

Rotherham Metropolitan Borough Council Quarry Hill Resource Centre

Inspection report

58 Quarry Hill Avenue
Wath on Dearne
Rotherham
South Yorkshire
S64 8PT

Date of inspection visit: 11 and 20 August 2015
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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was unannounced, and was carried out over two days; 11 August and 20 August 2015. The home was previously inspected in May 2014, where no breaches of legal requirements were identified.

Quarry Hill Resource Centre is a respite service, providing short stay accommodation with personal care for adults with learning disabilities. Services can be provided to up to six people at any one time. As we inspected over two days, the number of people using the service at the time of the inspection varied over the two days.

Quarry Hill Resource Centre is in the Wath upon Dearne area of Rotherham, South Yorkshire. It is a domestic-style dwelling in a quiet, residential area, but close to public transport links and the town centre.

At the time of the inspection, the service did not have registered manager. This was due to a restructure within the provider as a whole; the home's most recent registered manager had cancelled their registration a month prior to the inspection, and plans were under way for a new manager to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

During the inspection people told us, or indicated, that they were very happy with the service they received, and staff we spoke with and observed understood people's needs and preferences extremely well. When we observed care taking place, staff demonstrated that they were patient and thoughtful in their interactions with people; they ensured people made their own decisions and that they were offered choices in ways they could understand.

The provider had effective systems in place to ensure people's safety. This included staff's knowledge and training in relation to safeguarding. Medicines were handled safely, by staff who had suitable training and exhibited good knowledge.

There were robust systems in place for involving people in decisions about their care and the way the service was run. Weekly meetings took place for people using the service to give feedback and develop their knowledge. Staff meetings discussed feedback from people using the service as a standing agenda item, so that staff were aware of people's views.

We saw that the provider was responsive to people's changing needs, and reviews of people's care took place regularly, although, in some of the records we looked at, these hadn't taken place at the frequency set out in the provider's own guidelines.

Some of the people who were using the service around the time of the inspection did not have the mental capacity to make decisions in relation to aspects of their care. Staff spoke knowledgeably about how decisions were made in people's best interests, however, there was little formal documentation of this, as required by the Mental Capacity Act (2005).

There had been some management changes, but staff, people's relatives and people using the service told us they felt the service was well managed. There was comprehensive audit system in place, however, the audit system had not always identified shortfalls in some people's records, or some reviews not taking place at the provider's own designated frequency. There were formal quality assurance reviews where people using the service, and their relatives, could give feedback about the service.

Summary of findings

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. Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. Medicines were stored and handled safely.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

Good



Is the service effective?

The service was effective. Senior staff within the home understood the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. However, documentation in relation to best interest decision making was not always appropriately completed.

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences. People using the service were encouraged to contribute to meal planning, and alternatives were readily available should people prefer.

Good



Is the service caring?

The service was caring. We found that staff spoke to people with warmth and respect, and took time to ensure people understood their care options and how staff could support them.

Tailored communication methods were used to ensure people were included in day to day life in the home. This was done to an exceptionally high standard, and people using the service showed us, and told us, how this helped them understand what was happening in the home.

Staff had an extremely good knowledge of people's needs and preferences, and understood each person's individual personalities well. Relatives of people using the service described Quarry Hill Resource Centre as "vital" and "a lifeline."

Outstanding



Is the service responsive?

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored, although we noted that reviews of people's care did not always take place at the provider's designated frequency.

There was a complaints system in place, and the provider ensured that people were aware of the arrangements for making complaints should they wish to. This was communicated to people in easy read documents, and also discussed in meetings for people using the service.

Good



Summary of findings

Is the service well-led?

The service was well led. There was a comprehensive system in place for auditing the quality of the service, although documentation in care plans was sometimes not completed or not always up to date. Work was underway to address this.

There had been changes and restructures of management, and the home's registered manager had recently cancelled their registration to return to their substantive post. However, a new registered manager had been identified and plans were underway for that staff member to apply for registration.

