Holmleigh Care Homes Limited

Quarrydene

Inspection report

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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

Quarrydene is a care home that provides care and support for adults with disabilities. The accommodation, which is arranged in two bungalows set in their own grounds, has a range of specialised equipment to meet people's physical needs.

The inspection was unannounced and took place over two days on 18 and 19 October 2016.

The service had a registered manager who was responsible for the day to day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People appeared happy and contented living at the home. Relatives spoke positively about the care and support their family member received. Staff showed concern for people's wellbeing in a caring and considerate way, and they responded to their needs quickly. Staff told us that people were encouraged to be as independent as possible.

The service had a positive culture that was person-centred, open, inclusive and empowering. Staff told us they loved working at the service and people were at the centre of the home. People had regular meetings with their keyworker and also attended house meetings, where they had opportunities to raise any concerns or make suggestions. The service was family orientated and worked towards maintaining relationships that were important to people.

People told us they felt safe when receiving care. Staff were able to tell us how to recognise signs of potential abuse and what action to take if they had any concerns. Risks to people's health and safety had been assessed and associated risk assessments were in place.

The service had a clear understanding on the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were given choice and were involved in decision making. Where people lacked mental capacity to make specific decisions, mental capacity assessments were completed and best interest decisions recorded.

People had access to sufficient food and drink and were supported to maintain a balanced diet. Where people had special dietary requirements, staff ensured these were met. People were encouraged to take part in cooking and menu planning.

Staff understood the needs of people they were providing care for. Care plans were individualised and contained information on people's preferred routines, likes, dislikes and medical histories.

There were safe medicine administration systems in place and people received their medicines where required. Care records showed relevant health and social care professionals were involved with people's care.

Safe recruitment practices were followed before staff were employed to work with people. Checks were undertaken to ensure staff were of good character and suitable for their role. People received care and support from staff who had access to training and supervision to develop the skills, knowledge and understanding needed to carry out their role.

People had a range of activities they could be involved in. People were able to choose what activities they took part in. Staff were encouraged to support people in expanding the range of activities available to them. People were supported to follow their individual interests and hobbies.

People, their relatives and staff were encouraged to share their views on the quality of the service. They told us management were approachable and they were confident if they had any concerns they would be taken seriously and addressed accordingly.

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

This service was safe.

People were protected against the risks of potential harm or abuse.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs.

People had risk assessments in place and care plans were written to help minimise these risks.

People's medicines were managed and administered safely.

Is the service effective?

Good

This service was effective.

Staff told us they had the training and skills needed to meet people's needs.

Staff were all aware of people's dietary needs and preferences. People told us they had a choice in what they wanted to eat and drink.

People who lacked mental capacity to make certain decisions, had mental capacity assessments completed and best interest decisions recorded.

People's health care needs were monitored. Any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Good

This service was caring.

People appeared happy and contented.

People and their relatives spoke positively about the care and support provided and told us staff were friendly and caring.

Staff considered people's preferences, likes and dislikes and had a good understanding of their needs and how best to support them.

People were treated with compassion and kindness in their day to day care.

Staff showed concern for people's well-being in a caring and meaningful way, and responded to their needs quickly.

Is the service responsive?

Good

This service was responsive.

Care and support plans were personalised and reflected people's needs and choices.

People had a range of activities they could be involved in. They were able to choose and make suggestions about what activities they took part in.

People were supported to maintain relationships with people that mattered to them.

Is the service well-led?

Good

The service was well led.

Staff said the management team were approachable. There was an open door policy where staff could raise concerns and seek guidance as required.

Staff felt valued and supported by the management team and told us they enjoyed working at the home.

Systems were in place to monitor the quality and safety of the service provided. Where actions to improve the service had been identified, these were acted upon.

Quarrydene

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 18 and 19 October 2016 and was unannounced.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people, four relatives, the registered manager and three staff. We spent time observing the way staff interacted with people as not all people were able to verbalise their views about the service. We also looked at the records relating to care and decision making for three people and records about the management of the service.

