

Quarryfields Health Care Limited

Quarryfields

Inspection report

Woodfield Road

Balby

Doncaster

South Yorkshire

DN4 8EP

Tel: 01302850750

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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 flats.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Without exception the people and relatives we spoke with praised the home. One person told us, "This is a good place to be." Staff understood how to keep people safe. Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible.

People received their medicines safely and as prescribed. There were enough numbers of care staff and nursing staff employed to ensure people's needs were met. The home was spacious and well furnished. Checks and audits were completed for such things as infection control and medicines, which helped to protect people's well-being.

People received kind, responsive person-centred care from staff who were well trained, motivated and supported by a dedicated registered manager who led the staff team to provide the best care they could. People and their relatives were placed at the heart of the service and involved in choosing their care and support, from pre-admission to living in the home.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff had time to sit and engage people in conversation and to support people's involvement in social activities. Staff worked well together as a team. This partnership working enabled people to maintain their wellbeing.

People knew how to complain, and any complaints had been resolved to people's satisfaction. People were asked their opinions on the service by attending meetings and completing surveys, suggestions had been acted upon. There was an open and transparent culture within the service. There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 12 September 2018) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Quarryfields

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Quarryfields 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We 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. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with 11 members of staff including the director of operations, the registered manager, clinical manager, team leaders, support workers, activity workers, a domestic assistant and the administrator.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found medication management and administration was not always managed appropriately. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation

- People received their medicines when they needed them, medicines were managed safely, and records were accurate. Daily, weekly and monthly checks of medicine administration records were completed which meant any errors could be quickly found and rectified.
- Since last inspection all nurses had been re-trained in safe medicine administration. Nurses had also received a letter from the registered manager reiterating their responsibilities for the safe administration of medicines.
- Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was guidance for staff about when to give the medicine, how often and what to do if the medicine was not effective.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found systems and processes were not established and operated effectively to prevent the abuse of people who used the service. This was a breach of Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate. The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required.
- The local authority told us they had no current safeguarding concerns about the service. Relatives spoken with told us their family member was cared for and supported in a safe way.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed and recorded in care plans. Information about what action to take if people became unwell or had an accident was clearly documented and specific to the person.
- Risk assessments covered areas such as smoking, using the kitchen and choking. The risk assessments provided very clear descriptions of people's needs and how staff should provide support to reduce risks.
- The provider employed a qualified occupational therapist (OT) who was also the moving and handling trainer. The OT completed practical observations of staff on the use of equipment for example, hoists and the bath lift. Any new equipment was shown to staff and all staff had to be observed using the equipment before they were signed off as competent.

Staffing and recruitment□

- The registered manager used a dependency tool to assess people's staffing needs and staffing was adjusted in line with people's changing needs.
- People, relatives and staff told us there were enough staff to safely meet people's needs. One person told us, "The staff are good, they are here for me." Throughout the inspection visit we saw people's needs were met in a timely way. Staff were not rushed and had time to spend with people.
- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. New staff worked with experienced staff to understand people's individual needs.

Preventing and controlling infection

- Each of the houses was clean and odour free. There were enough domestic staff to maintain the cleanliness of the houses. Some people who used the service were supported by the staff to clean their own rooms. Hand washing facilities were available throughout the houses.
- Staff received training in infection control (IC). One staff member was the IC champion and carried out an IC audit every three months. Any required actions were completed by a designated member of staff.

Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents were shared with the staff team, to drive forward best practice.
- We saw evidence of reflective practice supervisions completed with staff following incidents, concerns and near misses. These were used as an opportunity to improve practice and reduce the risk of future errors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found staff had not received appropriate training, professional development and supervision as is necessary to carry out their duties. This was a breach of Regulation 18 HSCA RA Regulations 2014 Staffing.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider had their own team of training officers. All subjects considered essential by the provider were completed by staff. Additional specialised courses were available to staff to assist in the support of the individuals they cared for. For example, training in epilepsy, mental health awareness, positive behaviours and sepsis.
- New staff were provided with induction training and worked alongside experienced staff until assessed as competent and confident. One newly employed member of staff said, "Training has been very good, and the managers and other staff have been very supportive to me."
- Staff received regular supervision, and a yearly appraisal to discuss their practice and development. One member of staff told us, "These are very useful and informative. We can discuss anything we want to."