Good



Quarry Hill Resource Centre

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 was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out over two days; 11 August and 20 August 2015. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with four staff, the home's manager and three people who were using the service at the time of the inspection. We spoke with three people's

relatives about their experience of the service. We also checked the personal records of 11 people who were using the service around the time of the inspection. We checked records relating to the management of the home, team meeting minutes, training records, medication records, surveys of people using the service and their relatives, staff records and records of quality and monitoring audits carried out by the home's manager and members of the provider's senior management team.

We observed care taking place in the home, and observed staff undertaking various activities, including supporting people to make decisions about day to day activities and discussing future plans. One of the people using the service showed the inspector around the home. We also reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Is the service safe?

Our findings

We spoke with one person using the service about whether they felt safe at the home. They told us that Quarry Hill Respite Centre was “very safe.” We asked them if they knew who to speak with if they felt unsafe, and they told us they would speak with staff and their relatives. We spoke with three people’s relatives, who emphasised how important it was for them to feel the service was safe. They all told us they had no worries in relation to this.

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. The manager described that staffing was flexible in order to meet people’s needs. They described an incident the evening prior to the inspection where the service was required to provide emergency, short notice accommodation. Staff and management were made available in sufficient numbers so that the emergency need could be responded to safely. Whenever we saw someone ask for help or support, staff were very quickly available to assist.

We found that staff received annual training in the safeguarding of vulnerable adults. There was information available throughout the home to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse. This included discussing safeguarding and abuse in meetings for people using the service; some meeting minutes we looked at showed people had been supported to watch a film about being aware of abuse and how to raise concerns.

We checked 11 people’s care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained risk assessments which were highly detailed, and set out all the steps staff should take to ensure people’s safety. We did note, however, that the risk assessments were not always regularly reviewed to ensure they remained relevant. We discussed this, in relation to one person, with the home’s manager during the inspection. We saw that they commenced work to address this straight away.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and

injuries. We saw that a member of the provider’s senior management team carried out a regular audit of the service, and part of this audit included checking safeguarding, accidents and incidents. We checked records of accidents and incidents. We found that these records were completely promptly and in detail. Where any follow up action was required, we saw that it had been undertaken. We cross checked this with information submitted to the Commission by the provider, and saw that all notifiable incidents had been alerted to CQC, as required by law.

The provider had a robust recruitment procedure which was designed to ensure people’s safety by carrying out appropriate background checks, including references and a Disclosure and Barring Service (DBS) check prior to staff beginning work. We checked audit records and one staff file which confirmed that the policy was being adhered to.

There were appropriate arrangements in place to ensure that people’s medicines were safely managed, and our observations showed that these arrangements were adhered to. Medication was securely stored, with additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We interviewed one staff member about the arrangements in place for managing medicines, and found they had a good understanding of the systems in place and their responsibilities. Two people’s relatives told us that the provider had robust systems in place for checking their relatives’ medication when they were arriving at or leaving the service.

Medication was only handled by members of staff who held senior roles within the staff team. They were responsible for signing medication in, checking stock and overseeing returns of medication, in addition to administering medicines to people. These staff had received additional training to ensure they understood this part of their role, although for some staff it had been several years since they had received this training, and the staff we spoke with could not tell us what the required frequency was.

Is the service effective?

Our findings

We asked two people using the service about the food available in the home. They were both positive about the food available to them. One person told us that one of the things they liked best about Quarry Hill Resource Centre was the food. Another told us the food was “brilliant.” The home had a system in place meaning that people using the service met each week and planned the week’s menu. This had been devised so that people experienced a varied diet, for example, one day’s choice was any pasta based meal, another day’s choice was any fish based meal. We spoke with two staff about this system. They told us it worked well, but emphasised that alternatives were always available if people didn’t want that day’s choice.