Good

Is the service safe?

Our findings

People felt safe living at the home. People who were unable to communicate verbally appeared comfortable in the presence of staff. We saw people coming up to staff asking for assistance. Some people were able to tell us that they felt safe. One person said "Yes, I feel safe and happy" and another person nodded 'yes', when we asked if they felt safe when being hoisted.

People were protected against the risk of potential harm and abuse. Staff were trained in safeguarding vulnerable adults and were aware of the different types of abuse people may experience such as verbal, physical or financial. Staff knew who they should report any concerns to and what actions to take should they suspect abuse had taken place. They said they would report their concerns to the registered manager, deputy manager or any other senior staff. Staff were confident that any concerns raised would be listened to and acted upon. One member of staff told us they would look out for signs of abuse, for example a change in the person's personality or behaviour. The registered manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There was a range of risks assessments in people's care records and areas such as personal care, pressure area care, manual handling, accessing the community, using the house vehicle and support to help the person manage behaviour that may be seen as challenging had been planned for. Where people used specialist equipment such as sleep systems (cushions used to support a person's posture), there were photographic instructions on how to position the person in bed to ensure their body was supported and reduced the risk of further contracture or sore skin.

Where required people had positive behaviour support plans in place which provided information for staff about what could trigger certain behaviour, what to do if behaviour occurred, how to react when the behaviour first emerged and then advice on what to do subsequently. For example, a person became frustrated and anxious at times and would drive their wheelchair very fast. Staff knew that they should give the person space and not talk to them until they had calmed down. Once the person was calm, staff would talk to the person about positive ways of communicating their frustration.

People's medicines were managed so they received them safely and as prescribed. Medicines were stored in line with the provider's procedure and guidance for the safe management of medicines and where required, were disposed of safely. We observed a staff member administering a person's lunchtime medicines and found the person's medicine administration record (MAR) was completed satisfactorily, indicating the person had received their medicines safely as prescribed or "when required." The person was in the lounge and we saw the staff member explaining to the person it was time for their medicines and asked if they would be happy to go to their bedroom for privacy. Staff told us they could identify when people were in pain and we saw in people's care records what signs to look for and when to offer pain relief. Where people received their medicines through a PEG feed (percutaneous endoscopic gastrostomy) we saw clear instructions for staff on how to administer the medicines and people had associated risk assessments in place. Only staff who had medicines competency and PEG feed training were able to support people with

their medicines. Staff told us no one was receiving their medicines covertly (without their knowledge, mixed with either food and or drink), however two people were having some medicines in a drink due to the taste and were fully aware.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. The registered manager was supported by the deputy manager who was responsible for completing the staff rota. During the day there was always a senior member of staff on duty who was responsible for allocating staff their responsibilities during their shift. If they wished to, people could choose who supported them, for example some people preferred a female carer during personal care but would allow a male carer to support with moving them safely. The service had access to an on-call service to ensure management support could be accessed at any time.

People were protected from the risk of being cared for by unsuitable staff. The registered manager explained about the safe recruitment and selection processes in place to protect people receiving a service. They said checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Staff were invited to look around the home and meet the people living there before having a formal interview. Where possible people living in the home were involved in the recruitment of staff.

Accidents and incidents were recorded and analysed to help the staff team identify and understand any patterns or trends. This enabled them to think about anything they could be doing differently and if referrals to other health professionals for support and guidance were required.

People were protected from the risk and spread of infection. Areas of the home were clean and tidy and there were systems in place to monitor that cleaning was done consistently throughout the home. There was a cleaning schedule in place and staff shared the responsibilities of cleaning people's bedrooms and bathrooms daily. Staff were also provided with sufficient personal protective equipment (including gloves and aprons) which we saw being used as appropriate during the inspection. Staff had received training in infection control and told us they knew what to do in case of an outbreak. One relative said "There is never a smell around. The hygiene must be pretty good".

