

Holmleigh Care Homes Limited

Quarrydene

Inspection report

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24 April 2019
25 April 2019

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service:

Quarrydene is a residential care home that supports people with learning or physical disabilities.

Quarrydene is a large home bigger than most residential properties, it is currently registered to support up to 13 people. At the time of our inspection, Quarrydene was providing care for 11 people. People were accommodated in two adapted bungalows on the same site. This is larger than current best practice guidance. The size of the service having an impact on people had been mitigated by the absence of identifying factors such as uniforms for staff or obvious signage.

People's experience of using this service:

People told us they liked living at Quarrydene, their relatives told us they like the family atmosphere. People were supported to maintain good relationships with their family and friends, visitors to the service told us they always felt welcome.

We saw good interactions between staff and people, people were not rushed and were supported with their activities and choices at their own pace.

The outcomes for people using this service reflected the principles and values of registering the right support in the following ways: Promotion of choice and control, independence and inclusion.

People were able to utilise local provisions and to be part of their local community. Staff assisted people to pursue their hobbies and interests.

Assistive and adapted equipment was in place, staff were knowledgeable about its use and maintenance. This enabled people to do many daily activities without staff assistance and promoted independence.

Staff and management had good knowledge of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this.

Staff were recruited safely and knew how to keep people safe from avoidable harm. There was enough staff to meet people's needs.

Management had good oversight of the service, they completed regular audits and observations. The registered manager knew the people who lived at the service well.

Staff told us they felt supported by management, they were kept informed as to the development of the service.

The service was clean, staff followed infection control and food hygiene standards.

Rating at last inspection:

At the last inspection the service was rated Good (published 13 December 2016).

Why we inspected

This was a planned inspection to check/confirm that this service remained Good.

Follow up:

We will continue to monitor this service to ensure people using this service receive good quality care.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Quarrydene

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 completed by one inspector.

Service and service type:

Quarrydene 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, 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 was an unannounced inspection. The inspection took place on 23, 24, 25 April 2019.

What we did:

Before this inspection, we reviewed information we already held on the service. This included notifications sent to us by the provider. Notifications are information about specific events the service is legally required to tell us about. We reviewed the Provider Information Return (PIR). In the PIR the provider told us key information about their service, including what they do well, and improvements they plan to make. This information helps inform our inspections. We also sought feedback from health and social care professionals working with the service.

During the inspection we spoke with four people using the service and two relatives of people who live at the service. We used different methods to gather other people's experience such as observations of staff

interactions with people living at the home. We also spoke to four staff members, the registered manager and visiting health care professionals. We reviewed documentation relating to people's care, these included care plans and daily records. We also looked at documentation relating to the management of the service, including staff recruitment and training records, and audits.

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.

Learning lessons when things go wrong

- Records were kept of accidents and incidents and these were reviewed by the registered manager. However, there was no clear overview and analysis of the accidents and incidents, to identify possible trends and patterns.
- We raised this with the registered manager who said they would implement a system to oversee and analyse accidents and incidents.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives consistently told us they felt safe at Quarrydene.
- Staff were trained and had good knowledge of safeguarding people from abuse and knew how to report any concerns.
- Staff told us they knew how to whistle-blow if needed. We saw information on how to whistle-blow was displayed in the staff room. Whistleblowing is when a member of staff passes on information concerning wrongdoing at work.

Assessing risk, safety monitoring and management

- Regular fire safety checks had been completed, this included fire drills, fire alarm tests and emergency lighting tests.
- All people living in the service had 'personal emergency evacuation plans' (PEEPS). PEEPS are bespoke evacuation plans for people who may be unable to reach a place of safety independently.
- Equipment used to assist people to move had been regularly tested to ensure they were in safe working order. Staff knew how to ensure these tests had been completed before using the equipment.
- People had risk assessments in their care plan to guide staff to provide safe care. These were reviewed and updated regularly.

Staffing and recruitment

- We observed people receiving support from staff promptly when required.
- Staff told us there were enough staff on each shift to support people's physical and social needs.
- Recruitment methods were safe. Pre-employment checks were completed, including obtaining references and a Disclosure and Barring Service check (DBS). DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- We observed medicines being administered safely. Staff told us they had received medicines training and had their competencies checked regularly.
- There was clear guidance for staff on medicines that were prescribed to be taken 'when required'. This

information included personalised descriptions of how different people may communicate their need for these medications, both verbally and non-verbally.