We checked 11 people’s care records to look at information about their dietary needs and food preferences. Each file contained up to date details, with information about each person’s likes and dislikes, and any food allergies or intolerances. We spoke with one person about their preferences and what they told us was reflected in their records. We noted that one person had very specific food requirements due to a health condition. Records we checked indicated that this was not always being adhered to. We asked the home’s manager to check this when we gave them feedback at the end of the inspection.

We asked the home’s manager about the arrangements for people who do not have capacity to consent. They had a good knowledge of The Mental Capacity Act 2005 (MCA) and its impact on people using the service. The Mental Capacity Act 2005 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. When we checked people’s files, we found that some people did not have the capacity to consent to their care or make decisions about the way they were cared for. We spoke with the home’s manager about these people and how decisions were reached in

relation to their care. They could describe the processes that they had undertaken, however, there was only minimal evidence of documented best interest decision making meetings, as required by the Mental Capacity Act 2005.

We checked records of staff training and found that the training programme was comprehensive, and enabled staff to undertake training in specialist areas that enabled them to better understand the needs of people using the service, in addition to training that the provider’s policies stated were mandatory. We asked one staff member about the available training and they confirmed that they received training in what they described as “all aspects” of care and support work. They told us that they received regular supervision, which they thought took place around once a month, and an annual appraisal. They told us they found this system helped them to be more effective in their role. We cross checked what they told us with records of supervision and appraisal, and found that staff received supervision every month, and that appraisal took place annually.

We looked at how people’s needs were assessed. Each care file we checked showed that people had received an assessment of their care and support needs when they began using the service. This was detailed and set out how staff should support each person in accordance to their preferences as well as their care needs. Daily notes we checked indicated that people received care and support in accordance with their assessed needs and preferences. Where people had specific healthcare needs, staff we spoke with had a good understanding about how they should support these healthcare needs. We noted that where required the provider had made appropriate referrals to external healthcare professionals. For example, staff had made a referral for one person to a speech and language therapist, and had liaised with the person’s relatives in relation to this. This showed that the home was contributing to the person’s overall good health during their short stays at the service.



Is the service caring?

Our findings

We asked three people using the service about their experience of the care and support they received. Their responses were all positive. One person had stayed at the service the night before the inspection, on a short notice, emergency basis due to a utilities failure at their planned respite service. They told us that their stay “went well.” They went on to tell us that the staff were “very nice.” They told us staff had kept them informed about what was happening, and why they had needed to stay at Quarry Hill on such a short notice basis. Another person told us staff at Quarry Hill Resource Centre were “the best.” They told us staff had helped them to learn to do new things, and told us “I love it here, I like meeting my friends, it’s brilliant.”

We spoke with three people’s relatives, who all gave an overwhelmingly positive picture of their experience of the standards of care provided. One relative described the service as “vital” while another described that staff as “amazing.” All three relatives told us the staff were consistently kind and caring and knew their relatives’ needs extremely well. One relative told us that they found the staff team’s commitment and enthusiasm to be unfailing, and another told us they found staff’s knowledge about their relative and their needs to be “impressive.” They described their relative’s needs as very complex, and said that it was not easy to provide the kind of support their relative required. However, they said that staff had been “only too pleased” to learn about how to support this person, and remarked that they did so “exceptionally.” Another relative described their experience of Quarry Hill Resource Centre saying: “I’m delighted, [my relative] is looked after amazingly. Whenever we need their help the staff put the wheels in motion and are always so willing to go that extra mile for us.”

We looked at the responses provided in the most recent quality assurance survey, which had taken place several months earlier. All the respondents confirmed that they found the service to be caring. One relative responded: “[my relative] gets excited when she knows it’s time for Quarry Hill.” Another described the service as “a lifeline, I couldn’t do without it.”

We checked 11 people’s care plans, and saw that risk assessments and care plans described how people should be supported so that their privacy and dignity was upheld. We cross checked this with daily notes, where staff had

recorded how they had provided support. The daily notes showed that staff were providing care and support in accordance with the way set out in people’s care plans and risk assessments. One person showed us their care plan. They told us what it contained, and why they had a care plan. They told us that staff helped them understand the contents, and that they had helped to put it together. We noted that the care plan was covered in pictures that the person themselves told us they had chosen. They said it was important to them that they had done this, as it reflected that the care plan was theirs.

