Quarry Mount Care Limited

Quarry Mount

Inspection report

83 Bath Road
Swindon
Wiltshire
SN1 4AX

Tel: 01793250249
Website: www.quarrymount.co.uk

Date of inspection visit:
05 April 2018

Date of publication:
20 July 2018

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

We undertook an unannounced inspection of Quarry Mount Care Home on 5 April 2018.

Quarry Mount is a care home, which provides accommodation and personal care for up to 30 people. 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 the inspection 26 people were being supported.

Accommodation was located on the ground, first and second floor of the building and there was a bungalow located alongside the rear garden. The bungalow accommodated two people, who are able to live more independently than those in the main home.

There was a registered manager in post. 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.

At the previous inspection in January 2017 the service was rated as Requires Improvement.

At this inspection we found the service had made improvements and was rated as Good overall.

On the day of the inspection Quarry Mount Care Home was experiencing a large number of cases of influenza affecting people and staff. In spite of this we found that care was continuing to be delivered appropriately, and staff were warm, welcoming and supportive of the inspection process.

People and their relatives complimented the compassionate nature of staff and told us staff were caring. On the day of our inspection we saw examples of kind and compassionate interactions that demonstrated staff knew people well. People's dignity, privacy and confidentiality were respected.

People told us they were safe. Staff knew what to do if they had safeguarding concerns and were aware of the provider's whistle blowing policy. People were supported by sufficient staff to keep them safe and the provider ensured safe recruitment practices were followed. Staff training was ongoing and the records confirmed staff received supervisions.

People's care plans contained risk assessments that covered areas such as falls, mobility or nutrition. Where people were at risk, their records outlined management plans on how to keep them safe.

People's medicines were stored securely and administered safely by trained staff.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act

2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. 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 practice.

People were supported to maintain good health and access health professionals when required.

People were complimentary about the food, and they were provided with choices at every meal.

People were assessed prior to coming to live at Quarry Mount Care Home and people told us staff knew them well. People's care files gave details of the level of support required and people's wishes and choices. These also contained information about people's personal histories, medical information, their likes and dislikes.
Information on how to complain was available to people and the provider had a complaints policy in place.

The registered manager ensured various audits were being carried out, where improvements were identified we found evidence that these had been carried out.

We saw that the service had a team that worked cohesively, supported each other and were well-supported by the registered manager. All staff we spoke to were committed to putting the needs of people first and providing a homely environment.

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.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns if they suspected abuse.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe.

People received their medicine safely and as prescribed

Is the service effective?

Good

The service was effective.
People were supported by staff that had the skills, training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

People told us they enjoyed the food and were able to make choices about what they had to eat

People received prompt access to healthcare

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff understood people's individual needs and people were cared for in a kind, caring and respectful way..

People were supported to maintain their independence and were given the information, support and equipment they

needed.

Is the service responsive?

Good

The service was responsive.

People received activities and stimulation which met their needs, and they were involved in deciding what activities took place.

People's records were up to date and reflected their needs, wishes and interests.

People's needs were assessed and personalised care plans were written to identify how people's needs would be met.

People's wishes about End of Life care were documented

Is the service well-led?

Good

The service was well led.

The registered manager had developed positive relationships with the staff team, relatives and people who lived at the service. The service had systems in place to monitor the quality of service.

People knew the management structure of the service and spoke about the managers with confidence.

The quality of the service was regularly reviewed. The registered manager continually strived to improve the quality of service offered.

Quarry Mount

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 April 2018 and was unannounced. The inspection team consisted of two inspectors and one Expert by Experience in the care of older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with eight people and two relatives. We looked at five people's care records including medicine administration records (MAR).

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a means of understanding the experiences of people who could not speak with us verbally.

We spoke with the registered manager, five care staff, the activities coordinator and catering staff.

We reviewed a range of records relating to the management of the home. These included four staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. We also reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

At our inspection in January 2017, we found that medicines were not always managed safely medicines were not always signed for on medicine administration records (MAR), protocols were not in place for 'when required' (PRN) medicines, and medicines not always stored safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the service had addressed all of these issues. MAR charts had been fully completed to show when medication had been given or, if not taken, the reason why. PRN medicines had clear protocols detailing the criteria for their administration and medicines were stored safely and in keeping with the home's medicines policy. We observed a nurse administering medicines, they gave people time to understand what was happening, asked for their consent and enabled people to take their medicine safely. One person told us, "I [am given] medication in the morning at the same time and they watch me take them".

People felt safe. Everyone we spoke with told us that they felt people were always safe when living at Quarry Mount. Comments included; "Yes, we do nothing not to feel safe about" and "Yes, very safe". People's relatives also felt people were safe. They told us, "Yes, she's safe, if she's happy then she's safe and she's happy" and "I know she is safe here".

Staff had the knowledge and confidence to identify safeguarding concerns and had attended training in safeguarding vulnerable people. Staff were aware of types and signs of possible abuse. One member of staff explained what signs might concern them if a person could not communicate that something had happened, "They [people] might be agitated, frustrated, or withdrawn and quiet". Staff were also aware of their responsibility to report and record any concerns promptly. One member of staff explained what they would do if they had concerns, "[I would go] straight to the office, and I could go to [Local Authority] Safeguarding or CQC [Care Quality Commission]".

The registered manager had a clear understanding of their responsibilities in relation to safeguarding. Concerns were responded to in a timely manner and the registered manager had taken appropriate action to prevent further occurrences and submitted the correct notifications.

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. These protected people and supported them to maintain their freedom and independence. Some people had restricted mobility and information was provided to staff about how to support them when they moved around the home. Risk assessments included areas such as falls, fire safety, and moving and handling.

There were sufficient staff to meet people's needs. People told us when asked if there was enough staff, "Yes, I think so. I've used it [the call bell] and normally they come quickly", and "Yes normally, [although] they are short staffed now with staff going off with Flu and being sick". These comments were corroborated by our observations on the day of the inspection; call bells were answered promptly, and people were given

support when they needed it.

The provider followed safe recruitment practices. Records showed that appropriate pre-employment checks had been made to make sure staff were suitable to work with vulnerable people.

The environment looked clean and equipment used to support people's care, for example, weight scales, wheelchairs were clean and had been serviced in line with national recommendations. We observed staff using mobility equipment correctly to keep people safe. People's bedrooms and communal areas were clean.

The service learnt from events and when things went wrong. Accidents and incidents were recorded, investigated and audited each month to allow for the identification of trends and to ensure that action could be taken in a timely manner. For example, it was identified that one person was experiencing an increasing number of falls when in their bedroom. This led to a review of their falls risk assessment, and the provision of a safety mat and hip protector.

The provider had a business continuity plan and an emergency plan. These plans outlined the actions to be taken to ensure the safety of people using the service in an emergency situation. People had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and the support required in the event of a fire

Good

Is the service effective?

Our findings

At the previous inspection in January 2017, we found that principles of the MCA were not always followed. This involved not documenting how decisions had been made. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that processes had improved. Where people were thought to lack the capacity to consent or make some decisions, capacity assessments had been carried out and best interest decisions made when necessary. Documented examples of this process included making decisions about medicines, flu vaccines, and personal care. This demonstrated that the registered manager and staff followed the principles of the MCA and that the rights of people who may lack capacity.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

Staff we spoke to were able to explain how they followed the principles of the MCA in practice, one told us, "[We] assume that everyone has capacity, unless it's proved otherwise" and "Everyone can make decisions for themselves, however small". We also saw evidence of people being supported to make what might be considered an 'unwise decision'. For example, staff told us "if someone says that they don't want a wash, then we've got to go by what they say".

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 found the home met the requirements of DoLS.

People received effective care from staff who were knowledgeable, skilled, confident and well trained in their practice. When asked if they thought staff were knowledgeable and had the necessary skills, one relative told us, "Yes, I think they do, my [relative] was taken to hospital on time as he [developed] pneumonia, they were very good". Records showed, and staff told us, they had the right competencies, qualifications and experience to enable them to provide support and meet people's needs effectively. Staff comments included, "The training is very good, and updated regularly".

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognised standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role and shadowing an experienced member of staff for up to

two weeks.

Staff told us they received formal training before they started working at Quarry Mount Care Home. This training included, manual handling, safeguarding, personal care, fire safety and information governance. Staff were also supported to attend refresher sessions regularly.

Staff told us they felt supported and had received supervisions (one to one meeting) with their line manager. Supervisions enabled them to discuss any training needs or concerns they had. Staff were also supported to develop and reflect on their practice through yearly appraisals. We saw evidence that supervisions and appraisals were scheduled throughout the year, and those completed had individualised performance criteria, with agreed targets.

People's care records showed relevant health and social care professionals were involved with their care, and that these were accessed in a timely manner. People were supported to stay healthy and their care records described the support they needed. People told us they saw a doctor when they needed to and were supported to hospital appointments. They told us, "Yes, I see the GP. I go to see him or her and I see the Dentist and the Optician; I go to see them"".

We saw that the home had developed an effective working relationship with the local GP practice, which visited the home once a week and would complete home visits as required. One member of staff told us, "Our GP comes every week and sees people who need treatment, The GP communicates very well with us and gives us notes about the [people] they have seen".

People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included, "There's always a choice and I've never refused what meals they make and no, I never get hungry at night, but I've always got [sweets] in my room" and "The foods ok really and it's a varied choice we don't get the same old thing". The service had a 5 star hygiene rating.

People's dietary needs and preferences were documented and known by staff. Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. Staff assessed and monitored people's risk of malnutrition and dehydration and contacted GP's, dieticians, speech and language therapists (SALT) if they had concerns over people's nutritional needs. Where people were identified as being at risk of malnutrition, a malnutrition universal screening tool (MUST) was used to assess, monitor and manage this risk. Records showed people's weight was maintained.

We also saw how the service was flexible to ensure that people received adequate nutrition. One relative told us, "They tried her [relative] on loads of food; if you gave her a meal she would leave it she would eat little things that they gave her, and they have been so good it's the way they have really progressed with her"

People were positive about their rooms. Some people shared a room. All the people we spoke to enjoyed this arrangement, comments included, "I share a room and I like that as she's has become my friend" and "Yes, it's good really I share with [person] and she's my best friend". Bedrooms were individualised with photos of people's interests, and other personal items such as televisions, radios and books.

Good

Is the service caring?

Our findings

People told us they received care and support from staff who were caring, compassionate and kind. Their comments included, "We are very close with the staff, they have taken me into Swindon Town Centre and I have to go with 2 staff members as I'm in a wheelchair. The day shift is very good" and "I'm happy here the staff are really good".

Throughout our inspection, we observed many positive and caring interactions between staff and the people they were supporting, and we saw warmth and affection being shown to people. For example, "Well done [person], you've done really well" and "Well done, that was brilliant". The atmosphere was calm and pleasant. There was chatting, laughter and use of light appropriate humour throughout the day.

Staff told us they enjoyed working at the home. Comments included, "It's amazing here", I absolutely love my job", "I wish I'd found this place sooner" and "[It's a] lovely, caring, family, home".

We observed people being supported in a caring and patient way. Staff offered choices and involved people in the decisions about their care. For example we observed staff supporting a distressed person. Staff spoke calmly and reassured them, and gradually the person relaxed and was able to choose their breakfast, which staff provided.

Staff told us, "I love spending time with [people]" and "We have to make time for them, it's our job, we're here for them" and "People who live here are our priority and we make sure that the care we deliver is exactly what they need. It is person centred in every way".

Staff explained how they respected and maintained people's dignity, comments included, "We maintain people's dignity by always closing doors" and "We encourage [people] to do whatever they can for themselves, even if it's just a small part, it's nicer for them than if we do everything". These comments were corroborated by our observations on the day of the inspection.

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. Staff told us, "We appreciate that people with dementia may be unable to express themselves directly and behaviour is a form of communication" and "We reassure and seek to look for cues that will help us understand them better ".

Staff spoke with us about promoting people's independence. Comments included, "Independence is important in helping [people] feel better about themselves, it helps keep their dignity, keep who they are as a person".

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality.

Good

Is the service responsive?

Our findings

People had their needs assessed before they came to live at Quarry Mount Care Home. The registered manager explained that as well as assessing if the service could meet the person's needs, they also ensured the person's choices were considered and assessed the impact of their admission on the rest of the service before proceeding. We found evidence that these assessments had been carried out in people's care files. People's care records contained detailed information about their health and social care needs. Care plans reflected each person as an individual and their wishes in regard of their care and support. For example, people's preferences about what time they preferred to get up, how they communicated and how to communicate with them, or what food they liked to eat. People and relatives confirmed they were involved in planning their care. Each care plan was person centred, and contained a life history detailing people's career, interests and significant events

Handovers between staff ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency.

