Mr Paul Nicholas Mould

Quarry Bank Residential Home

Inspection report

Woodfield Lane
Hessle
North Humberside
HU13 0ES

Tel: 01482648803

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 13 July 2017 and was unannounced. The inspection was carried out by two Adult Social Care Inspectors.

Quarry Bank is a care home that accommodates up to 23 older people, some of whom may be living with dementia. The home is situated in a residential area of Hessle, a small town in East Yorkshire. Bedrooms are located on the ground, first and second floors and there is a passenger lift to reach the first and second floors. On the day of the inspection there were 20 people living at the home, including one person having respite care.

At the last inspection in June 2016 we were concerned that care workers had to use restraint to prevent one person from harming themselves, and they had not completed training on the use of restraint. We were also concerned that there was a lack of evidence to record the action taken following people's falls and that safeguarding incidents had been reported appropriately. We issued a requirement in respect of Regulation 12 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that, although staff had not completed training on the use of restraint, there was no-one living at the home who required physical restraint by staff to protect them from the risk of harm. We observed staff using distraction techniques to manage people's anxieties and behaviours. The recording of falls was more robust and the records of any safeguarding concerns showed the action that had been taken by staff. The provider was no longer in breach of this regulation.

At the previous inspection we also had concerns about the low level of reporting to CQC using the submission of notifications, and the lack of audits to evidence that the quality of the service provided was being monitored. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that notifications were being submitted to CQC as required by regulation. Although we considered that the provider was no longer in breach of this regulation, we continued to have concerns about the effectiveness of quality audits. Some areas of the service were not being audited, and the audits that did take place required more detail about the action taken to address any identified shortfalls. We have made a recommendation about this in the report.

On 13 July 2017 we identified concerns about the prevention and control of infection. We identified some unpleasant odours and found some equipment that was not clean. The systems currently in place did not fully protect people from the risk of infection. This was a breach of Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

The provider is required to display their inspection rating following a CQC inspection. The rating for the inspection conducted in May 2016 was not clearly displayed within the service. The failure to display the

rating was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient numbers of staff were employed to make sure people received the support they needed, and those staff had been safely recruited. Staff received training on the topics considered essential by the provider.

People told us they were happy with the choice of meals provided at the home. People's nutritional needs were recorded and their food and fluid intake was being monitored when this was an identified area of concern.

Care plans described the person and the level of support they required. There were some anomalies in recording, although none of these had affected the care the person had received.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

Risks to people were assessed and reduced where possible. Staff received training on safeguarding adults from abuse. They were confident when describing different types of abuse they may become aware of and the action they would take to protect people from harm. People told us they felt safe living at the home.

Staff were kind, caring and patient. They encouraged people to be as independent as possible and respected their privacy and dignity. Activities took place but these were minimal.

Staff told us they were well supported through supervision and staff meetings.

There was a complaints policy and procedure in place. Relatives were asked to complete satisfaction surveys. We considered that more effort could be made to give people who lived at the home the opportunity to express their views about the service they received.

There was a manager in post. They had been registered as the manager for a long time and this provided consistency for people who lived at the home and staff. Staff and relatives reported that the home was well managed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The arrangements in place for the prevention and control of infection were not robust.

There were sufficient numbers of staff working at the home and they had been employed following safe recruitment practices.

Medicines were well managed and this ensured people received the right medicines at the right time.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were happy with the meals provided and had their nutritional needs met.

Staff received the training they needed to enable them to carry out their roles effectively.

Is the service caring?

Good

The service was caring.

We saw positive interactions between people who lived at the home and staff.

People told us that staff were kind and considerate, and respected their privacy and dignity.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive to people's needs.

People had their care needs assessed and care plans were

developed to guide staff on how to best support the person.

There was a complaints policy in place and people told us they believed any concerns they had would be listened to.

People's relatives had the opportunity to express their views about the service provided but people who lived at the home did not have a formal opportunity to do so.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The ratings of the previous CQC inspection were not displayed in the home as required by regulation.

There were quality monitoring systems in place but these needed to be more robust so there was a record of action taken to address any identified shortfalls.

There was a registered manager in post and staff reported they were well supported.

Quarry Bank Residential Home

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.

This was a comprehensive inspection that took place on 13 July 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the provider. Notifications are documents that the provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The provider was asked to submit a provider information return (PIR) before this inspection. The PIR 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. The PIR was submitted within the required timescale.

On the day of the inspection we spoke with two people who lived at the home, a relative, two members of staff, a visiting health care professional and the manager. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Following the inspection we received feedback from a social care professional.

We looked around communal areas of the home and some bedrooms, with people's permission. We also spent time looking at records, which included the care records for three people who lived at the home, the recruitment and induction records for two members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in June 2016 we were concerned that care workers had to use restraint to prevent one person from harming themselves, and they had not completed training on the use of restraint. We were also concerned that there was a lack of evidence to record the action taken following people's falls and that safeguarding incidents had not been reported appropriately. At this inspection we saw that staff did not need to use restraint to manage people's behaviours. One member of staff described how they used distraction techniques to diffuse situations, and we saw examples of staff using these techniques on the day of the inspection. Falls were being managed appropriately and the reporting of safeguarding incidents was more robust. The provider was no longer in breach of Regulation 12 (2) (c) in respect of ensuring staff had the qualifications, competence, skills and experience to carry out their role safely.

We observed that, although there was evidence of regular cleaning, some areas of improvement were required to ensure staff were consistently following best practice in relation to the prevention and control of infection. For example, there was an unpleasant odour on entering the premises and in one bedroom. Bathing and toileting equipment had not been thoroughly cleaned and clean linen was stored in a bathroom. One window frame in a bedroom was damaged which meant it could not be kept clean and one toilet had no hand wash or paper towels.

There was no prevention and infection control audit in place which demonstrated that there was minimal monitoring of hygiene standards at the home.

This was a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

The home had received a food hygiene score of five, which was the highest score available. The inspection was carried out by health and safety inspectors and checked hygiene standards and food safety in the home's kitchen.

People told us they felt safe living at the home and staff described to us how they kept people safe. Comments included, "We have risk assessments in place and these are followed by staff" and "We observe people all of the time – there is always a member of staff around."

When risks had been identified, action was taken to minimise potential risks without undue restrictions being placed on people. We saw risk assessments in respect of bathing, skin integrity, use of the stairs and shaving. Some people were not able to use the emergency call bell and the manager told us two hourly checks were made on people during the night. We discussed how this should be recorded in a risk assessment.

When people required positional changes to reduce the risk of developing a pressure sore, records indicated that these positional changes were carried out consistently. A health care professional told us, "Staff always refer to us if they have any problems. If we say people need a particular turning regime, they will follow it.

They act on our advice."

We saw that mobility assessments recorded any equipment a person required to mobilise safely, and any assistance they required from staff. We saw staff assisting people to mobilise and noted this was carried out safely. There was also an environmental risk assessment in place that recorded potential risks in the premises and how these had been minimised.

Staff received training on safeguarding adults from abuse. They were confident when describing different types of abuse and the action they would take to protect people from harm. Staff told us they would pass on any concerns to the manager and were confident their concerns would be dealt with immediately. One member of staff said, "I have never seen anything that concerned me but I feel able to report concerns to the manager." Staff told us there was also a whistle blowing policy at the home that all staff had read.

The manager told us the standard staffing levels were three care workers throughout the day and two care workers overnight. We looked at the staff rota for July 2017 and this showed these levels had been consistently maintained. Staff and people who lived at the home told us they felt there were sufficient numbers of staff on duty. One member of staff told us, "We have our busy periods but every home does." A health care professional told us, "There are always enough staff around. When we come in they always assist us. They don't just point and tell us where someone is."

A cook and a domestic assistant were on duty each day in addition to care staff. This enabled care staff to concentrate on supporting people who lived at the home.

We checked the recruitment records for two members of staff. These records evidenced that references and a Disclosure and Barring Service (DBS) check had been obtained. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. Although some forms of identification had been retained, there was no photographic evidence for both of the employees whose records we checked. The manager assured us this would be obtained.

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately; this included the management of controlled drugs (CDs). CDs are medicines that require specific storage and recording arrangements. Both members of staff who we spoke with told us that they had been observed by the manager when administering medicines to check that they carried out this task safely. The home's pharmacy supplier carried out an inspection on 10 July 2017 and we saw only a small number of recommendations were made, some of which had already been addressed.

Accidents and incidents were recorded but there was no information about any treatment the person received. The manager told us that this information was recorded in the person's daily records but they would start to include it on accident records. Accident and incident records also required analysis to identify any trends that were emerging or any areas that required improvement.

There was no contingency plan available on the day of the inspection. This was forwarded to us following the inspection. We discussed with the provider how the plan could be improved by the inclusion of additional advice for staff. People had a personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need to leave the premises in an emergency.

We reviewed service certificates and these evidenced that equipment and systems had been appropriately

maintained. This included fire extinguishers, the fire alarm system, mobility hoists, the electrical installation, portable electrical appliances, the emergency call system, gas appliances / systems and the passenger lift. In-house maintenance was carried out, such as checks on emergency lighting, window opening restrictors and water temperatures, and tests of the fire alarm system.

Good

Is the service effective?

Our findings

People told us they liked the meals at the home. One person said, "It's quite nice." People's special dietary requirements and their likes and dislikes were recorded in their care plan and we saw people had appropriate nutritional assessments and risk assessments in place. Staff were able to describe people's special diets to us. When people were at risk of weight loss or gain, charts were used to monitor their food and fluid intake. We saw that these had been completed consistently, although the target amount of fluid intake and the total fluid intake for each person had not been recorded. The manager told us this would be addressed with staff. Care plans recorded visits from speech and language therapy or dietetic services when risks about choking or malnutrition had been identified, and there was a record of the advice given to staff.

There was a chalk board in the dining room that recorded the day's menu, although we discussed with the manager that the menu required more detail. We observed the serving of lunch; the meal looked appetising and we observed that people were offered a choice of meals and drinks. People were offered appropriate support with eating their meal, and some people had plate guards so they could eat independently.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the record of DoLS applications that had been submitted to the local authority for authorisation, the DoLS that had been authorised and, in one instance, that the renewal had been applied for.

Although the manager told us staff had training on MCA and DoLS, we found staff had only a basic understanding. However, they did understand the importance of obtaining people's consent to their care.

Staff described to us how they helped people to make day to day decisions and have control over their lives. They said they asked people what they would like to wear, and helped them to make choices. One staff member said, "We ask what time they would like to go to bed, as some people liked to go early and others later." Another member of staff described someone who did not have verbal communication, and how they showed this person choices and the person pointed to their preferred choice.

Staff received induction training when they were new in post. When people had completed training whilst working elsewhere, the manager obtained copies of their training certificates to help them assess the person's competency and level of knowledge. The manager told us that the training they considered to be essential was food hygiene, health and safety, first aid, fire safety, safeguarding adults from abuse (to include MCA and DoLS) and the control of substances hazardous to health (COSHH). The manager said that they expected staff to complete this training every two to three years.

Staff told us they had recently attended refresher training on fire safety, health and safety and food hygiene, and that they were due to attend training on end of life care. One member of staff said they had just completed National Vocational Qualification (NVQ) Level 2 (or equivalent) in Care. Staff told us they could

request additional training if they felt they needed it. One member of staff said they would like refresher training more frequently and that some had recently been booked.

Staff told us they felt well supported and that they had regular supervision meetings. Supervision meetings give staff the opportunity to meet with a manager to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. One member of staff said, "I said I would like to go on training about end of life care and this has been arranged."

People were supported by GPs, community nurses and other health care professionals and all contacts were recorded. Any advice given by health care professionals had been incorporated into care plans. A member of staff told us about one person who was diabetic and had insulin injections from the district nurse. They said the district nurse had given them an information pack about hypoglycaemia (when blood sugar falls to a dangerous level) so they were now aware of the symptoms of hypoglycaemia and when they needed to contact a district nurse. Care professionals told us that staff acted on any advice they were given. Comments included, "Staff took advice from district nurses and speech and language therapists about skin care and safe eating and drinking" and "Staff refer to us promptly if they have any concerns."

Staff told us they had good relationships with GPs and said, "We can ring first thing in the morning and request a visit that day." A relative told us their family member's health care needs were dealt with promptly and they were kept up to date with details of any health care appointments.

We noted that some people had patient passports in place but others did not. These are documents that people can take with them to hospital admissions when they are not able to communicate information about their care and support needs to hospital staff. They provide hospital staff with information about the person to enable them to meet their needs. The manager told us that everyone had a patient passport in place and they would ensure copies were placed in their care plan.

We observed that people who could mobilise independently walked around the home without restriction and had no problem with finding their way around. Some areas of the home required redecoration and the manager told us that this had been identified and was being addressed. They showed us the refurbishment programme for 2017. There was signage to help people identify areas of the home but we noted that some signs would benefit from being placed lower down so they were at eye level.

Good

Is the service caring?

Our findings

We saw positive interactions between people who lived at the home and staff. Staff were kind, caring and patient, and they spoke with people respectfully and courteously. Staff were able to reassure people if they became upset or anxious. People told us that staff cared about them. Comments included, "They [the staff] are very nice." Whilst we were sitting with someone who lived at the home, a care worker walked past and the person told us, "She's lovely, that one." A relative told us, "Our family member is well looked after here. They were in another care home and they are happier here."

A social care professional told us, "All the staff I spoke with about my client appeared to really care about them. They would talk to me about how long they had been living with them. Staff would tell me how my client used to be before their dementia advanced - what they liked to do etc. They spoke with them in an appropriate manner when I was present."

We saw people who lived at the home looked well cared for, were clean shaven (when this was their choice) and wore clothing that was in keeping with their own preferences.

On the day of the inspection we observed that staff were discreet when providing assistance with personal care. Staff described how they promoted people's privacy and dignity. One member of staff said, "Personal care is done in people's bedrooms or bathrooms. We lock doors and shut curtains. We check people are happy with what we are doing and explain to them all along."

People were supported to be as independent as possible. On the day of the inspection we saw that staff encouraged people to do things for themselves when they were capable of doing so.

There was information available in the home about advocacy services. Advocacy services help vulnerable people access information and services, be involved in decisions about their lives and explore choices. One person had previously been supported by an Independent Mental Capacity Advocate (IMCA). IMCAs provide support for people who lack the capacity to make their own decisions and have no-one else to represent them.

We saw that written and electronic information about people who lived at the home and staff was stored securely. This protected people's confidentiality. The provider was registered with the Information Commissioners Office (ICO). The ICO is an organisation that promotes data privacy for individuals.

The feedback we received from health and social care professionals indicated that staff provided effective care and support for people who were receiving end of life care and their families. The manager told us that night staff were currently undertaking training on end of life care that included information about medicines commonly prescribed for people receiving palliative care. This was to provide staff with the additional skills and knowledge they needed to give them the confidence to provide end of life care effectively and sensitively.

Good

Is the service responsive?

Our findings

Managers completed an initial assessment of people's needs before they moved into the home, including a nutritional assessment and a moving and handling assessment. A care plan was developed from these assessments. Care plans contained information for staff about how to meet people's needs in a variety of areas, including nutrition, mobility, personal hygiene, physical health, medication and bathing. We saw that care plans contained sufficient information to ensure staff were aware of people's specific care and support needs and to enable staff to provide care that was centred on the individual. This included their hobbies and interests, their likes and dislikes and family relationships.

A social care professional told us, "Staff appeared to be aware of my client's individual needs and did what they could to meet them, for example, care needed for someone who was being nursed in bed." They added that staff also provided support to this person's spouse. A health care professional told us, "Staff can always tell you how people have been during the last 24 hours; what they've had to eat and drink etc."

Information about specific conditions had been obtained and included in care plans; this gave staff information that helped them understand the person's health care needs. Staff displayed a good knowledge of people's individual care needs and personalities. Comments from health and social care professional included, "It's a staff team who've been here a long time so they know people well."

Care plans were reviewed regularly to ensure that information was reflective of people's current needs. However, we noted some minor anomalies in care plans where recent incidents had not been included, which meant the person's care plan was not completely up to date. The manager assured us these updates would be carried out straight away.

People were supported to keep in touch with family and friends and visitors were made welcome at the home. We spoke with some visitors on the day of the inspection and we received positive feedback about the care and support their relatives received.

People told us that there were not many activities on offer, although they were not able to tell us how they would like to spend their time. One person said, "There's not much going on. We used to play dominoes." Some people spent time on individual activities; one person was crocheting a blanket throughout the time of our visit and another person was reading a newspaper. A diary recorded activities that people took part in and we saw these were mainly watching TV, reading newspapers and listening to music.

Staff told us they were finding it difficult to engage people in activities. They said some of the men liked to play dominoes and to 'kick a football around'. Other people liked ball games or to carry out simple chores like folding laundry and sweeping the floor. A singer visited the home every 5 – 6 weeks. A social care professional told us that one person had received one to one support from staff. They said, "Staff offered one to one time with the person, listening to music they used to enjoy in the past and offering hand massages."

A local vicar visited the home and they held a monthly church service. A member of staff said, "Less and less people are interested in attending."

Information about making a complaint was available in the home's statement of purpose. People told us they were certain the manager would listen to them and address any concerns or complaints they had. A relative told us, "We're quite confident that [Name of manager] would deal with any concerns. We are quite happy with the care here though – we have no concerns." Staff also felt they could raise concerns and the manager would listen to them. The manager told us that one formal complaint had been received during the previous 12 months and had been investigated by the provider.

There were no meetings for people who lived at the home, and no satisfaction surveys were handed to them. The manager told us that they had tried different ways of engaging people who lived at the home in giving feedback but people either did not have the capacity to take part or were reluctant to do so. We discussed how it would be helpful to re-consider this as it was important to gain feedback from people who used the service.

A survey had recently been distributed to people's relatives. Responses were received from nine relatives and the information had been collated. We saw that all of the responses were positive and included, 'Staff are brilliant', 'All staff do a very good job' and 'We are always made welcome'.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in June 2016 we were concerned that there was a lack of auditing to demonstrate that people were receiving a good quality service. At this inspection we saw that, although more quality audits had been carried out, they were not robust and more areas of the service needed to be audited.

We recommend that the provider researches appropriate quality audit systems that can be used to monitor the effectiveness of the service.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a 'notification'. At the last inspection we were concerned that the manager had not informed CQC of some significant events such as DoLS authorisations. We wrote to the provider to inform them that this was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulation 2009. At this inspection we found that notifications had been submitted when required and the provider was no longer in breach of this regulation.

The provider is required to display their inspection rating following a CQC inspection. The rating for the inspection conducted in June 2016 was not clearly displayed within the service. The failure to display the rating was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a manager in post who was registered with the Care Quality Commission. 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. The manager had been at the home for a number of years and this provided some consistency for people who lived at the home and staff.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely, although some documents had to be forwarded to us following the inspection.

People who we spoke with knew who the manager was. One person said, "She's lovely. She's busy in the office but we see her." Relatives told us they were happy with how the home was managed. One relative told us, "Whenever we have visited [Name of manager] has been here. They sit and have a chat with us so we know what is going on." Staff told us that they could always go to the manager if they had a problem and could speak with the provider if the manager was not at work. They felt both listened to them. A social care professional told us, "I find that if the care staff show a caring, professional attitude to the residents in their care, this usually stems from the attitude of the management, so I would think that this service is well-led. The unit manager I spoke with at times was always aware of my client and their needs."

The manager described the home as "Homely" and "Friendly" and told us, "People should be who they are. They deserve to be loved." Staff described the culture of the service as "We are here to make sure the residents are happy. They come first" and "We put the residents first."

The manager told us they arranged staff meetings four times a year and staff confirmed they attended meetings. The minutes of the most recent meeting showed staff had discussed medicines, keyworker duties, entertainments and use of the 'niggles' folder, as well as the care people received. The manager told us she and either the deputy manager or a senior care worker attended meetings arranged by the local authority so they received up to date information and advice on best practice from the local authority, CQC and other guest speakers.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not provided in a safe way for people who used the service by assessing, preventing, detecting and controlling the spread of infections. Regulation 12 (1)(2)(h)