The provider had systems in place to make sure the premises were safe and to respond to foreseeable emergencies such as fire. There were personal emergency evacuation plans in place for people which provided advice to staff on their safe evacuation in the event of an emergency.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We 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 were being met. We found where people lacked mental capacity to consent to their care and treatment, mental capacity assessments were completed and best interest decisions recorded. Mental capacity assessments were decision specific and evidenced that all practicable steps had been taken to support people to make the decision. For example for one person where a decision had to be made to consent to their care plan, the registered manager showed the person an old care plan and asked what it was. The person was also showed a new care plan with pictures and the registered manager explained that staff looked at the care plan to make sure they look after the person the way they wanted. The person was unable to communicate their decision but was still involved in the decision making process.

The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body. The registered manager told us three applications had been authorised but they were still awaiting assessment for two other applications. Where conditions on authorisations to deprive a person of their liberty were in place, we found these conditions were being met.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Staff demonstrated a good understanding of supporting people to make choices. Staff were aware some people who used the service lacked the mental capacity to consent to their care and treatment. They showed an understanding that people should still be encouraged to make decisions and choices about their daily living. A staff member said "It is important to let people make decisions and to follow them through". They explained people were always offered the choice of when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day. We observed staff sought permission from people before undertaking any care or support.

Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. Staff completed training which included safeguarding, fire safety and moving & handling. People living at the service had complex physical needs and senior staff also completed more specialist training such as PEG and pump training as well as oral suction. One staff member told us they had training in diabetes awareness; however felt they didn't gain sufficient knowledge from the training so asked the registered manager if they could attend a different session. Staff told us they had a lot of opportunities

for learning and professional development, for example some staff were in the process of completing their Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. Another staff member was completing an advanced level apprenticeship in Adult social care.

People were supported to eat and drink well and were weighed regularly to monitor their health. People chose each day what they wanted to eat for breakfast. There was a picture menu available to inform people each day what was planned for lunch and dinner. However, if people did not want the planned meal then staff told us alternatives were always offered. Drinks and snacks were available to people throughout the day. People also had the opportunity to eat out at times, which people told us they enjoyed. One person told us they liked spicy food. They said "The spicier the better". We saw staff offering the person chilli sauce with their cooked breakfast. People who enjoyed cooking were encouraged to help with the evening meal.

Staff members had a good knowledge of people's nutritional needs and knew personal likes and dislikes. Care plans included people's preferences for food and drink. People who were at risk of choking had been referred to appropriate health professionals such as the speech and language therapy (SALT) for guidance and support. Staff followed guidance and recommendations made for people who were on a soft diet or thickened fluids. Staff told us that during their induction they also had the opportunity to taste thickened fluids to experience what it was like for people.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Relatives told us staff were quick to respond when their family member became unwell, for example getting the doctor out when developing problems with their chest. They said "Staff is very good in avoiding hospital admission." During our inspection we saw staff noticing a person's eyes appeared sore. Staff made an appointment with the GP surgery for the same day.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they felt supported by the registered manager and other staff.

Good

Is the service caring?

Our findings

People appeared happy and contented. People who were able to verbally communicate, told us they were happy with the care they received. We saw people appeared totally at ease with staff and their surroundings.

Relatives spoke positively about the staff caring approach and told us staff went above and beyond especially when a person was admitted to hospital. They said "Staff do really care." Staff who were not on shift would offer to go to hospital to be with the person and support with eating and drinking. During our inspection we saw staff talking to people about a person being in hospital and telling people how they were doing. People made a get well soon card for the person, which staff took to the hospital later that day. The registered manager also told us that when new people planned to move to the home, that it was important to have a smooth transition. A person from the service went to meet them and became their buddy when they first moved to the home.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. For example staff were discreet when discussing people's personal care needs with them and ensured that support was provided in private. Staff described how they would ensure people had privacy when providing personal care, for example ensuring doors and curtains were closed and covering people with a towel during personal care. Staff spoke fondly about people and spent time with them either in a group or one to one. Staff anticipated the needs of people who were unable verbally to ask for help. We observed this was done by staff interpreting the sounds they made, their expressions and behaviour. A staff member said "People's facial expressions tell me if they don't feel well".