Staff we spoke with understood people’s needs extremely well. At the time of the inspection there were approximately 60 people using the service, nevertheless, staff could describe each person’s preferences and interests well. We observed staff interacting with people using the service. We saw that tailored communication techniques, such as picture boards and signs, were used to enhance the way that people understood what was being said to them and what options were available. When we asked one person, who had limited verbal communication abilities, what the day’s activities consisted of. They took us to their picture board and pointed to the activities pictured on it. This meant that they had been able to tell us information that they otherwise would not have been able to, which enhanced their ability to communicate with us.

Staff interacted with people with patience and warmth, and responded whenever people requested help or assistance. One person who was using the service at the time of the inspection exhibited very nervous and anxious behaviour. Staff were particularly gentle and encouraging with this person, allowing them to take steps that they were comfortable with, and checking at all times that the person was neither overwhelmed nor disempowered. They did this, for example, when the person indicated that they wanted a drink. We observed staff help them select the right equipment and make their drink in a calm and gentle way. The staff concerned ensured they were entirely focussed on the person, watching for signs and gestures which indicated that they were uncomfortable or pleased with the activity. This approach allowed the person to take responsibility, but in a way that they felt comfortable with. Following this activity, this person used gestures and signs to tell us that they liked the staff who had helped them.

Staff ensured that the atmosphere within the service was positive and collaborative, where people using the service



Is the service caring?

were the focus of all activities and tasks undertaken. Each activity undertaken and decision that was made during the two days of the inspection was done by staff referring to people using the service for their input and opinions. Two of the staff we spoke with told us that a person-centred approach, where people's needs, opinions and preferences were paramount, underpinned how they worked. This was confirmed by our observations throughout the inspection.

There were comprehensive arrangements in place for involving people in making decisions about the way the service was run, and day to day activities. A meeting took place every week for people using the service, in which they were invited to put forward suggestions and give feedback. This meeting also looked at issues such as dignity and respect. At each staff meeting, which took place fortnightly, the minutes from the most recent meetings of people using the service were considered, and staff discussed how they could implement people's suggestions and feedback. This showed that staff gave meaningful thought about how to meet people's preferences. This included establishing a food group, to involve people in making decisions about how food was provided in the home, and people being involved in planning a recent garden party, which two relatives we spoke with told us had been extremely successful.

Much use was made around the home of signs, symbols and pictures, to assist people in understanding what was happening in the service and what facilities were available. This included a photo rota of staff and people using the service, and a photograph on the staff sleep-in room door indicating which staff member was sleeping at the home that night. This innovative example of good practice assisted people with communication difficulties better understand the day to day arrangements in the home.

We asked people using the service whether photo's of the staff rota helped them understand what was happening in the home, and they all told us that it did. One person said that it was important to know who was working when they arrived, and the photos helped them understand this in case they forgot. Staff told us that this system was particularly popular as, due to the short stay nature of the service, when people arrived to stay it was important to them to know who else was staying, and which staff were on duty. Staff told us that this system promoted independence and ownership, as it enabled people to find information out for themselves rather than being reliant upon staff to inform them. We spoke with a member of staff who described that this promotion of independence was key to the ethos of the service.

Is the service responsive?

Our findings

Activities were plentiful in the home, and were provided flexibly and in accordance with people's preferences. We asked one person about what they did when they stayed at Quarry Hill Resource Centre. They told us they enjoyed ten pin bowling, using the computer and going for meals out. They told us there were lots of things to do and that they were never bored. Two relatives also told us there were lots of activities available, and that numerous outings took place. This was echoed in our observations over the two days of the inspection. Over the course of the inspection people were supported to go out shopping, listen to music and go out for meals. Additionally, we observed that staff regularly took time to sit and chat with people and support them in individual, one to one activities.

We spoke with three people's relatives and checked records of communication with people's relatives. We saw that the service was very responsive to people's changing needs. One relative told us that when they had been ill and needed to stay in hospital, the service had been very flexible in rescheduling their relative's stay at the home in order to help out during the hospital stay. Another relative told us about a time when a similarly flexible approach had taken place to provide support around the time of a family funeral.

We checked care records belonging to 11 people who were using the service around the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual

needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. Care plans were regularly assessed to ensure that they continued to describe the way people should be supported, and reflect their changing needs.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. People using the service, and their relatives, were involved in these reviews so that their views about care and support could be incorporated into people's care plans. We noted, however, in some cases this had not taken place at the provider's own designated frequency.

There was information about how to make complaints available in the communal area of the home, and a register of complaints was kept by the home's manager. We saw that when complaints had been received, they were investigated and responded to within the timescale set out in the provider's complaints policy. We saw that when people using the service and their relatives had completed questionnaires, they had confirmed that they knew how to make a complaint. People's formal reviews of their care also showed that staff checked with people and their relatives that they knew how to make a complaint should they wish to.

The provider carried out surveys of people using the service, their relatives and visiting professionals on an annual basis. We checked the findings of the most recent survey which showed that people held very positive views about the home.

Is the service well-led?

Our findings

The service had undergone a personnel restructure, and therefore did not have a registered manager. The last registered manager had cancelled their registration a month prior to the inspection, in order to return to their substantive post. A new manager had been identified, and they were responsible for the day to day management of the home. Plans were under way for them to apply to the Commission to become the registered manager. They were supported in their role by a team of senior staff, as well as the provider's senior management team and quality assurance team.

We talked to staff about the arrangements for supervision and appraisal. They told us that they received regular supervision. One staff member we spoke with told us they normally worked nights. They described that their supervisor worked shifts as well so that their supervisions could take place. We checked the supervision schedule which confirmed this. The home's manager told us that an annual appraisal system was in place, and again, records we checked showed that all staff received appraisal.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the input they could have into suggesting improvements of helping the service to develop. We checked minutes from team meetings covering the previous six months, and found that the discussions recorded showed staff had been able to contribute to decisions about the service and to ongoing improvements or changes.

There was a quality audit system which was used within the service. It comprised monthly checks carried out by the home's manager, looking all aspects of the home, including the quality of care records, the premises, catering and infection control arrangements. Staff also contributed to this process, with some taking responsibility for auditing medication. We checked records of audits and found that, where any issues were identified, there were records of

actions taken to address them. However, we identified that the audit system was not always effective. For example, although people's files were regularly audited, we identified some shortfalls in record keeping, such as out of date reviews and absent best interest records. These had not been identified by the audit system. We discussed these issues with the manager during the inspection. They told us they had identified similar issues as part of their assessment of the service since commencing their role. They explained they were beginning work to address them. During the inspection, we saw that the manager had updated one person's care plan to better reflect their needs, and had commenced a programme to improve the records of best interest decisions.

A senior officer of the provider carried out formal quality visits to the home. During these visits they checked the home's performance in relation to staff training, complaints, records of incidents and accidents and the environment, amongst other areas. They also looked at any specific or concerning information relating to people using the service, to identify whether they were receiving the right service, or whether any changes could be made to improve the service they received. The system used by the senior officer meant that where previous visits had identified areas for improvement, these issues were re-checked at subsequent visits.

A third layer of audits was carried out by members of the provider's quality assurance team. This was a six monthly audit, which used the Care Quality Commission's five domains to develop an internal assessment of quality and benchmarking. At the time of the inspection, we saw that the home's manager had developed an action plan arising from the most recent of these audits, which they had begun to work on.

The provider had a system in place for formally seeking feedback from people using the service and their relatives. We found that the provider had summarised the findings to give an overall picture of people's views of the service. The home's manager, and a senior staff member we spoke with, were knowledgeable about this process and the findings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.