

AMAFHH Healthcare Limited

Quarry Hill Grange Residential Home

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

Quarry Hill Grange Residential Home is a care home providing personal and nursing care for up to 23 older people and people living with dementia. At the time of the inspection there were 22 people living at the home.

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

People were treated with respect. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them.

People and relatives, where appropriate, were involved in the planning of their care and support. Care plans reflected people's individual needs and guided staff to provide consistent care. People's privacy and dignity was generally maintained.

People were cared for safely. Any risks to their care were assessed and measures put in place to mitigate identified risks. The home was clean and tidy, and staff ensured people were protected from abuse or harm. Visitors were welcome at any time.

Staff were trained and were supported to fulfil their roles. People could be assured they were cared for by staff who had been recruited using safe recruitment procedures.

People were supported to eat and drink enough, and staff supported people to live healthier lives and access healthcare services. There were activities for people to participate in if they wished.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were effective systems in place to manage the quality of the service and drive improvements. People's feedback was sought and acted upon, and staff were valued.

People and staff were confident if they had a complaint they would be listened to and action taken to address the issue. The registered manager was open and honest and welcomed ideas to develop and improve the service.

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

Rating at last inspection

The last rating for this service was good (published 19 November 2016).

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 reinspection 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?

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 ●

Quarry Hill Grange Residential Home

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 provider 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

This inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Quarry Hill Grange Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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 the inspection

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who monitor the care and support the people

receive. We used the information the provider sent us in the provider information return. This is information providers 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 all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, four care workers, activities co-ordinator and two support staff. We also spoke with two professionals who were visiting the home at the time of the inspection. We spent time observing the experience of people who were unable to talk with us.

We looked at the care records of four people who used the service, multiple medicine records, a staff recruitment file, quality assurance checks, safeguarding information, maintenance records and accidents and incident information.

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

- People continued to be cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse. There was up to date procedures and information available to support them.
- People looked relaxed and happy around staff and their relatives told us they felt their relative was safe in the home. One relative said, "I know they [relative] are looked after and it is safe; there are CCTV cameras which protect both sides". Another relative said, "I have never seen anything untoward here."
- The registered manager understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. For example, people at risk of falls had plans in place to mitigate the risk, and equipment such as crash mats were in place.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.
- Fire and health and safety checks were in place which ensured that people and staff were safe in the home environment and equipment to support them was regularly maintained.

Staffing and recruitment

- Staff recruitment processes protected people from being cared for by unsuitable staff. There were enough staff to provide consistent safe care and support to meet people's needs.
- Staff had been checked for any criminal convictions and references had been obtained before they started to work at Quarry Hill Grange.

Using medicines safely

- Medicines systems were well organised, and people were receiving their medicines when they should. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Staff had received training to administer medicines and their competencies were tested regularly. One relative told us staff changed the drink offered to their relative to meet their specific needs which has helped them to take their medicine.
- Audits of medicine administration were undertaken which ensured any shortfalls were addressed quickly.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were trained in infection control and were provided with personal protective equipment to prevent the spread of infection. There were up to date policies and procedures in place for staff to follow.
- People who required a hoist to assist them move had their own sling which reduced the risk of cross infection.
- The home was clean and tidy, and the registered manager ensured cleanliness was maintained. One relative commented, "They [staff member] are always cleaning, faultless."

Learning lessons when things go wrong

- Incidents and accidents were monitored and reviewed to identify any learning which may help to prevent a reoccurrence. For example, incidents involving people falling were analysed to look for trends and referrals to the GP were made to seek guidance on any other action that may need to be taken to mitigate any reoccurrence.

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. This meant 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 and their choices as to how they wished their care to be delivered discussed prior to coming to live at Quarry Hill Grange. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them.
- Care plans detailed people's care needs, their preferences, likes and dislikes and communication needs. Protected characteristics under the Equality Act had been considered, for example people's religious and cultural needs and lifestyle preferences.

Staff support: induction, training, skills and experience

- People were assured they were being cared for by well trained, competent staff who had the skills and knowledge to provide the care people needed. Staff gave verbal prompts and encouragement to support people to move safely and independently.
- All new staff undertook a thorough induction and staff refreshed their training yearly which ensured they remained up to date with best practice.
- Staff were supported through regular supervisions and yearly appraisals. The registered manager worked alongside staff when needed, which ensured they had a good knowledge and understanding of people's needs.

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

- People told us how much they liked the food and choice available. One person said, "The food is lovely, they [staff] offer you extra, give you a choice, they'll make something for you, if they can solve it they will". We saw that there was a choice of meals each day, and drinks and snacks were available throughout the day.
- People who were at risk of poor nutrition and dehydration had plans in place to monitor their needs closely and professionals were involved where required, to support people and staff.
- Staff supported and encouraged people to eat, and food was prepared for people on specialist diets such as pureed or mashed food for people with swallowing difficulties. Pictorial menus were available to support people with communication or language difficulties.

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

- People were supported to access various health professionals such as a GP, district nurse, chiropodist and dietitian. One person said, "Staff will call the GP out if I need them."
- Records confirmed when health professionals had visited and the guidance they had given which staff had

followed. One health professional told us how good the staff were when following instructions around wound care. They explained that because the staff had carefully followed their instructions, a person who had been admitted from hospital with a pressure sore no longer had the pressure sore as it had healed with the care the staff had given.

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

- People could access all areas of the home and garden. The provider and registered manager were mindful of the need to improve the environment to make it more dementia friendly. We saw different coloured doors and signage used to help orient people.
- People had been encouraged to personalise their rooms and there were various objects of memorabilia around the home which formed topics of conversation.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw they were.

- People's mental capacity had been assessed and where people had been assessed as lacking capacity to make certain decisions we saw that best interest decisions had been made and recorded. Professionals, family and other interested parties had been consulted.
- The registered manager had sought the appropriate authorisation and where conditions had been made these were being met. A paid personal representative visited regularly and confirmed the staff understood any conditions in place for individuals.
- Staff sought people's consent and understood the principles of the MCA.

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. This meant 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 continued to be cared for by staff who were kind, caring and knew people well. One relative said, "The staff are absolutely lovely." A health professional said, "The staff are fantastic, this is one of the best homes I visit."
- People were relaxed with staff and interactions were positive. One person said, "It's like home from home, you don't have to bottle everything up." Another person said, "There's a lot of camaraderie and a lot of fun."
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and snacks and where they liked to spend their time. Reviews had taken place, and these provided people and their relatives with an opportunity to discuss their care.
- Staff respected and understood people's diverse needs. Equality and diversity were promoted, and information was available to assist staff to support people with different cultural needs.

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

- People were offered choices such as where they wished to sit in communal areas and what food they would like. There was a relaxed atmosphere and people were free to choose where they wished to spend their time and when they wished to get up and go to bed.
- People whose first language was not English had access to staff who shared their language and there was basic information for staff to use to help them support people to make choices for themselves. This ensured people were able to fully express their choices and preferences.
- The registered manager was aware of the need to involve an advocate if someone had difficulties in speaking up for themselves and had no family to represent them. There was information about local advocacy services available to people. There was no one at the time of the inspection being supported by an advocate. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People were free to come and go as they pleased and those with restrictions in place were supported to access the community if they wished.
- Staff spoke to people politely and referred to people by their chosen name.
- Bedroom doors were closed so that people were not observed when having personal care. There were privacy screens available for people who shared rooms. However, there was a need to ensure the privacy screens were in the most effective place and access to communal bathrooms could be restricted when in use. We spoke to the provider and registered manager about this and they agreed to take immediate action

to address this.

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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people. The plans could be enhanced further with more details about people's history, hobbies and interests.
- People were treated as individuals and staff knew people well. One person held an object which the staff showed respect and understanding of.

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 were encouraged to take part in activities both individually and as a group. We saw staff spend time with people individually throughout the day and a small group of people listening to music from World War II and reminiscing about the war. One person told us, "I've been dancing in the afternoons."
- Visitors were warmly greeted by staff and people's relationships with their family members were encouraged and promoted. One relative said, "I am welcome anytime." We observed relatives visiting at meal times to assist their loved-one.

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.

- People's communication needs were identified so information about the service could be provided in a way all people could understand. There was also information in pictorial form to assist people to express their choices when English was not their first language.

Improving care quality in response to complaints or concerns

- People knew who to complain to if they were unhappy. The registered manager spent time each day with people and from our observations people were at ease talking with her.
- There was a complaints procedure in place and people had access to information about making a complaint. The provider looked for any trends in complaints and took the appropriate action to address any concerns raised. There had been no complaints in the last twelve months.

End of life care and support

- People's care plans included information about how they wanted to be supported towards the end of their lives and people had made decisions around whether they wished to be resuscitated.
- At the time of the inspection one person was receiving palliative care. They had a care plan in place and staff were aware of the person's preferences as to how they wished to be cared for and supported.

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 their relatives told us how homely Quarry Hill Grange was and how friendly the registered manager was, always around to speak to. One relative said, "Staff are friendly, it's like a family here, each have their own characters, some are fun, some more structured which is what you need. It is safe, I know they [people] are looked after."
- Staff said they felt well supported and were focussed on providing people with the individual support they needed. One staff member said, "If you have a problem you can speak to [name of registered manager] she will help you."
- The registered manager knew all the people using the service well and was involved in supporting them. They worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the service.

How the provider 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 registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- The registered manager and provider had effective systems in place to monitor the quality of the service. Regular audits were undertaken, and any shortfalls found were quickly addressed.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to and supported. They had regular supervisions and training which ensured they provided the care and support at the standards required.
- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and had displayed the previous rating as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were asked for their feedback. One relative told us they had recently been asked for their views about the home.
- Staff told us they had staff meetings where they could discuss what was happening in the home and learn from any incidents. The registered manager kept them informed and was proactive in resolving any issues staff had.
- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improve the quality of care people received.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via their GP. Records confirmed the service had worked closely with the dietitian, district nurses and peoples GP's.
- The provider worked with the local authority commissioners to ensure the service developed and people remained safe.