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

- Prior to people moving into the service, the registered manager undertook a comprehensive needs assessment. This was done in consultation with people, advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, where people required specialised diets or alternative methods of communication. Good communication between nursing and care staff meant people's needs were well known and understood within the team.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

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

- Eating and drinking care plans showed if people needed support from staff to maintain a healthy

balanced diet. Where it was identified as a need, the support required was detailed and included information about portion sizes, healthy eating options and ways of ensuring people maintained a healthy BMI.

- People were involved in choosing the food they wanted to eat. On Sunday evening, each house decided the menu for the following week. People were given choices about what they ate and drank and given a range of visual choices to ensure food met their preferences.
- Educational and activity staff had organised a 'walk and eat activity' where people who used the service and people from the local community were encouraged to incorporate a healthy diet and exercise into their daily routine.

Staff working with other agencies to provide consistent, effective, timely care

- Staff at the service worked closely with health and social care professionals to ensure people were supported in a way that maximised their health and well-being. There were systems in place, such as daily care records and the daily 'Take 20' meeting, to share information amongst staff. This meant staff knew when changes occurred that might affect people's support needs.

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

- Each house was homely, pleasantly furnished and decorated. People were eager to show us their rooms and were proud of their personal possessions. One person was in the process of choosing new decoration for their room and staff took time to talk with them about what they liked and wanted, what colours they preferred and how they wanted their furniture placing.
- Signage around the houses helped people to be well orientated. People were free to go to their rooms or sit in communal areas either with staff or alone. Where necessary staff gave people space but stayed where they could be called upon if needed. Outside space was plentiful and seen being used by people throughout the day. We saw people enjoying outside activities, gardening and relaxing in the sun.

Supporting people to live healthier lives, access healthcare services and support

- Staff were seen escorting people to appointments at the hospital and GP's. Staff discussed together what questions they needed to ask other healthcare professionals whilst on appointments and what the person wanted to from these visits.
- Activities were planned to include supporting people to remain healthy, for example a new initiative was people involved in litter picking in the local community which people said they had thoroughly enjoyed and said this was good for them as it was "keeping them fit". We saw staff encouraged people to drink plenty of water and spoke to them about the health benefits of drinking water throughout the day.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- Where people had restrictions placed on their care, appropriate DoLS applications were made to the local authority.
- Staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care. People had signed to agree for consent for such things as photographs being taken, assistance with voting and opening of mail, and being weighed.
- People's capacity to make decisions had been assessed and 'best interests' decisions had been made with the involvement of relatives, staff and healthcare professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives described the care provided as being "very good." Comments included; "I like it here, everyone is great, no problems," and "The staff could not be better with [name]. They know how to deal with [name] when they have a behaviour, they're very good."
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, we saw information in a care plan that a person had said they did not wish to be cared for by male staff or mix with male residents. The care plan also said the person did not drink alcohol or eat beef and liked to be dressed in their traditional wear. Staff spoken with were aware of these wishes and we saw these wishes were being respected by staff. The care plan also had 'Lifestyle' information for staff to read to gain a better understanding of the person's culture, restrictions and beliefs.

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

- Staff were seen talking to people about their day and what their plans were. People had daily programmes showing what they had decided to do that day. Staff encouraged people to be involved in deciding what they would like to do each day. People told us they chose what they wanted to wear, where they wanted to go, and how they wanted their rooms furnishing.
- People had regular reviews to discuss their health and support needs, and to make decisions about how their care should continue to be delivered.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Care plans gave staff information about how to support people to maintain this. Care plans had a detailed description of what people could do for themselves, this included washing and dressing, eating and drinking and engaging in activities.
- People were supported to maintain relationships with those that mattered to them. Friends and family could visit people when they wished. Private areas were available for people to spend time together when needed or requested. Staff were seen ensuring people respected each other and gave explanations of good practices and why it was important for them to be respectful of each other.
- Staff were keen to ensure people's rights were respected and they were not discriminated against regardless of their disability, culture or sexuality. People's right to privacy and confidentiality was respected. Staff were seen to be discreet when asking people if they required support with personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support in a way that was flexible and responsive to their needs. One person said the home was "very nice" and they had everything they needed. Relatives also confirmed the home understood the complexities of people's care needs and cared for people well. A relative said, "Staff have been incredible. They've really got to know [name]. They've tried different ways of dealing with [names] behaviour and now these behaviours are less frequent. They're doing a really good job."
- Each person had a detailed care plan to show their health and support needs. Care plans covered topics such as people's physical and mental health needs, their life history, activity engagement and hobbies, daily routines, preferences and risk assessments. People's care plans were reviewed regularly, and any changes were recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans to instruct staff on how best to communicate with them. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, white boards and pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in organised individual and group education, activities and events around Quarryfields and the local community. Some activities and events were pre-organised. These included pottery classes, walking greyhounds, themed cookery classes, seasonal and religious events, and trips out and about. Other activities occurred spontaneously, based around people's wishes on the day.

