

Quarryfields Health Care Limited

# Quarryfields Health Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out this inspection on 25 and 26 July 2018. The inspection was unannounced on the first day, which meant the nobody knew we were visiting. On the second day of the inspection, we told the registered manager we would be coming. Our last inspection took place on 15 March 2016 and the service was rated as good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Quarryfields Health Care Limited' on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Quarryfields Health Care Limited 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.

Quarryfields is a purpose-built home on the outskirts of Doncaster close to local facilities and transport links. It accommodates up to 25 people with a learning disability or autistic spectrum disorder, who require personal and/or nursing care. The home comprises of a four-bedroomed house, a one-bedroomed house, two eight bedded bungalows, a two-bedded flat and two-single occupancy flat. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

Since our last inspection the service has not sustained the rating of good in all areas. The registered manager acknowledged that the service needed to make improvements in some areas. The registered manager and registered provider had commenced an action plan to capture and address the shortfalls that had been identified during the inspection.

People were not always protected from risks of harm or abuse. We looked at a sample of people's daily records and saw incidents had not always been referred to the local authority, or escalated to senior staff so appropriate actions could be taken. Staff told us they did know how to report safeguarding concerns. Staff had been trained in safeguarding although we saw that a significant proportion of safeguarding training had expired. This meant staff's knowledge may not have been up to date.

There was enough staff on duty to meet people's needs and we saw staff were effectively deployed. There was a recruitment system in place that helped the employer make safe recruitment decisions when employing new staff.

New staff told us they received a structured induction and training at the beginning of their employment. A significant number of staff had not received refresher training to update their knowledge and skills. Where

this had not taken place, the registered manager said they had identified these shortfalls. However, refresher training had not been arranged in a timely way and some staff had not received training updates since 2017. Formal supervision did not always take place. However, staff told us they were supported and able to speak to the manager.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that fire equipment had been serviced. Fire exits were clear and staff understood what to do to support people in the event of an emergency evacuation.

Risks to people's health and welfare had been identified. These had been regularly reviewed and evaluated.

Safe systems were not in place for medicines and we could not be sure that people were receiving their medicines on time or as they were prescribed. Staff received appropriate training and competency assessments; however, these were not effective due to the medicines errors that were identified.

People were generally protected by the prevention and control of infection procedures. We found some minor areas of poor infection control which were rectified during the inspection.

The requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being met so people who may not have the capacity to make decisions for themselves were protected. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

DoLS were only used when it was in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People were offered a well-balanced diet and their food choices were respected. People had access to health care services where this was required to support their health and wellbeing.

People told us staff were kind and caring and their privacy and dignity was respected.

There were processes in place to monitor the quality and safety of the service. However, these had not always been effective, had not identified all issues and needed to be more robust.

The registered manager was not fully aware of their duties under the Health and Social Care Act 2008. They had failed to inform CQC of all statutory notifications and had not always informed the local authority of safeguarding incidents.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 12; safe care and treatment, Regulation 13; safeguarding, Regulation 17; good governance and Regulation 18; staffing. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People told us they felt safe. However, safeguarding of vulnerable adult's concerns were not always properly reported and investigated to protect people.

Medicines were not always managed, administered and recorded safely.

### Is the service effective?

**Requires Improvement** ●

The service was not effective in all areas.

People's health and nutritional needs were met. Staff supported people to access a range of health care professionals and supported them to maintain a healthy diet.

Processes were in place to find out about people's individual needs, abilities and preferences. People's health and wellbeing was supported and they had access healthcare services when necessary.

There was a lack of staff supervision and shortfalls in training to ensure staff were effective in their roles.

### Is the service caring?

**Good** ●

The service was caring.

People had access to advocacy services where required.

Staff respected people's privacy and dignity and people were supported to be independent.

### Is the service responsive?

**Good** ●

The service was responsive.

People were involved in the planning and review of their care. People's end of life care needs had been considered.

People were supported to take part in activities and initiatives that reflected their individual interests.

Complaints made were investigated and resolved.

**Is the service well-led?**

The service was not always well led.

There were shortfalls in the system of audits which meant which meant improvements and changes were not quickly identified and actioned.

The registered manager was not fully aware of their duties under the Health and Social Care Act 2008 and had been failing to inform CQC of statutory notifications.

**Requires Improvement** 

# Quarryfields Health Care Limited

## **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 checked 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.

The inspection site visit took place on 25 and 26 July 2018 and was unannounced on the first day. The inspection team consisted of one adult social care inspector and one assistant adult social care inspector.

