Quarryfields Health Care Limited

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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

The inspection took place on 15 March 2016 and was unannounced. We last inspected the service in August 2014 when it was found to be meeting with the regulations we assessed.

Quarryfields is a purpose built home on the outskirts of Doncaster close to local facilities and transport links. It accommodates up to 24 people with a learning disability or autistic spectrum disorder, who require personal and/or nursing care. The home comprises of a four bedroom house, a one bedroom house, two eight bed bungalows, a two bed flat and a single occupancy flat.

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 and associated Regulations about how the service is run.

People we spoke with told us they felt safe living in the home. Throughout our inspection we saw staff encouraged people to be as independent as possible while taking into consideration their wishes and any risks associated with their care. People's comments, and our observations, indicated people using the service received appropriate support from staff who knew them well.

People received their medicines in a safe and timely way from staff who had been trained to carry out this role.

There was enough skilled and experienced staff on duty to meet people's needs. There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. New staff had received a structured induction and essential training at the beginning of their employment. The majority of staff had received timely refresher training to update their knowledge and skills. Where this had not taken place the registered manager had identified shortfalls and was arranging further training.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

We saw people received a well-balanced diet and were involved in choosing, shopping for and helping to

prepare what they ate. People's comments indicated they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

We found people's needs had been assessed before they moved into the home and they had been involved in formulating support plans. Records reflected people's needs and preferences so staff had clear guidance about how to support them. Support plans and risk assessments had been regularly evaluated to ensure they were meeting each person's needs, while supporting them to reach their aims and objectives in a safe way.

A varied programme of activities and education took place both in-house and in the community which was tailored to each person's individual needs and interests. People told us they enjoyed the activities they took part in, which they felt enhanced and improved their lives and abilities.

The 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.

There was a system in place to enable people to share their opinion of the service provided and the general facilities available. We also saw an audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed the provider had put action plans in place to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

There was enough staff employed to meet people's individual needs. Recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Robust systems were in place to make sure people received their medicines safely, this included key staff receiving medication training.

Is the service effective?

Good

The service was effective

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

Records demonstrated the correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed a structured induction and a varied training programme was available, which helped them meet the needs of the people they supported.

People were encouraged to be involved in the planning, shopping for, and preparation of their meals, which meant they met their individual needs and choices.

Is the service caring?

Good

The service was caring.

People described the staff as caring and said they were happy with how they supported them. No-one raised any concerns with

us about the care and support they received.

Staff demonstrated a good knowledge of the people they support, whilst understanding the need to maintain their independence.

Staff interacted with people in a positive way while respecting their privacy, preferences and decisions.

Is the service responsive?

Good

The service was responsive

People were involving in developing their support plans which reflected their individual needs and preferences. Plans had been evaluated on a regular basis to check if they were being effective in meeting people's needs.

People had access to a varied programme of activities and stimulation that was tailored to meet their individual needs and preferences.

People knew how to make a complaint and systems were in place to manage any concerns received. The people we spoke with raised no complaints or concerns.

Is the service well-led?

Good

The service was well led

There was a system in place to assess if the home was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular audits. Action plans had been used to make sure issues were addressed and improvements made where needed.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Quarryfields Health Care Limited

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 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 15 March 2016 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 19 people using the service. We spoke with four people who used the service and two relatives. To help us understand the experiences of people who used the service we also spent time in communal areas observing how care and support was provided and how staff interacted with people.

We spoke with the registered manager, the operations director, the clinical lead nurse, two nurses and six care workers, as well as the occupational therapist and one of the activities team. We looked at

documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing four people's care records, staff rotas, training records, four staff recruitment and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with felt the home was a safe place to live and work, and our observations confirmed this. Someone who was living at the home told us, "Yes, I feel very safe here." A relative said, "Yes, he [person using the service] is definitely safe here. There is an alarm on his door so staff know if he comes out of his room." Another relative commented, "We have always thought he [person using the service] is safe here as staff know him." When an alarm went off during our visit [although this turned out to be accidental] we saw several members of staff rushed to the person's room promptly to check if assistance was required.

