became more of a challenge. At this inspection we found that the person had been allocated a key worker who was able to converse with the person in their own language. The key worker had developed a prompt sheet with key phrases to help staff understand the person's needs and additional signage had been introduced to help the person around their home.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, a night care plan for a person stated, "[Person] usually sleeps very well during the night. They have a low profile bed with a dynaform mattress. No bed rails but crash mat in place."

During the course of the inspection we observed some activities taking place on the units in the home and we spoke with people about the activities provided. One person said, "The activities are not every day." Another person told us, "I can't walk. I go outside (in the garden) sometimes. They would (take me to activities) but I don't. I can't see very well. They ask me (if I want to go to an activity)." We asked people if they had previous hobbies or interests and if they would like different activities to be offered; however they did not identify anything they would like to do in addition to the activities already provided.

The main morning activity was armchair exercises, this was attended by just four people but was inclusive and supportive. Other people were involved in doing word search puzzles or playing cards with care staff. The afternoon activity was an animal encounter delivered by an external provider. Various animals from bugs to cuddly creatures were made available for people to hold or stroke. 14 people were involved in this activity and appeared to enjoy it.

The garden areas were large, accessible and attractive. We saw several residents strolling or wheeling in the garden as it was a sunny day. There were various types of seating and shaded areas and one person had chosen to have their lunch served outside.

There were a number of new initiatives that were being introduced to improve people's experiences of living

at Providence Court. For example, the home had a large communal area that had previously been used as a day centre for people who used the service and others from the local community. This area was being developed to create a "Best Friends Café" which was due to open on 23rd May.

Information about people's wishes was displayed in reception indicating that people wanted to visit places such as Ireland and Italy. The manager told us that the home now had six virtual reality headsets, staff were being trained to support people to use them and risk assessments were being developed to support this. 27 people had responded to a request to write down and display their wishes, and these included trips to the seaside, a trip to see a tennis match, a show, a garden and to dance.

The manager also told us that staff were due to receive training in Namaste. Namaste is a program designed to improve the quality of life for people living with advanced dementia. The program provides a wide range of meaningful activities that help bring pleasure to people with advanced dementia or that have other physical or mental impairments.

People and their relatives knew how to make a complaint. We reviewed records of complaints made at the home and noted that there had been none recorded since October 2017. The provider had a robust overview of complaints made to the service and these were reviewed as part of the regional manager's routine checks. We asked people about their experiences of raising concerns or making complaints. One person said, "I was complaining about something and the under manager came to see me. She went away and found out who it was. It hasn't happened again and that was about two weeks ago." Another person said, "They would listen and change things for me. It's an adult to adult conversation, as it should be."

We saw compliments made including where a relative bought in a cake to say thank you to staff. Another relative had reported that they felt there were noticeable changes happening in the home and a person who had lived at the home for a short respite break had stated they had appreciated the kindness of staff and that they would come back for long-term care if needed. We made a suggestion for the management to date stamp compliments cards on receipt in order to put them in some kind of context.

Is the service well-led?

Our findings

At the previous inspection we identified a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We had received feedback that the registered manager had not been visible in the home and did not interact with the people who used the service, there was a lack of oversight by the registered manager and limited oversight by the deputy manager and staff did not feel supported to raise any concerns or to question any practice or decisions. The provider's quality assurance systems had not been effective as they had not identified issues we found during the inspection.

Prior to this inspection we had received some concerns including such areas as unexplained bruising, high usage of agency staff, low staff morale, a bullying management culture and some poor care practices amongst others. We reviewed these issues as part of this inspection and could find no evidence to substantiate the concerns raised. This was mainly due to recent improvements that have been made, these will take some time to embed into everyday practice and the management team have plans in place to ensure the improvements are sustained.

At the time of this inspection the registered manager was absent from the home with no clear date for their return. In the interim a deputy manager from a sister home had undertaken management responsibilities with support from the regional manager and the quality team and had this role for two weeks at the time of this inspection. We asked people if they knew who the manager was and one person said, "Not off hand. There are various names. I don't know." They added, "I think the home is well led. It's very good, you're taken care of." Another person said, "The manager? We have recently got a new one. I haven't met him. There have been two or three changes." We discussed this with the senior management team, they acknowledged these comments and undertook to ensure people who used the service would be made aware of the current management arrangements at Providence Court.

At the inspection in October 2017 staff had told us that communication from management was poor. At this inspection staff shared mixed opinions about communication. One staff member told us, "Handover comes from downstairs. We're told about any problems in the night, any extra assistance needed, staffing changes. We move around between units so the communication is better." However, another staff member said, "Only one person from the unit goes to the team meeting while the other stays with the residents. We don't always find out what's been said." A further staff member commented, "I think communication could be better. Handover is ok but it's only for the night before. I've been off for three days and came in today and didn't even know someone was in hospital." This was an area that required further improvement.

At this inspection we found that significant improvements had been made in recent times. Staff told us that they felt supported by the manager and we noted that the manager was active around the home for the entire day greeting people by name and a cheery word. It was clear that whilst the manager had not worked at Providence Court for long they had made efforts to learn about people's needs and the staff that supported them. A staff member told us, "[Manager] comes on to the unit a lot more. We see him a lot more around the home and he's always checking everything is ok." Another staff member said, "He is so approachable and will help us out. Only the other day he saw me carrying stuff down the corridor and said

'let me take that from you' and I could then go back to the unit and carry on with my work." A further staff member said, "[Manager] is fantastic. He so much calmer in his approach than previous management. It just feels better working here with him in charge. I hope he stays."

At the previous inspection in October 2017 staff had told us they did not receive feedback about complaints or incidents occurring at the home. At this inspection we found that the manager had developed an information sharing tool that was used to cascade information about learning from accidents and incidents through the staff team.

At the inspection of October 2017 staff had told us they were not empowered to do their roles. At this inspection a staff member told us, "[Manager] has had a massive impact in the last few weeks. He's calm but fun. He gets the message across and the respect for us care staff is 100%" Another staff member said, "The support we've had from [manager] has been brilliant. He's in and out of the lounge, checking if anyone needs anything."

There were quality assurance systems in place which included audits and surveys undertaken by the home's management team and representatives of the provider. At the inspection in October 2017 we had found that these audits had not been robustly undertaken which meant they had not been effective in identifying the issues we had found at inspection. At this inspection we reviewed the internal audit systems and the report of the audit undertaken by the provider's quality team. There was a clear action plan developed from this audit indicating what the issue was, the time line for completion, the person responsible for the action and how the improvement was to be sustained going forward. This was a significant improvement which increased our confidence in the provider's ability to provide a safe and effective service. Issues identified by the audits were incorporated into an overall service improvement plan with dates for completion and a named person responsible for actions.

The manager had developed a handover template to help ensure that staff received information about the home in a timely way and to formalise staff members individual responsibilities on the unit.

East and North Hertfordshire Clinical Commissioning Group, Hertfordshire County Council and the Hertfordshire Care Providers Association had worked together on an NHS England Care Homes (Vanguard) project to provide planned, proactive and preventative support to elderly care home residents with complex care needs. The Vanguard team had been in the home in recent months to review people's medicines. As a result a lot of medicines had been stopped as they were no longer required and in some cases alternatives had been suggested. One person had received some good advice in relation to their inhaler technique. It had been suggested that the person stood when using their inhaler and this guidance had been embraced to good effect. This showed that the management team worked closely with external organisations for the benefit of the people who used the service.

The provider distributed satisfaction surveys annually to people who used the service, their friends and relatives. The most recent feedback received was in September 2017, we included the feedback from these surveys in our previous inspection report from October 2017.