We found that relatives and friends were welcomed into the service and people were supported to maintain contact. Comments included, "I have two daughters and they both come and see me, and they can come and go as and when they like", and "My son and daughter come and sees me, my daughter is local and comes and sees me and takes me up to see my husband who is in [another care home]. He has dementia and there are no restrictions to when they can come and go".

The service employed an activities coordinator. A range of group and individual activities were provided, depending on people's likes and preferences. People we spoke to were complimentary about the activities provided, comments included, "He's alright not pushy. I like to do gardening and I like singing and playing games and music and they have entertainers come in" and ""Yes, we both do fitness in our chairs and we can play dominos, cards and we play games in the lounge and we get entertainers come in, I also do like knitting".

There was a clear complaints procedure in place and everyone we spoke with knew how to access this. Two complaints had been received in the last 12 months; each had been investigated thoroughly and the outcomes recorded. People knew how to raise concerns and were confident action would be taken. One member of staff told us how they would support people to make a complaint. They said, "[I'd] tell them the process, management is the first person. I would get one of the seniors to talk to them. I'd also document their complaint".

Although no one supported by Quarry Mount Care Home was currently receiving end of life care, people's preferences were recorded. Each person had a Treatment Escalation Plan (TEP), TEP is a document that records a person's wishes in with regard of treatment as they approach end of life. We found that these had been completed with the person and their family. The decisions they documented included, admission to an acute hospital, use of IV fluids, use of artificial feeding and whether or not to resuscitate. People's wishes in regard of last rites, religious requirements, where they would like to be buried or cremated, and which undertaker to use, were also recorded. We found that this meant the service was prepared to support people at the end of their life in line with their wishes.

The provider's equal opportunities policy was displayed in the home. This stated the provider's

commitment to equal opportunities and diversity. It included cultural and religious backgrounds as well as people's gender and sexual orientation. We found evidence that staff had received recent training in Equality and Diversity .

People told us how their religious needs were met, comments included, "I see sister Mary who is catholic the same as me and I do holy communion and she's really nice" and "We have sister Mary [who] comes in and she's catholic and I'm not, but we do also have two or three people come into the home from the Church of England "

Quarry Mount Care Home did not currently support any people who had religious beliefs other than Christian. However staff told us what they would do to support them, "It would be part of the admission process, we ask what their beliefs are and we would find the support they needed".

Good

Is the service well-led?

Our findings

The service was well led. Quarry Mount Care Home was led by a registered manager. 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.

People knew who the Manager was and felt they were approachable. People's comments included; "Yes, I do know who she is, she's my friend, I do know if they're doing a good job", and "Yes, I have seen the manager and I think she's doing a good job and you can always get to speak to her". Relatives were also very positive when talking about the registered manager, one told us, "[Registered manager] has been very good and marvellous, she's always available and if she's not then the assistant manager is available, they're always transparent and open".

There was a clear management structure in place, with staff being aware of their roles and responsibilities. On the day of our inspection the service was experiencing a flu outbreak. However, in spite of shortages, staff ensured that people's needs were met while also ensuring that they provided the necessary input to the inspection process.

Staff felt that they could approach the registered manager or other senior staff with any concerns and told us that the management team were supportive and made themselves available. Comments included, "Managers are approachable and friendly" and "They [registered manager] are always supportive to me and all the staff".

All staff we spoke with on the day of the inspection said they felt listened to by the registered manager, comments included, "[Registered manager] has an open door policy, I can go and ask them anything", and "I had an idea to improve the information we had in [people]'s rooms, they listened and put it into planning".

We saw that there were systems in place to ensure that staff were aware of any changes. For example, each morning the registered manager led a breakfast meeting to highlight policy changes or share other updates.

The registered manager had systems in place to review, monitor and improve the quality of the service delivery. This included a programme of audits. For example, Food Hygiene, Infection Control and Health and Safety. They also completed a 'Resident Monthly Audit' which covered falls, near misses, 999 calls, hospital admissions and safeguarding referrals. Records showed that audits were completed at the stated frequency each month.

The provider had a whistle blowing policy in place that was available to staff across the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would

support them if they used the whistleblowing policy.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.