We found the premises were secure, with key pads used to access specific areas of the home. Staff explained they had to carry 'panic alarms' when working in certain areas of the home so they could call for assistance if needed. One person told us, "There are panels all over the buildings so staff can react quickly [to offer assistance to the person activating the alarm]."

Care and support was delivered in a way that promoted people's safety and welfare. The care records we looked at showed plans were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Staff demonstrated a good understanding of people's needs and how to keep them safe. They described how they encouraged people to be as independent as they were able to be, while monitoring their safety.

The service had a policy regarding the use of restraint to manage people's behaviour. Records showed all staff had received training in Non-Abusive Psychological and Physical Intervention (NAPPI) at level 1 during their induction to the service. NAPPI is a method used when working with people whose behaviour can challenge others. We found a lot of staff had also completed, or were scheduled to complete, NAPPI level two training. Staff told us only people who had completed NAPPI two could work with certain people who lived at the home. The care staff we spoke with said they only used physical interventions as a last resort. They described how they mainly used distraction or redirection techniques to manage any behaviour that may challenge others.

We found staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. Evidence showed safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner. We saw a log of these incidents, and the outcomes, had been maintained.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. We found staff had received training in this subject as part of their induction and at periodic intervals after that. A member of staff told us, "You need to know the service user well so you can pick up on things and give support and reassurance. It's all about trust. You have to act on anything that causes them [people using the service] distress."

There was also a whistleblowing policy available which told staff how they could raise concerns outside the company if they felt their concerns were not being addressed internally. Staff we spoke with were aware of the policy and their role in reporting concerns.

Everyone we spoke with said there is enough staff on duty to meet people's needs. A relative told us, "There is definitely enough staff here." Another said, "There always seems plenty of staff around." We saw staff were able to meet people's needs in a timely way and support them to go out into the community or do activities within the home. Some people who used the service were funded for one to one support. Records and staff comments showed there was enough staff employed to facilitate this.

There was satisfactory recruitment and selection policies and procedures were in place. We sampled the files of three recently recruited staff to see how these had been implemented. We found files contained all the essential pre-employment checks required. This included at least three written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. 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.

We spoke with a recently recruited staff member who described their recruitment, this reflected the company policy. They told us they had not been allowed to start work until all the essential checks required had been completed.

The service had a medication policy outlining the safe storage and handling of medicines and the nurse we spoke with was aware of its content. There was a system in place to record all medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed. The system to record pharmacy errors detected by staff who checked the medicines into the home, showed staff had taken prompt action to address any issues. We observed one of the nurses administering the lunchtime medicines. We saw they followed good practice guidance, administering medicines to people on an individual basis and only recording medicines after they had been given. The medication administration records [MAR] we sampled were completed correctly.

There was an audit system in place to make sure staff had followed the home's medication procedure. We saw most medication was supplied in a monitored dose system, but some medicines were given from the original packaging. The nurse showed us how medication was counted and recorded after each administration. We also saw regular checks had been carried out by the management team to make sure that medicines were given and recorded correctly. Where action was required these had been identified and addressed.

The dispensing pharmacist had completed a medication audit in July 2015 at which time they had identified some areas for improvement. The registered manager told us there were no concerns outstanding and we did not find any issues on the unit with checked.

Good

Is the service effective?

Our findings

All the people we spoke with gave positive feedback about living at the home. Relatives we spoke with told us they believe staff had the correct skills to care for their family members. One relative said, "They are well trained and he [the person using the service] is well looked after, we have no complaints." Another person commented, "The staff are well trained, they always know what they are doing and handle his [their family member] behaviour well." During our inspection we saw staff listened to what people wanted and took time to make sure their preferences were met.

People told us their health needs were met. For instance, they said staff supported them to access their GP, dentist, optician and medical consultants when necessary. Records checked confirmed people had been supported to maintain good health and had access to healthcare services as required. People's weight and wellbeing had also been monitored regularly.