Staff told us that people were encouraged to be as independent as possible. Where possible people were encouraged to take their own laundry to the washing machine and to take part in cooking. People told us some had their own allocated jobs, for example one person was in charge of the daily fire checks, another was responsible for vehicle safety checks and another person ensured maintenance checks were completed. People told us they were proud of completing these jobs and one person took pride in showing us their record of daily checks, which they had completed independently.

Due to the complexity of some of the people's needs they could not always communicate verbally. However people's care plans identified their preferred means of communication and staff had the skills to understand and respond to that communication. For example staff knew that for one person when they were shouting loudly, waving their arms and moving their head fast from side to side, they were feeling cross. The reasons for feeling cross could be that the person did not feel listened to or not being included. For another person staff told us the person would push things away if they didn't like it. Some people also used other means of communication, for example one person used their mobile phone to text a message on their phone for staff to read.

People's records included information about their personal circumstances and important relationships. Support was provided for people to maintain these relationships, including support to visit family. A relative

said "There is a good balance between X [person] spending time at Quarrydene and spending time at home. [Person] has made lots of friends".

The home was spacious and allowed people to spend time on their own if they wished. We observed people moving around freely and going to their bedrooms if they wanted. People's bedrooms were personalised and decorated to their taste. They were able to choose their own bedding and curtains as well as the colour of the paint. We saw that one person who loved music had pictures of a famous singer painted on his walls. Staff told us the person chose the picture from a book. Another person liked the colour red and his bedroom was decorated accordingly.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. The registered manager told us they supported a person who's wish was to have specific staff towards the end of their life. Some staff was on leave at the time, but changed their plans to come in to support the person. A sofa bed was taken into the person's bedroom to enable relatives to stay over.

Staff recognised what the impact of the person passing away could have on other people as the person was popular with people in the house. Staff gave clear explanations to people about what was happening and offered diversions to keep people busy. Comments from health care professionals indicated that staff went above and beyond to provide end of life care. Compliments from relatives included "Quarrydene is unique in every way" and "The bond [person] had formed with you all was worth it all. You all made a very unwell man as comfortable as possible in the most critical moments of his life".

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. Care plans were in easy read format with pictures and the registered manager told us they spent time with people until the care plan was a true reflection of how people wanted their care.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. Relatives told us staff were quick to notice any change and responded appropriately, for example a person's wheelchair broke down over a weekend and they relied on it to get around. Staff contacted the wheelchair service immediately and got it resolved.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff wrote daily records for each person which enabled them to identify how people had responded to things that had happened that day. For example, it enabled staff to see what activities people had taken part in and if they had enjoyed them, what food they had eaten and monitor the person's health and well-being. Relatives told us communication from staff was generally good, however some relatives felt they would like to have more updates, for example when staff left or when their family member had a new keyworker.

Where people required support with their personal care they were able to make choices and be as independent as possible. We saw people's care plans had detailed information about how they wanted their personal care done, for example one person's preferences stated "I enjoy having a bath. I am hoisted into the bath in my sling, with two people. I like bubbles; ask me which bubble bath I want. Sometimes I don't like my hair washed and may shout, but if you explain what you are doing; I'll allow you to support me. Before my bath, I like to choose what to wear; offer me two choices."

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. Where people were not able to say what they wanted to take part in, staff knew for example that one person did not like to take part in activities, but loved to hold a musical instrument in their hands. Staff told us that one person loved cars and bikes. The deputy manager gave the person a moped so they could take it apart and put it together again. A member of staff who had a similar interest as the person spent time to support them. Another person loved gardening and was supported to create a lovely patio area. The person had a volunteer as his garden buddy, who visited once every two weeks. The registered manager told us they were always looking to expand people's experiences, for example one person was interested in make-up. The registered manager was looking into getting a beautician in.