Improving care quality in response to complaints or concerns

- The provider had a complaints process and people and relatives told us they would speak to the registered manager or staff if they had a problem. People and relatives all told us they were happy and had nothing to complain about. The complaints policy was available in large print and pictorial to make it easily accessible to people.
- The service had a complaints log where all complaints were recorded. The registered manager responded to complaints according to the provider's policy in a timely way. Where learning was acquired through

people's feedback, the registered manager shared this with the provider and staff, to ensure improvements were made.

End of life care and support

- The registered manager told us there was no one currently receiving end of life care. She said they had recently cared for someone at the end of their life, and the McMillan nurses and GP had supported the person's care, so they could remain at home. The registered manager said a specialist nurse trained in end of life care was moved to work full time in the house where the person lived. This meant consistent guidance and support was given to the person and the staff caring for them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection 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. This was a breach of Regulation 17 HSCA RA Regulations 2014 Good governance.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection a new registered manager was in post. The registered manager was dedicated, experienced and motivated to deliver the best person-centred care possible. The provider supported the registered manager to work innovatively, giving them enough staffing resources, learning and development so their emphasis could be on continuous improvement. People, relatives and staff told us the registered manager was always available, had an 'open door' policy, and was approachable.
- Quality assurance processes, such as audits and staff meetings, ensured the registered manager and provider had the information they required to monitor staff performance as well as the safety and quality of the care provided. Where areas for improvement were identified, action was taken. For example, every three months a 'first impressions' audit was completed by different staff, for example, the housekeeper or a nurse. They then gave feedback to the heads of departments who would action any suggested improvements.
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and transparent culture within the service. People knew the registered manager, the clinical nurse manager and other senior staff well.
- The registered manager regularly sought views from people, their relatives, staff as well as external healthcare professionals to monitor and improve the home. Surveys were used to formally seek people's views. The most recent results were very positive with 100% of people saying they were happy with the care provided, felt safe, listened to, were involved in activities, and said staff were kind, friendly and respectful.
- From responses received two actions were identified which had been completed. These were to

encourage people to become ambassadors and join the service user council so that they felt more listened to and the launch of a meal time audit so that the quality of meals could be assessed and reviewed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their duty of candour. Relatives told us they were kept fully informed and were in regular contact with key staff at the service. One relative told us, "Communication between us is very good. We keep in touch via the telephone and e-mail and are invited to meetings. We have a named staff member to contact if we want to talk about anything."

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

- The service had the 'Platform' which was a pop-up coffee shop developed on site, staffed by people who used the service. This provided education, employment, and training opportunities for people who used the service. With staff support people baked and held such things as brunch club and afternoon tea. People from the local community visited the coffee shop and met with people who used the service. They had also published their own cookery book with their favourite recipes and a picture of the person working in the shop. People from other care organisations also used the Platform and went to work there.

Continuous learning and improving care

- There was a 'quality improvement plan,' in place which showed the actions agreed by the provider and registered manager to make improvements to the service. The most recent plan dated 3 June 2019 showed actions around improving communication both internally and externally, maintaining CQC requirements and regulations, human resources updates for staffing, training and supervision and planned improvements for the environment.
- Staff told us the introduction of the 'Take 20' meeting had improved communication between staff. The 'Take 20' meeting took place each day and all heads of departments met to discuss such things as staffing numbers for the day, appointments needing to be attended and people's current well-being. It also gave staff the chance to discuss any concerns and look at how these could be resolved.

Working in partnership with others

- During the inspection representatives from the local authority, social workers and safeguarding officers all visited the home to support care provision. Good working relationships were observed with visiting healthcare professionals. Staff were seen to be open, honest and transparent in their dealings with multidisciplinary teams.