Training records, and staff comments, demonstrated that overall staff had the right skills, knowledge and experience to meet people's needs. Staff we spoke with confirmed they had undertaken a seven day structured induction when they started working at the home that had included completing the company's mandatory training. They said topics covered included health and safety, food hygiene, safeguarding people from abuse, the Mental Capacity Act and fire safety. One staff member told us their induction had been, "In depth." They added that all grades of staff attended the same induction training, such as nurses, care workers, administrators and maintenance staff, which they felt was a good idea. Another staff member said, "It [their induction] was really good. The trainers took time to explain and make sure everyone understood everything before they moved on."

Staff told us that once they had completed their induction training they worked at the home with a 'buddy' who was an experienced staff member. They said they shadowed this person until they felt they were confident and competent in their role. Staff all felt this had prepared them well for carrying out their job. One staff member told us, "Everyone could not do enough to help me when I first started here."

Staff told us they received regular refresher training, but training records did not evidence that all staff had received update training in line with company expectations. However, we saw further training had been planned for the near future, and staff confirmed they had booked places on these sessions. Staff had also received additional training in respect of their job role, such as how to manage behaviour that might challenge in the least restrictive way. A nurse told us they were to attend an end of life course in April 2016, they also described how the company was supporting an incentive for the nursing staff. They said this was to involve nursing staff putting forward specialist areas they were interested in developing, for example, diabetes or autism. They said once the company had evaluated the project it was expected to be opened up to care workers as well.

Records and staff comments demonstrated that the majority of staff had also received regular support sessions and an annual appraisal of their work performance. However we noted that a staff member recruited over the past six months had not received a support session. When we asked them about this they

said it was due to not working at the same time as their supervisor. We raised this with the registered manager who said they would look into it and assign a new supervisor if necessary. All the staff we spoke with felt they had received enough training and support to enable them to do their job well.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place and guidance had been followed.

At the time of our inspection there were some people living at the home who were subject to a DoLS authorisation, with further applications pending. Records demonstrated the correct process had been followed and appropriate documentation was in place. We saw all documentation was up to date and review dates were specified. There was a system in place to monitor DoLS authorisations and senior staff demonstrated a satisfactory understanding of the legal requirements.

Care staff we spoke with had a general awareness of the Mental Capacity Act 2005. Staff told us they had received training in this subject to help them understand how to protect people's rights and work in their best interest.

We found people using the service were involved in choosing the meals they wanted. Some people went food shopping and then helped to prepare the meals, with assistance from staff. We observed lunch being prepared in one of the houses where people helped with the preparation of the meal. One person who used the service told us, "I sometimes help with the cooking and we choose the menu. The food is good." Another person said, "We sometimes eat together and other times in our room, it is flexible."

Staff we spoke with demonstrated a good knowledge of people's specific requirements in relation to meeting their nutritional and hydration needs. They described how people were encouraged to eat a healthy diet. During a tour of the home we saw staff and people who live at the home making a 'Make a Difference' poster. This was aimed at promoting health eating, but people told us that, "Occasional treats, such as a bacon butty were okay."

Care records contained detailed information about people who were prone to choking or needed their food prepared in a particular way. All the staff we spoke with were aware of people's special dietary needs, as well as any potential risks that needed monitoring. For example, we found where people needed a specific diet to meet their religious beliefs these needs had been met.

Good

Is the service caring?

Our findings

The home had a relaxed and homely atmosphere with lots of friendly, appropriate banter between staff and people using the service. People spoke positively about the care and support staff provided, and told us staff were caring and respectful. One person said, "The staff are fantastic, always there for you." Another person told us, "I have lots of one to one time, which I like." Other people commented, "I am very happy here, it's a great place and great people," "I couldn't wish for a better place to live" and "I am really, really happy here."

A relative described to us how a specific staff member supported their family member. They added, "They know him [person using the service] very well, his likes and dislikes." Another relative told us, "I am sure that [family member] is happy here because I would know by his behaviour if he was unhappy or unsettled."

We saw staff supporting people in a caring and responsive manner while assisting them to go about their daily lives and take part in activities and outings. Throughout the inspection we observed lots of positive interactions, with staff treating each person as an individual. We saw people were always asked what they wanted to do, giving them control over what and how things were done. People's bedrooms were individualised with posters, family photos and mementos. One person who showed us their bedroom told us how they were involved in cleaning their room, with the assistance of staff. Their room was untidy, but in a homely way, which suited that person.

People's needs and preferences were detailed in their care plans, along with things and people that were important to them. This included a section on the person's preferred daily routine, such as what time they liked to get up in the morning and what they liked for breakfast. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs, their likes and dislikes. Our observations confirmed staff knew the people they were supporting well and met their individual needs and preferences.

We saw people were given choice about where and how they spent their time, with staff encouraging them to be involved in activities and to make informed decisions. Staff enabled people to be as independent as possible while providing support and assistance where required. One staff member told us, "You have to let them [people using the service] do what they can; I try to offer advice to encourage them to do things themselves and support them." Another person described how they supported people to be as independent as possible when showering adding, "Otherwise you take away their life skills."

People told us their privacy was respected and they go to their rooms if they want to be alone. One person said, "I spend time in my room whenever I want. I watch DVDs." Another person commented, "I close my door and people leave me alone." A relative told us, "They [staff] are very respectful to [family member] and knock on the door before they go in."

Staff we spoke with gave clear examples of how they would preserve people's privacy and dignity. One care worker told us, "We close doors and curtains. We make sure they [people using the service] look presentable." Another staff member said, "It's important for their emotional wellbeing [to respect people] and to make them feel comfortable and happy, it's their home."

We saw people were given information about how to contact an independent advocacy agency should they need additional support. Advocates can represent the views of people who are unable to express their wishes.

Good

Is the service responsive?

Our findings

The people we spoke with all said they were happy with the care provided and praised the staff for the way they supported them. We saw people received care that was tailored to their individual needs and preferences. One person told us, "They [staff] always support me. I have key workers, but can go to anyone for a chat when I need to."

We saw each person had a file which detailed the care and support they required and records of how they had spent their day, as well as the support provided. The records we checked showed needs assessments had been carried out before the person had moved into the home and this information had been used to formulate their support plans. We also saw records were in place to monitor any specific areas where people were more at risk. These included triggers staff should be aware of, and explained what action they needed to take to minimise risks and protect people.

We found support plans were person centred and clearly involved people who used the service, as well as other people relevant to their care, such as relatives and health care professionals. Information contained in the files also gave a clear summary of the best way to support the person. For example, one file clearly outlined how the person communicated their needs none verbally to staff by using gestures and picture cards. Support plans and risk assessments had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made as and when required.

People were involved in a wide choice of activities that were tailored to their preferences and needs. There was an occupational therapist and four other staff specifically employed to facilities social activities and stimulation at the home. The occupational therapist told us, "We look at self-care abilities, what they [people using the service] can and want to do." They went on to tell us about some people working in a local café and explained how they had completed food hygiene and health and safety courses to enable them to do this.

We found other educational groups were used to expand people's knowledge and skills. For instance we were told about people learning about other countries, their cultures, food and language. People had also taken part in 'field trips' where for example they had visited the printers where the bags they were making to sell were being printed. Staff said themed evenings also took place which included all the different houses joining together to experience different food and music.

Activities boards in the different houses highlighted the planned group activities for the week. These included an outing to the park, activities at a local social club and a fitness group, plus in house quizzes and games. People we spoke with said they chose what they would like to do. One person said, "I like to go to town shopping, go to cabaret and play pool." Another person commented, "I like to go out and about, have a coffee maybe." A third person told us they were planning a visit to buy plants for the garden with the support of staff. We also saw people were helping in the kitchen to prepare snacks and lunch for themselves. There was also a sensory room in one of the houses which people could use.

The relatives we spoke with confirmed their family members choose the activities they participated in. One relative said, "He [family member] makes his own choices, he goes to pottery classes and helps in a café. He also like playing pool, snooker and watching cricket." Another relative told us, "He [family member] sometimes goes shopping, but does prefer to stay in his room watching TV."

On the day we visited we saw a 'breakfast club' was taking place. Staff told us this was a regular meeting every Tuesday and Thursday mornings and that anyone could join in. They said people could buy drinks and snacks, which some people who used the service assisted with. Staff told us the club hosted discussions by visiting professionals, as well as developing people's skills in areas such as customer service and handling money.

There was a complaints procedure which was available to people living and visiting the home, which was also available in a pictorial format. A system was in place to record any complaints received and the outcomes. Records showed that two complaints had been received in 2015. We saw concerns raised had been appropriately recorded, investigated and resolved in a timely manner.

Everyone we spoke with said they felt confident they could raise any concerns, if necessary. One person who used the service said, "I would speak to any member of staff if I had a problem, especially the manager, she is fantastic." Relatives were equally confident. One person said, "If I had any queries I would see the manager." Another relative told us how in the past they had raised a concern about their family member's clothes going missing and other people wearing them. They added, "This is okay now though, because the laundry is being done here rather than the general laundry."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. Throughout our visit we saw the registered manager was involved in the day to day operation of the home and took time to speak to people using the service, visitors and staff. They knew people by name and were aware of what was happening within the home.

People's comments indicated they were happy with the care and support provided, as well as the way the home was run. Everyone spoke very highly of the registered manager. They told us they felt they could speak with them about anything and they would be listened to. One person said the registered manager was "Very good" adding "If there is a problem she will sort it out." Other people told us the registered manager was "A great manager" and "Is a fantastic support."

During our visit the home was calm and well organised. We saw staff knew what their roles and responsibilities were and carried them out appropriately. Staff had open access to policies and procedures and other relevant guidance.

We saw evidence that people were involved and consulted about the service and any changes.
This included an annual satisfaction survey for people using the service, relatives, advocates and outside agencies. The summary of the surveys carried out in 2015 contained mainly positive answers to the set questions. The management team said the outcomes of surveys were used to improve the service provided.

We saw 'residents meetings' and a learning disability forum was used to give people the opportunity to share their views and look at how the service provided could be improved. A meeting took place on the afternoon of our visit. We looked at the minutes from the meetings in December and January including discussions on topics such as outings, menus and family holidays. The registered manager told us relatives were also invited to attend these meetings.

The provider gained staff feedback and input through various staff meetings and supervision sessions. These included meetings for qualified staff, care workers, plus health and safety and training groups. Staff told us they felt they could voice their opinion to any of the management team and felt they were listened to. They said the registered manager was very approachable and involved in the day to day running of the home. Staff we spoke with said they enjoyed their work and found it 'satisfying', with several staff saying they had worked at the home for over 5 years. One member of staff told us how they had been supported to obtain a professional qualification and had then returned to work at the home. They added, "I was very happy to come back here."

We found there was a good atmosphere present throughout our inspection. Staff knew about people's routines and preferences without being told, which gave them control over how they supported people. When we asked staff what was the best thing about working at the home one staff member told us, "It's the service users and staff team. It's just a generally nice place to work. Another person said, "I like helping people meet their goals and progress. No-one we spoke with could think of anything they would want to

change.

We saw audits had been used to make sure policies and procedures were being followed. This included health and safety and medication checks. This enabled the provider to monitor how the service was operating and staffs' performance. When shortfalls had been found we saw evidence that plans had been formulated to address the areas needing attention and action taken. Other areas being regularly monitored included staff training, accidents and incidents.

The operations manager was visiting the home on the day of our inspection. They told us they visited the home on a regular basis to assess how it was operating and offer support to the registered manager. We saw that following their visits an action plan had been produced highlighting any shortfalls found, what action needed to be taken and the timescales for completion.

The service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen areas throughout the home. This is the highest rating achievable.

Health and social care professionals we contacted, to gain their views on how the home operated, did not raise any concerns about how people were supported or the management of the home. The local authority told us they had visited the home in late 2014 and July 2015 when they found no major concerns.