To help us to plan and identify areas to focus on in the inspection, we considered all the information we held about the service. We also asked the provider to complete a provider information return (PIR) which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Prior to our inspection visit we reviewed the service's current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 25 people using the service. We spoke with five people who used the service and one relative. To help us understand the experiences of people who used the service we also spent time in communal areas, observing how care and support was provided and how staff interacted with people. We also carried out a tour of the various buildings. We spoke with the registered manager, the director, the clinical lead nurse, two nurses and six care workers, as well as the occupational therapist. We looked at documentation relating to people who used the service and staff, as well as the management of

the home. This included reviewing four people's care records, staff training and supervision records, health and safety records, four staff recruitment files, six medication records, audits, and the provider's policies and procedures.

# Is the service safe?

## Our findings

During our inspection in March 2016, we found the service was safe and rated it good in this key question. During this inspection, we found the service was not always safe and we rated this key question as requires improvement. This was because of the lack of reporting of safeguarding, poor medicines management and a lack of effective record keeping in relation to the use of restrictive practices.

We identified safeguarding matters that had not been reported to the local authority or to the Commission. We discussed this with the registered manager who felt that the staff had not been correctly reporting or referring incidents. The registered manager needed to be aware of their legal duties and responsibilities in relation to notifiable incidents in line with the Health and Social Care Act. They agreed to inform safeguarding about the incidents we had identified to ensure people were adequately safeguarded.

People told us they felt safe and said, "Yes, I feel safe living here." When asked, staff were aware of the signs of abuse and said they knew how to report abuse. However, where accidents or incidents had occurred, there was a lack of records to ensure appropriate action was taken to monitor and evaluate the risk and keep people safe.

We found suitable and sufficient plans were in place to support people who displayed behaviour which may challenge. However, there were instances where we found inadequate levels of information to show when physical interventions had been used, what had been tried prior or the outcome. For example, we saw a body map had been completed for one person, showing they had been restrained and may have bruising to their upper arms. Although there was a plan in place, there was a lack of record keeping showing that plans had been followed. There was no accident or incident form completed so the incident could be investigated, and this incident was not reported to us. This prevented the service from monitoring risks and learning from incidents.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safeguarding service users from abuse and improper treatment.

People were not always receiving their medicines on time or as they were prescribed. Staff told us they received medicine training as part of their induction and medication competency assessments were carried out by the registered manager before staff could administer any medicines. This was to check staff had understood the training and knew what it meant in practice. However, this had not been effective because staff were not always ensuring people received their medicines as prescribed, nor were staff taking appropriate action to report medication errors.

Medicines were stored appropriately. However, the medicines room in one building was cluttered and untidy. We observed staff administering medicines to people. During this time, we observed staff were not concentrating on the task of medicines administration, due to being asked to do other things. The registered manager told us that there were gaps where staff had not signed the medicines administration records (MARs) because staff were not always concentrating on what they were doing.



We saw there were gaps in all the MARs we looked at. One person had not received their medication the previous day. This had not been reported by staff or any action taken to check if this had any adverse effects on the person until it was identified at our inspection. Another person was prescribed an 'as required' (PRN) medicine to be administered when they were agitated. The PRN guideline for this medicine instructed staff to administer 2mg of the tablet, however the MAR said to administer 1mg. This meant staff didn't have any clear information to follow to ensure the medicine was being given correctly. The errors we identified at inspection had not been picked up and addressed in medicines audits. This showed systems in place to administer medication were not safe.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not ensure the safe management of medicines.

We saw that there were enough staff on duty to meet people's needs. A proportion of staff had not received refresher training in service specific and mandatory courses to ensure they had the right competence and skill to suitable support people. However, everyone we spoke with said there were enough staff deployed. One staff member said, "Yes, we all work as a big team." Another staff member said, "We have round the clock nurses on shift." We saw during our observations staff could meet people's needs in a timely way and support them to go out into the community or do activities within the home. However, one person said, "Sometimes there is enough (staff) and sometimes not. Sometimes I can't go out and do my activities."

We saw there were systems in place to make sure the premises and equipment were maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that fire equipment had been serviced. Fire exits were clear and staff understood what to do to support people in the event of an emergency evacuation. Individual people's emergency evacuation plans (PEEPs) were in place and staff were aware of how to evacuate people from the premises in the event of a fire.

There were satisfactory recruitment and selection policies and procedures were in place. We reviewed a selection of files for recently recruited staff to see how these had been implemented. We found files contained all the essential pre-employment checks required. This included at least two written references, one being from their previous employer, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The home was well maintained. We could see that staff were supplied with suitable personal protective equipment (PPE). We identified some minor infection control issues during the inspection but these were rectified straightaway.

## Is the service effective?

### Our findings

Staff were not receiving regular formal supervision to check they were receiving the right support, and had the necessary skills and support. The registered provider had a company policy around supervisions which was not being followed. Some staff had not had any formal supervisions in the previous six months. Staff told us they could speak to the management team should they need to. Supervision was an area which the provider had identified needed improvements in the provider information return (PIR) which they had sent to us.

Refresher training had not been undertaken to enable staff to effectively carry out their roles and responsibilities. During our inspection we saw that safeguarding incidents were not always being reported and there was a lack of appropriate record keeping when physical interventions had been used. This shows that staff have not had their skills and knowledge updated to ensure they are safely supporting people. The registered manager showed us the training matrix which showed that some staff had not received training updates since 2017.

Staff told us they had a thorough and effective induction, along with completing mandatory and relevant service specific training, prior to working with people. Staff felt that the induction and training had given them the skills they needed to carry out their roles when they were first employed.

The above demonstrated that care staff did not have access to effective training and supervision dedicated to help them develop and meet the needs of people. These concerns were a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how consent to care and treatment was sought in line with legislation and guidance. During the inspection we observed staff engaging with people in line with their individual needs and choices. One person said, "They (staff) advise us, but we make our own choices." Another person told us, "Staff respect our choices." Staff could tell us about individuals people's needs, showing that they knew people well. Staff said, "We try and encourage people to make their own choices and be actively involved in decisions."

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). The service was meeting the principles of the MCA. People's capacity was assessed and applications for DoLS had been made where it had been assessed that they lacked capacity to consent to their care and support. Prior to admission to the service, people's needs were assessed. People's preferences and choices were

taken into consideration. Each person and their relatives or circle of support were consulted with about their care needs, this ensured that people's needs were met.

People were achieving effective outcomes. We talked to some people who used the service and they told us how they had developed many new skills which were helping them to grow and develop. People had completed courses and voluntary work to give them skills and experience to help them gain employment. One person proudly told us, "I look at my training certificates and I feel good about myself." Another person had developed and progressed to be able to live a more independent life. They said, "The staff are really good, they help me out when I'm having hard time. They don't give up on me and they encourage me to make my own choices and get involved in lots of things I enjoy." We saw the service was considering the compatibility of people living together and working with other professionals to meet each person's individual need.

We could see that people were able to choose snacks when they wanted and there was enough food. People told us they enjoyed the food. One person said, "We all choose the food. We do weekly menus." Another person said, "It's nice, we all have a choice of what we want to eat." We could see that one person was supported to eat a specific diet in relation to their culture and there was extensive information in their care plan giving staff specific information on the person's likes, dislikes and cultural preferences.

From our tour of the buildings we could see that they were each decorated to meet people's individual needs. One person showed us their bedroom which was decorated in colours they had chosen and contained items such as pictures and ornaments, to make it personalised. There was suitable accessible outside space for people to enjoy, should they choose to spend time outside.

Personal records showed that people were supported to take care of their health. People had a record of health professionals they had visited, such as GP, opticians and dentists. Where it was needed, people's weight was being monitored, and other people had their blood pressure and pulse checked. There was a clear information in people's care plans on what health care support they needed and who was providing this.

## Is the service caring?

### Our findings

People we spoke with and our observations during the inspection showed they were well looked after. People were dressed in clothing of their choice and had their hair styled as stated in their care plans. One person said, "I am alright, I like it here staff really listen to me and understand me. They [staff] just don't give up on me." Another person told us they liked the atmosphere of the home and liked the people they live with. People looked well cared for. They were tidy, well dressed and clean in their appearance.

We saw the people were at the centre of the support they were receiving. Each person's differences were respected and people were involved in all aspects of their care and development. One person chose to be supported by female staff in line with their cultural beliefs. Staff could explain to us how they would be able to meet people's specific needs in relation to individuals culture or religion and care plans reflected people choices, beliefs and personal preferences. This meant that people were being supported by staff that knew and understood them.

We saw the service had links to advocacy services and the registered manager told us they would offer this service to anyone who did not have other support networks available to them. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. People were working in partnership with advocates to make sure their voice was heard. We observed people were listened to, and had equal rights to support them to have control over their own lives.

People were supported to maintain their independence where possible. We saw that people could access the community and that this was actively encouraged by staff. People said, "It's our house and we are involved in doing the cleaning. I do different activities and work" This meant that where people were able, they are supported to maintain and develop their independent living skills.

People were treated with dignity and respect. We saw staff offered people choices and asked for their agreement before they supported people. We saw staff respected peoples personal space and knocked before they entered people's rooms. People confirmed they were treated with dignity and respect. One person told us, " Yes staff do respect my privacy. They always knock before they come in."

## Is the service responsive?

### Our findings

People told us they had active involvement in the development of their care records. One person told us, "I write my care plan with the nurse." We saw care records were reviewed regularly, people had been involved in these and given the opportunity to express their wishes with regards to their care. For example, we saw people had been asked if they wished to receive support to vote, what they liked to eat, what activities they enjoyed and how they preferred their personal appearance to be. Records we looked at were individual to people and gave detailed explanations about how people would like their support to be delivered. Our discussions with staff showed staff knew people well and their knowledge reflected the information held within care records.

The service had considered people's end of life needs and preferences and this was documented in their care plans. The registered manager told us that people's end of life care was discussed with them and their relatives, where appropriate. People made their own choices about planning for the future. We saw care plans contained information about whether people were ready to make plans or not. This meant the provider ensured that if anyone were to require end of life care, this would be done in line with the person's wishes.

We saw examples of innovative practice. We saw that the service was recognising and supporting diversity. The staff were supporting people to arrange and take part in a street cleaning project. With the help of the local council, they had arranged to have their street closed for a day, so they could take part in a street clean-up programme. This supported people to become a visible part of their local community and to develop strong community connections. We saw staff had supported people to open a coffee shop. People were involved in working on a voluntary basis to enable them to learn new skills to support them with gaining employment. People told us how much they enjoyed their job and that they had been involved in baking fresh produce and selling it to customers. The coffee shop was a popular topic of conversation amongst the people who lived at Quarryfields Health Care. They were very enthusiastic, telling us what they had achieved and what further plans they had to sustain and develop their business.

The registered manager told us they had policies and procedures in place to manage complaints. Complaints were fully investigated and resolved where possible to the individual's satisfaction. They went on to say they had not received any recent formal complaints but they were having regular relative's meetings to build better family connections and to respond appropriately to informal complaints.

People had access to accessible information. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. We saw easy to understand and pictorial information on display for people during our visit. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were supported to have information available to them in an easy read or pictorial format if this was their preference, or if this was not available staff communicated this information to people so they could understand.

# Is the service well-led?

## Our findings

Despite the good relationships developed between the registered manager, registered provider and people who used the service, we had concerns about the overall management and governance of the service.

The registered manager knew the people in the service very well but failed to ensure the fundamental standards were fully met with regards to the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not fulfilled their responsibilities to notify us about incidents that affected the welfare of people who used the service. We found at least three incidents had not been reported to the Care Quality Commission (CQC). The registered manager was not aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Not all notifiable incidents had been reported to the relevant bodies.

Management oversight of the service required strengthening. There were quality monitoring systems in place but these had not been effective in identifying shortfalls in care provision. Accidents and incidents were not analysed in a way which enabled trends to be identified. Daily records showed there had been some incidents that had occurred that should have been reported. However, correct processes had not been followed, which meant the registered manager was not always aware of incidents which needed to be investigated further.

Provider audits were carried out approximately every six months and they had identified some areas which needed improving. However, there was a lack of oversight into the systems and process that needed checking on a regular basis to ensure people were kept safe. A number of audits had been completed in between the provider audits, for example medication audits, but these audits had not been effective in identifying issues we found on our inspection. Audits had also not identified various incidents, which had affected the welfare of people who used the service.

Staff had not received the required amount of supervisions and some refresher training had expired.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they knew who the registered manager was and felt they had a good relationship with them. One person said, "The manager is understanding, and a great manager. She always put time in and does her best to help us." Another person said, "I can't thank them (the manager) enough for how much help they give me." We saw that the registered manager was visible throughout the home and they knew people well. Staff told us they felt confident in the registered manager and were comfortable in raising concerns. Staff also told us they took part in regular meetings with the registered manager to discuss the service.

We saw that people were being consulted with about the service they were receiving. The registered

manager had provided staff, relatives and people formal opportunities to give feedback via surveys and regular meetings. This resulted in the service learning and improving from suggestions and feedback. We saw that people were given opportunity to feedback on their experience of the service. People told us that they held regular meetings with the registered manager to discuss how they would like to see the service improved. People told us that where they made suggestions, these were acted upon.

It is a requirement that providers display their latest inspection rating on any website ran in relation to the service and within the home. We found that the provider was meeting this requirement.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medication management and administration was not always managed appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
	Systems and processes must be established and operated effectively to prevent the abuse of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider did not have sufficient audit and governance arrangements to suitably identify areas of service improvement. The registered manager was not aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
	Staff must receive appropriate training, professional development and supervision as is necessary to carry out their duties.