People told us they were involved in the summer fete and they were looking forward to their Halloween party. Staff told us people would be making Halloween decorations and there would be a spooky treasure hunt. People also attended the local community firework display. It was a person's birthday coming up and

staff had booked the show 'Mama Mia' as the person loved the music. The registered manager told us when staff took people to shows or the theatre, they worked long hours, but they did it as they wanted to add enjoyment to people's experience. A staff member said "It's all about them [people]. We go out for tea, to the theatre or cinema or just have a girl's night out. It is important to spend quality time with people". People were supported in taking part in education and attending college. The registered manager told us it had been difficult as the college people used to attend, were no longer offering courses. People also attended activities such as the gym and hydrotherapy.

People were empowered to make choices and have as much control and independence as possible. For example staff told us people were supported to buy their own shopping. People chose what they wanted off the shelf. During our inspection we observed people were given choice and were constantly involved in decision making, from asking people what they wanted to drink, where they wanted to sit to how they wanted to spend their time. During one of the activities we saw staff asking people "Do you all want to do a big card or do your own bits and put it all on the big card?" We saw people choosing to do their own smaller cards, which were then glued onto the bigger card.

People told us they had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. People could choose who they wanted as their keyworker.

There was a system in place to manage complaints. The registered manager told us they had not received any complaints. Relatives told us they had not had to complain, but knew who to talk to if they needed to.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. Relatives knew the management team and told us they felt comfortable speaking with them. Staff told us the registered manager was approachable and they felt part of a team. They said they could raise concerns with the registered manager and were confident any issues would be addressed appropriately. Staff told us they felt supported in their role and that they did not have any concerns.

The registered manager told us their biggest challenge was recruiting and retaining suitable staff. They also told us they were continuously striving to improve. They had identified people had not been on holiday for some time as it was difficult to arrange due to their complex needs. However this was an objective they wanted to meet.

The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager said "We are here to support people to live as full a life as they can, but it is their home. We want to give them as much independence and choice as possible. There should be no reason why these people shouldn't do anything that people their own age can". The registered manager also knew the people well, for example told us that one person loved to spend time with the night staff once everyone else had gone to bed. They would have popcorn and a chat. The registered manager spoke passionately about people.

The registered manager told us they kept up to date with best practice by working with community teams and regularly attending local providers and manager's meetings. They were part of the Wiltshire manager's network and told us any information of importance was cascaded back to the team. They also worked closely with various professionals to ensure people were receiving the best care, for example taking advice from the tissue viability nurse. The registered manager told us no one using the service had a pressure sore. There were regular staff meetings, which were used to give the opportunity for staff feedback, share best practice and keep staff up to date. Actions raised during these meetings were implemented and documented accordingly. Staff meetings were held at different times to ensure night staff could also attend.

Staff told us they felt valued by the management team. Comments included "I feel valued. I won't go anywhere else" and "Everyone offers a lot of support". The registered manager told us everyone needed to know how valued they were.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People had been supported to maintain links with the local community through attending the gym, college and library. People told us they also went to the local pub and shops. Neighbours and the local community were invited to family events at the service, for example the summer fete. People's relatives brought plants and homemade cakes to sell. The money was saved and people could choose how they wanted to use it. We saw in the house meeting minutes that people discussed options and chose to have a meal out.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. We saw from the quality assurance surveys in 2015 that people and their relatives identified the flooring and décor of the house needed upgrading. Since then the house had been repainted and communal floors by the kitchen had been replaced. The registered manager told us people contributed and the environment was much more homely, warm and welcoming. The registered manager also completed regular audits of the service. These reviews included assessments of incidents, accidents, support plans, medicines, training, staff supervision and the environment. The audits were used to address any shortfalls and plan improvements to the service. We saw that action plans had been developed following the audits, with regular updates of the action taken until they were signed off as completed.

The registered manager completed observations of staff practice to ensure they had the necessary skills to meet people's care needs. For example staff were observed managing a difficult situation, providing personal care or moving people.

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. One staff member said "I love it here. People are well looked after. The manager is brilliant and a good listener. Even if it is something personal". Staff told us they would recommend working at the service as it was like a family. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction.