Rotherham Metropolitan Borough Council

Quarry Hill Resource Centre

Inspection report

58 Quarry Hill Road
Wath Upon Dearne
Rotherham
South Yorkshire
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Tel: 01709873404

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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

Quarry Hill is a care home providing residential care to people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Quarry Hill provides respite [short stay] care on both a planned and short notice basis. The home is located in a residential area on the outskirts of Wath-Upon-Dearne close to shops and has good transport links. Overall the service supports approximately 49 people with respite care over the year. At the time of the inspection four people were staying at the home.

At the last inspection in August 2015 the service was rated 'Good' overall. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Quarry Hill Resource Centre' on our website at www.cqc.org.uk'. At this inspection we found the service remained 'Good'.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. As the manager was also registered for two other council care homes they were supported by a deputy manager, who worked across two respite service organising the day to day running of each home.

People we spoke with said they enjoyed staying at the home and were very happy with the care and support they received. The relatives we spoke with also spoke very positively about the staff and the home in general.

Systems were in place to protect people from the risk of harm. Staff were knowledgeable about keeping people safe and were able to explain the procedures to follow should any concerns be raised. Risk assessments had been completed to help keep people safe and encourage their independence.

Staff knew the people who stayed at the home very well and provided individualised care and support. People were enabled to continue with their usual routines, such as attending day centres and jobs, as well as taking part in their hobbies and interests.

There was a robust medication system in place which ensured people received their medications in a safe and timely way from staff who had been trained to carry out this role.

The recruitment system helped the employer make safer recruitment decisions when employing new staff. A structured induction and training programme helped to ensure staff maintained and developed their knowledge and skills. However, information regarding the training completed by contracted staff not employed directly by the service had not been checked. The management team checked this following the inspection and have told us action was being taken to address any shortfalls.

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

People received a well-balanced diet that they were involved in choosing, shopping for and helping to prepare.

People's assessed needs were checked and updated prior to each stay at the home. Information gathered was used to update their support plans and inform staff. Care files provided detailed information about the areas people needed support in and reflected their abilities and preferences, which enabled staff to provide individualised care.

The registered provider had a complaints policy to guide people on how to raise concerns and there was a structured system in place for recording the detail and outcome of any concerns raised. This was also available in an easy to read version that used pictures to help people understand the process.

There was a system in place to enable people to share their opinion of the service provided. We also saw checks had been made to make sure policies had been followed and the premises were safe and well maintained. However, these would benefit from additional detail, such as monitoring of cleaning and clear action plans to say what needed improving and the timescales for work to be completed.

We found policies and procedures had not been reviewed regularly to ensure they were up to date. This had been highlighted by an external auditor prior to our visit and we were told a review was being undertaken.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service was caring.

People were supported in a caring, friendly and inclusive way. Staff interacted with people positively, while respecting their privacy, dignity, preferences and decisions.

Staff demonstrated a very good knowledge of the people they supported and supported people to maintain their independence.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Quarry Hill Resource Centre

Detailed findings

Background to this inspection

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

The inspection took place on 31 January 2017 and was carried out by an adult social care inspector. The inspection was announced shortly before our visit because as this is a small respite service we needed to make sure someone would be available to assist with the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also requested the views of professionals who may have visited the home or received information they could share with us, this included Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We met all the people staying at the home at the time of our inspection. We asked them for their opinion of the service provided and observed how staff interacted with them throughout our visit. Following our visit we also spoke with the relatives of two people who were not staying at the home at the time, but had stayed there regularly in the past.

We spoke with the deputy manager, a domestic and three care staff to gain their views on working at the home. We also spoke briefly with the registered manager at the end of the inspection.

We looked at documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing three people's care and medication records, three staff files, training and support records, quality audits, policies and procedures.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt the home was a safe place to stay. One person staying at the home commented, "They [staff] are nice to us." A relative said, "When I leave [family member] there I have no qualms about it. I don't worry a bit."

We saw risk assessments were in place to reduce areas where people may be more at risk and emergency plans were in place to ensure people's safety in the event of a fire or other emergencies at the home. When we looked round the home we also noted the fire procedure was in easy read format with pictures to help people understand it better.

People who used the service were protected from the risk of abuse, because the registered provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse that could take place and their role in reporting any concerns.

There was a system in place to record untoward incidents and accident. We saw where incidents had been reported action had been taken to investigate how and why they had happened so lessons could be learned for the future.

People's comments, and our observations, indicated there was enough staff on duty to meet the needs of the people staying at the home at the time of our visit. The deputy manager told us staffing numbers were determined by the number of people staying at the home at any one time, what activities people required support with and if they needed any one to one support.

The deputy manager said there were several staff vacancies, but interviews had been arranged to fill these posts. In the meantime staff employed to work part time were picking up extra shifts and staff from other council services were covering gaps in the rota. The deputy manager told us that as they were not counted in the staffing numbers they could also help to cover shortfalls. Describing staffing levels one member of staff told us, "It depends on the client's needs. Today we have two people that can go out independently and two staff to support the two other people." They said that if people staying at the home needed more support extra staff might be needed. Another care worker told us, "It's okay now [with two staff on duty], but it can be different if there are six clients staying, depending on their needs." The deputy manager said staffing numbers would be increased if more support was needed.

The registered provider had a structured recruitment and selection process which checked potential staff were appropriate to work with vulnerable people. This included face to face interviews and undertaking pre-employment checks, such as written references and a criminal records check. The deputy manager told us no new staff had been employed since the last inspection, although one person had transferred from another service. However, we noted that existing staff files did not always evidence that appropriate checks had been made, because they were either held at the registered provider's office or had been archived. The management team said they would look into ensuring either original or copies of these documents were in

each file. Once appointed, staff took part in a structured induction programme.

Medication was securely stored and there was a robust system in place to record all medicines going into and out of the home. This included staff counting each person's medicines on their admission and discharge. Prior to admission staff also checked if there had been any changes in people's medication so records could be amended. We found Medication Administration Records [MAR] were accurately completed and regular checks had been undertaken to make sure staff were following company policies and best practice guidance.

Staff told us if people were able to be responsible for administering their own medicines this was encouraged. One person we spoke with said they were responsible for their own medication and showed us how they did this safely. In the person's care file we saw an assessment had been carried out to make sure they were able to be responsible for their medicines, and understood the importance of keeping them safe.

Staff who administered medication had received training on this topic, with refresher training being completed periodically. However, there was no formal system in place to check staffs on-going competency. The deputy manager told us she had competency forms and was to carry out the checks as a priority.

The home was clean, tidy and well-furnished and there was a real homely feel to the place. However, cleaning records had not been consistently completed since November 2017. We asked the deputy manager about this and she explained that was the time the service moved over to using contract cleaners, and said the shortfall in the completion of the records was an oversight. She told us she would reintroduce the cleaning records immediately.

Cleaning schedules were available to determine what jobs needed doing and when. We spoke with the person cleaning the home during our visit. They described in detail what cleaning they carried out each day, which covered the areas of responsibility they had.

Staff were provided with appropriate personal protective equipment (PPE). They told us they had received training in the control and prevention of infection and undertook periodic refresher training in line with the registered provider's policy.

The service had access to a part-time maintenance person who maintained the building and carried out checks to make sure equipment and systems were in good working order.

Good

Is the service effective?

Our findings

People we spoke with talked about the home in a positive way and told us staff supported them how they wanted to be supported. One person said, "The staff are lovely." The relatives we spoke with also praised the staff saying, "They [staff] are magnificent, they are always there when you need them." Another relative told us staff were, "Absolutely fabulous, they have been so supportive to both me and [family member]." We saw staff supporting people in a skilful, reassuring and understanding manner.

People were supported to maintain good health and to access healthcare services while they were staying at the home if required. Staff told us most people who stayed at the service would not have any prearranged healthcare visits planned. However, they said they would support them to access professionals such as their GP, optician or dentist as needed.

The deputy manager said staff and people staying at the home sat in the dining room and ate together. Staff showed us the planned menus for the week, which had photos of each meal to make it easier for some people to understand the meal offered. However, people said the menu was only a guide and meals could be changed to suit people's individual preferences.

People told us they were happy with the meals provided at the home. They described how they were involved in choosing menus, with some people helping to shop for and prepare meals. We saw one person taking the planned evening menu round to each person asking if they were happy with the option or wanted something different. People told us they helped themselves to drinks and snacks with one person adding, "Sometimes I cook, but other times the staff cook, it depends how I feel."

Staff demonstrated a good knowledge of people's specific requirements in relation to meeting their nutritional and hydration needs. Care records contained information about people's individual likes and dislikes in relation to food, as well as any particular dietary needs. This helped staff to make sure people received the diet they needed and preferred.

Staff received a structured induction and on-going training to help make sure they could meet the needs of the people who stayed at the home. This included new staff completing essential training and working alongside experienced staff until they were assessed as competent to work on their own. The deputy manager told us new staff would also be assessed to see if they needed to complete the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff had access to a varied training programme which was either face to face sessions or using e-learning. They told us they thought the training provided met their needs. Topics covered included health and safety, fire awareness, the Care Act, supporting people with a learning disability and dementia awareness. We saw certificates to confirm these sessions had taken place. However, the training file was disorganised and it was difficult to find information. The deputy manager said a new training person was to be appointed shortly, which would lead to all records being reviewed.

We also saw staff had been encouraged to undertake nationally recognised care awards to enhance their knowledge and skills. For instance, one member of staff said they had completed level two and three of a care award, as well as level three in a management award.

The service employed contracted domestic staff who were not directly employed by the registered provider. The domestic we spoke with said they had not received any training updates for five to six years and the deputy manager said they had not checked this out prior to them starting to work at the home because they were employed by the council. We asked them to follow this up. Following the inspection the deputy manager told us they had contacted the appropriate person and been told all staff contracted had received an induction and basic training, which was refreshed every three years. They said they had asked for evidence of this, but were also including contracted staff in some of the training arranged for permanent staff, to ensure they had the skills and knowledge needed.

Records showed staff received regular one to one support meetings and an annual appraisal of their work performance. Staff confirmed these meeting had been useful and that they felt well supported.

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. At this inspection we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The management team had a good understanding about gaining consent and the process for making decisions in people's best interest, and this was reflected in the records we saw. Staff told us they had completed training in this topic.

People capacity was considered during care assessments. Care records gave staff guidance about the best time for people to make decisions and choices. One person we spoke with told us, "We have the freedom to do what we want." People confirmed they had been involved in planning the support they wanted and they had signed their support plans and care reviews to acknowledge this.

People who lack the 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. At the time of our inspection the deputy manager told us none of the people who used the service had a DoLS in place.

Good

Is the service caring?

Our findings

People we spoke with told us they had stayed at the home periodically over a number of years. We saw staff supported people in a responsive manner while assisting them to go about their daily lives. They treated each person as an individual and asked them what they wanted to do, giving them control over what and how things were done.

Throughout the inspection we saw staff and people staying at the home cared about each other. One person asked a staff member about their child and the care worker chatted with them in a friendly way, answering their question. Staff demonstrated a genuine affection for people wanted to help them attain their aims. People told us staff were 'kind', 'friendly' and 'lovely'. One person said, "I like them, they are always friendly." A relative commented, "I can't fault them [staff] at all. They are like family."

Although people only stayed at the home for a short period of time they were encouraged to bring their favourite things in with them, such as CD's and games. Each bedroom was equipped with a television and a CD/DVD player so they could spend time privately if they did not wish to sit in the communal lounge area.

Care files provided information about people's preferences and what was important to them. This helped staff to support them in the way they preferred. Staff we spoke with were knowledgeable about people's needs, likes and dislikes. We saw interaction between people using the service and staff was relaxed and inclusive. For instance, staff asked each person what they wanted for their evening meal and made sure they got their choice.

People were encouraged to be as independent as they could be. We saw they went out in the community unescorted where it had been assessed that they were safe to do so and staff were on hand to support those people who needed assistance to access the community. One person told us they were responsible for their own medication, while another person said they sometimes cooked their own meals.

Doors around the home had pictorial signs on bedroom, bathroom and toilet doors, to help people find their way round. Staff demonstrated a good awareness of people's communication needs and supported them appropriately. One care file we checked clearly explained the person's communication needs and how best staff could support them to express themselves. A care senior care worker described how they also used hand gestures and Makaton [a language programme using signs and symbols to help people communicate] to speak with one person.

We saw staff respected people's privacy and dignity by allowing them time on their own and valuing their opinions. People freely went to their room or out to the shops and staff respected that while people stayed at the home their room was their space. Staff told us they had received training in respecting people's privacy and dignity and demonstrated their knowledge of this topic during our visit. For example, they told us they knocked on people doors, and waited to be invited in and made sure peoples dignity was preserved while helping them to shower or bathe.

Care files contained information about people's religious beliefs and staff said they would endeavour to support them continue to follow their usual practices. Training records showed staff had completed equality and diversity training to help them understand how to recognise and understand peoples' differing needs.

Relatives we spoke with told us staff welcomed them when they visited the service. They said staff communicated with them well and showed genuine interest in them, as well as their family members. One relative commented, "Staff are always welcoming and ready to talk to you."

We saw people were given information about how the home intended to operate, such as the complaints procedure and a service user's guide. These were also available in an easy read version with pictures to help people understand what was being explained.

Good

Is the service responsive?

Our findings

Everyone we spoke with said they were very happy with the care and support staff delivered. They described how staff supported them as they wished and responded to their preferences and changing needs. A relative told us, "They are there when you want them. If it's an emergency they will arrange to take [family member] for me. Last time [family member] looked really well when they came home." Another relative commented, "They involve me and consult me about changes. They keep on top of it all and support me too."

Full assessments of people's needs had been carried out prior to their initial stay at the service. Following this a member of staff contacted the person's representative before each stay to check if there had been any changes in the person's wellbeing, their needs, health or medication. They also checked to see if there were any appointments or planned activities they were to attend during their stay at the home. This information was then used to update their support plans.

Each person had a care file which detailed the care and support they required, any risks associated with their care, their preferences and daily routines. Support plans were person centred so they were tailored to meet people's specific needs. They clearly involved the people who used the service, as well as other people relevant to their care, such as their parents. One file we looked at had been partially written by the person themselves. They had completed the 'One page plan' which told staff how best to support them, their likes and dislikes and activities they enjoyed taking part in. This provided a quick reference for staff on how they could best support the person and their preferred daily routines. Support plans completed by staff were detailed and reflected what the person had said they liked.

Records were maintained about how people had spent their day, what they had enjoyed doing and any changes in their wellbeing. Care reviews had taken place at least every six months and included family members, friends and professionals, as applicable. At these meetings the person's care package was reviewed and they were asked about their satisfaction with the service provided.

During their stay people were encouraged to continue with any hobbies, interests, education and jobs they would normally access at home and in the community. On the day we visited some people went to a day centre or their job placement, while one person stayed in the home due to the poor weather conditions. A member of staff supported them to use the computer and to do some crafting. People told us they enjoyed their jobs and the day centre, where they took part in subjects such as cooking. They said they also liked to go out in the evenings to local pubs and social clubs, and we heard people making arrangements to go to a social club that evening.

Staff told us people also enjoyed going out to play bingo, darts or bowling, as well as visiting a café or a disco. There was a computer in the dining room that anyone could use and some people liked to go for walks, go shopping, play on the WII or do arts and crafts. They said it all depended on the person being supported. There was a spacious conservatory overlooking the garden that offered a comfortable, quiet place for people to sit and relax.

The service had a complaints procedure which was available to people staying at and visiting the home, this was also available in an easy to read pictorial format. The deputy manager told us no complaints had been received over the past year, but there was a system in place to recorded people's concerns and what action had been taken. We also saw thank you letters displayed on a noticeboard which complimented staff for the care and support they had provided.

During our visit no-one raised any concerns or complaints with us, but they said if they were worried about anything they would feel able to talk to the staff. When we asked a relative if they had raised any concerns with the service they replied, "No, never ever. I can't fault them."

Good

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. As the manager was also registered for two other council care homes they were supported by a deputy manager, who worked across two respite service, organising the day to day running of both services. Other team members included senior care workers, care workers and domestic staff.

Our observations and discussions with staff, people who used the service and relatives showed everyone was happy with how the management team ran the home. Relatives spoke very highly of the management team, staff and how the home operated. One relative told us, "Just keep it [Quarry Hill] open. I don't know what we'd do without it."

Photos of people who had stayed at the home were displayed in the dining room, with speech bubbles containing comments about their thoughts on staying at Quarry Hill. Comments included, "I like coming to Quarry Hill to make new friends." Another person said, "I like all the staff and going to the pub."

A positive, person-centred culture was promoted. People's views were sought on a day to day basis and they told us they felt they could speak openly with staff about anything, and they would listen to them and act on what they said. People's opinions had also been sought through care reviews and telephone discussions. In the past an annual survey had been carried out, but the registered manager said this had been postponed because consultation questionnaires had been sent out to people about the future of the councils care services. He said they did not want to overload people with questionnaires. The outcome of this survey was still being collated, but a relative confirmed they, and their family member had been asked to complete the questionnaire.

The home was well organised and there was a good atmosphere present throughout our inspection. Staff knew what their roles and responsibilities were and carried them out to a good standard. They told us they felt they could approach the registered manager or the deputy with any concerns or ideas and they would be listened to.

Staffs views were captured at staff meetings, one to one discussions and informally during the working day. They told us the deputy manager was based at the home two to three days a week, but was always on the end of the phone if needed. One member of staff said, "I enjoy working here, but morale has been a bit low due to not knowing about the future of the home [due to the consultation taking place on the future of council run services]."

There were planned and regular checks completed to check the quality of the service provided. Topics covered included infection control, finance, care plans and dignity. These checks had been used to identify actions needed to continuously improve the service. Overall we found audits had been effective in

maintaining a good quality service, but had not always been effective in bringing about change and improvements. For instance, the infection control audit had not identified that records to monitor routine and deep cleaning tasks had not been completed in line with cleaning schedules. We also saw that although shortfalls had been identified, and in most cases addressed, action plans were not always completed with the details of what action was needed, who was responsible and the date completed. These issues were discussed with the deputy manager who said they would make sure amendments were made to future audits.

The management team told us an external auditor had assessed the home shortly before our visit. They sent us a summary of their findings which showed that apart from policies and procedures needing reviewing and updating there were no other major concerns, however, there were areas that could be improved. We had also identified that policies and procedures had not been reviewed and updated since 2013. The management team told us these were currently being reviewed to make sure they reflected how the service operated, any new legal requirements and good practice guidance.

We found the management team strived to keep abreast of changes and best practice. For example, a management team meeting had been held to discuss the new CQC Key Lines of Enquiry, used by us to assess if services are meeting Regulations.