- We observed people being supported to understand their medication and why they were prescribed. Easy-read medication plans were available for people to use.

Preventing and controlling infection

- The service was clean and free from unpleasant odours.
- Staff had training on infection control and we observed them wearing personal protective equipment appropriately.
- We saw the kitchen was clean and had received a '5' rating by the local authority in March 2019, this meant they had very good food hygiene standards.
- Infection control audits were completed by the management team regularly, where issues were identified, these were dealt with appropriately.

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.
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

- Where people lacked capacity to consent, a clear assessment of capacity had taken place and was followed by a decision made in the persons best interest.
- Staff showed good understanding of the MCA, they received training on this and could explain how this applied to their role.
- We observed staff consistently explaining and seeking permission for care interactions, this meant people's ability to give informed consent was maximised.
- DoLS applications had been made to the local authority.

Staff support: induction, training, skills and experience

- Staff received regular training and told us the training they received was meaningful to their roles.
- New staff underwent a detailed induction including training and shadowing of other staff.
- Regular observations were completed to ensure staff were delivering good quality care and identify any further training needs.

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

- People had access to enough food and drinks, they told us they enjoyed the food at Quarrydene.
- Menu planning was done collaboratively between people who live at the service and staff members. We saw this being discussed several times during our inspection.
- Mealtimes were a relaxed and social event with a pleasant atmosphere.
- Where people were at risk of choking, appropriate guidance was in place from the Speech and Language

Therapist (SALT).

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

- Peoples records, and our observations indicated people were able to see a healthcare professional whenever they needed.
- One healthcare professional told us, "the staff are quite perceptive, particularly the management, both are good at communicating, they are quite responsive, they contact the team as soon as there is an issue rather than waiting".
- The staff and registered manager had good relationships with the local team of healthcare professionals and communication was effective. One professional said, "I'm always confident that the information I get from [registered manager] is accurate, up to date and informed".

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

- People had personalised their own rooms with different paint colours, personal belongings and pictures. People were assisted to participate in painting their room with their chosen colour scheme. When asked, people told us they liked their rooms and enjoyed personalising these.
- Risks in relation to the premises were well managed.
- The building was suitably adapted to allow people to mobilise and live as independently as possible.

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

- Peoples needs were assessed, and care plans were written collaboratively with people and their families. Care plans were regularly updated as needs changed and formally updated with people and families once per year.
- Peoples personal care preferences were recorded in their care plans. This meant staff were able to deliver personalised care to each person.
- Spiritual and Religious needs were considered when assessing and planning care.

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; respecting equality and diversity

- People told us they liked the staff and family members told us they felt their relatives were well cared for. One person said, 'it feels like a family unit rather than a care home'.
- We observed caring interactions between staff and people who use the service, the atmosphere appeared friendly and the staff took time to talk, laugh and joke with people.
- Professionals told us they thought the service was caring. One professional said, "[person] is always happy and the people I observe engaging with him are well involved, well engaged and treat him with respect, they ensure that his dignity is maintained".
- Staff adapted the speed of each activity to the person they were caring for, this meant people felt comfortable and not rushed.
- People told us they felt like they were treated equally and were free from discrimination.

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

- People had been supported to access advocacy services when required. An advocate is someone who can speak up independently for a person if they need them to.
- Staff used personalised communication techniques with people; this enabled people to have maximum control over their daily choices and activities. An example of this was one person was encouraged to touch a warm drink with one hand, and a cold with another, the person was then able to point to which they would prefer.

Respecting and promoting people's privacy, dignity and independence

- We saw people being treated with dignity and respect. When someone required assistance, this was done respectfully and privately
- People's information being stored safely in their rooms, when people needed to access this information, consent was sought from the person.
- Relatives told us there were no restrictions on visiting, people were supported to maintain meaningful relationships with their family members.
- One relative we spoke to said "[staff] are good as gold, they always welcome me".
- People were supported to use technology to maintain relationships, for example, some people were assisted with Skype to talk to their family and friends.

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 were supported to partake in a range of activities. When asked, they told us they enjoyed these activities. For example one person enjoyed gardening, the service had worked closely with his family to ensure there was an area and facilities for him to do this regularly.
- One family member told us, "[Staff] do the things she enjoys - more so here, than I can do at home."
- People's communication needs were identified and recorded in their care plans. The service worked in accordance with the principles of the Accessible Information Standard (AIS) 2016. The AIS requires health and social care services to provide information for people with a sensory impairment in an accessible format. We saw documentation such as care plans and some policies had been adapted so people could read and understand them.
- The registered manager told us how she had adapted personalised health information into social stories to assist individuals to understand. Social stories are a soundly-researched and widely-practiced method of supporting people with a learning disability. They support people to be involved in decisions, choices and understanding information relating to their care.
- The service applied the principles and values of registering the right support and other best practice guidance. These ensure that people using the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Improving care quality in response to complaints or concerns

- People's relatives and advocates told us they knew how to raise complaints and would feel comfortable to do so if needed.
- The complaints policy was accessible to people who use the service and their families.
- People told us when they had raised concerns previously, they felt they had been listened to.
- We saw the service had received only one complaint in the previous year, this had been responded to appropriately and promptly.

End of life care and support

- There was nobody requiring end of life care at the time of our inspection.
- People had end of life wishes in their care plan, the provider was working towards improving these. The registered manager told us that they were consulting with people and their families to increase their understanding of people's end of life wishes. They were trying different communication methods to assist people to understand end of life.
- Staff told us about people they had previously cared for at the end of their life, we heard how the service collaborated with the local hospice and district nurses to allow people to have a pain free, dignified death.
- We heard how people's wishes were honoured during their end of life care. These wishes included things such as having their family stay at the service and choosing which staff members they would like to care for

them.

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us they were happy with the management at Quarrydene, one person described the registered manager as "excellent".
- A healthcare professional told us, "the service is well managed, things are always done correctly and in a timely manner, individuals care needs are met promptly and pro-actively".
- Staff told us they felt well supported by management and the management team were approachable. One staff member said, "if I have a problem and I talk to [management], they try to help me." Another told us, "when I need something, everybody helps me, no problem".
- When we spoke with the management team, they demonstrated commitment to high quality, person-centred care. Management spoke about people respectfully and passionately, they knew people well and assisted people appropriately and kindly when required. This was echoed throughout the rest of the staff team.
- When discussing the values of the service, the registered manager said, "What I hope comes across about Quarrydene is that it's a home first and foremost, rather than being seen as a care facility. Everybody understands that this is their home and we are the ones who are lucky enough to come in", "it comes from the top. Those are the values I hold dearly, why I'm here after 10 years, I know my deputies hold those values".[¶]

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

- The registered manager regularly undertook audits to ensure quality of care as well as health and safety standards were maintained. We identified that there were some shortfalls in the analysis of accidents and incidents. The registered manager responded positively to this feedback and made plans to address these areas
- The registered manager was visible within the service, we observed they knew people well and observed happy interactions between people and the registered manager.
- The management team understood their regulatory responsibilities and could describe these fully.
- CQC had received required notifications from the service since their last inspection.

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

- Staff told us morale was consistently good, their comments included, "it's a happy place" and "everyone is generally happy and positive, they all want the best for the service users".

- 'Service User Meetings' were held regularly, we saw in the minutes that these were used to plan events and changes to the service collaboratively with the people who lived there.
- Staff meetings were held regularly, staff told us they found these meetings useful, one staff member said, "We talk a lot about how we can improve the lives of the service users." Another told us they had used meetings to have "constructive conversations" about the Mental Capacity Act.
- Feedback was sought from people who live at the service and their families. This was done both informally and formally through regular surveys. Questionnaires were available in an easy-read format if required. We saw feedback had been mostly positive.
- Feedback was requested from healthcare professionals annually. The feedback was positive and included comments such as, 'I think the service is well run and provides a caring stable environment for the people that live there.'

Continuous learning and improving care

- Staff were encouraged to do work-based education, three out of the four staff we spoke to had done or were currently working towards formal qualifications.
- Staff told us they felt able to make suggestions for change and when they had done so previously, these were listened to by management.

Working in partnership with others

- The service maintained good working relationship with local healthcare services in order to achieve good outcomes for people.
- People were supported to attend community events and provisions. We were told this had included events such as murder mystery nights and hobbies such as using the local allotments or regularly visiting their local café. This enabled people to take an active role in their local community.