

Mrs Lynda Lawlor

Quarry Oaks Care Home

Inspection report

50-51 Quarry Road
Ryde
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Date of inspection visit:
02 October 2017

Date of publication:
26 October 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Quarry Oaks Care Home on 2 October 2017. In order to ensure the people we needed to speak with were available we gave 48 hours' notice of our intention to undertake the inspection. Quarry Oaks Care Home is registered to provide accommodation for up to two younger adults living with a mental health condition. At the time of our inspection there was one person living at the home.

We identified areas where improvements were required. Although the service was meeting the person's needs the provider had not ensured that they or the staff member had completed necessary training. Some records such as those recording the monthly checking of fire detection equipment had not been maintained.

The person was at the heart of the service and was treated as a member of the provider's family. There was a positive, supportive atmosphere at the home and the person was satisfied with the way the service was run. They did not wish to move from the home and could not suggest any ways that the service could be improved.

The person lived in a homely environment and was treated with kindness and compassion. We observed positive interactions between people and the provider. There was an open, trusting relationship and it was clear they knew each other well and the provider understood the person's needs.

The person felt safe at Quarry Oaks Care Home. The provider and staff member understood their responsibilities and actions required should safeguarding concerns occur.

Risks to the person's health and well-being were assessed, monitored and managed appropriately. They were supported to attend appointments with healthcare specialists when required. The provider had an extensive knowledge of the person and support needs and any underlying health concerns.

The provider followed legislation designed to protect people's rights and liberty. Where people required support this was delivered by the provider, with assistance from a family staff member. No additional staff were employed.

Safe systems were in operation to support the person to manage their own medicines. Suitable arrangements were in place to deal with emergencies and the person and staff member knew what to do if the fire alarm activated.

The person enjoyed their meals and received a suitably nutritious diet based on their needs and preferences. The person was involved in planning their care and support they received, was supported to make choices about how they lived their life, what they did and where they spent their time. They were free to come and go as they pleased.

We found one breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

People were protected from the risk of abuse and risks to health and well-being were managed effectively. Safe systems were in place to support the person to manage their own medicines.

Most care and support was delivered by the provider directly with support when required from a long term staff member. The provider or a staff member were always available when the person required them.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Although skilled in meeting the person's needs neither the provider nor staff member had completed essential update training.

The person's rights and freedom were protected. Their nutritional and hydration needs were met. Their health and well-being were monitored effectively and they were supported to attend health appointments as necessary.

Is the service caring?

Good ●

The service was caring.

The person was treated with kindness and compassion. Their independence was promoted.

Privacy and dignity was protected and the person was involved in planning the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

The person received a highly personalised care and support that met their individual needs. They were supported to make choices about how they lived their life.

They were encouraged to maintain relationships with people that matter to them and discuss any concerns with the provider

Is the service well-led?

The service was not always well-led.

We identified areas where improvements were required.

The provider had a clear set of values which they worked to on a daily basis. They had built positive, trusting relationships with the person.

Requires Improvement 

Quarry Oaks Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 October 2017. The provider was given forty-eight hours' notice of our intention to undertake the inspection to ensure people we needed to speak with would be available. The inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports.

We spoke with the person living at the home and with the provider and staff member who worked at the home. We looked at care plans and associated records for the person and records relating to the management of the service. We observed interactions between the provider, staff member and person in communal areas of the home.

At our last inspection, in September 2015, we identified no concerns.

Is the service safe?

Our findings

The person living at Quarry Oaks Care Home told us they felt safe. They said the provider and staff member would sort out any problems and added "I've lived here over 20 years." We saw they were at ease in the company of, and communicating with, the provider and staff member. The provider was an experienced social care practitioner who knew how to identify, prevent and report abuse.

The provider understood the risks to the person's health and well-being. The person had lived at Quarry Oaks Care Home for 24 years. This meant the provider understood their individual needs well and how risks could most appropriately be managed. Risks had been assessed as being low for the person but had been kept under review and the person was supported in accordance with their individually identified risks and management plan.

The person told us the provider or the staff member were always available to support them. They were able to leave the home and engage in activities in the community independently. The provider and staff member lived at the home and were therefore available when the person required support. The provider had not needed to recruit any new staff. The staff member had worked at the home for in excess of ten years. Relevant checks including Disclosure and Barring Service (DBS) checks were completed had been completed on them to ensure their suitability to work at Quarry Oaks Care Home. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were managed safely. The person had been successfully managing their own medicines for many years. They had a secure place to keep their medicines and were happy with the arrangements in place. The provider explained that the person would tell them when additional supplies were required. This enabled the provider to monitor that the person was taking the tablets correctly as it tallied with dates they held for the next supplies. The person was aware of what their medicines were for and what to do if, for example, they forgot take them one day. The person told us that if they required ad hoc medicines, such as for a headache, they had some they could self-administer and would tell the provider they had done this.

Suitable arrangements were in place to deal with emergencies. The provider and their family staff member knew what action to take, if people required first aid although they had not undertaken recent first aid training. The provider described the action they had taken when a medical emergency had occurred earlier in the year. They had responded promptly and appropriately to the situation. The person, provider and staff member were aware of the action they should take if the fire alarms sounded. We were told fire detection equipment was checked each month although this had not been recorded. Fire extinguishers were located where necessary around the home. A fire safety risk assessment was due to be reassessed and the provider had identified a suitably qualified external person to do this. Previous assessments undertaken by the local fire service during an advisory visit had not identified any concerns and showed appropriate arrangements were in place to keep people safe in the event of a fire. Essential checks such as on the safety of gas appliances had been completed by an external approved contractor.

Is the service effective?

Our findings

The person told us they felt the provider and staff member knew what support they needed.

The provider was aware of how to access training and had previously undertaken a range of relevant training. However, neither they or the staff member had completed update training since before the previous inspection in September 2015. Some of this training requires to be refreshed yearly including fire awareness. The provider told us other essential training was also out of date such as first aid and food hygiene.

The failure to ensure training is planned and provided was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The person's needs were assessed and care was planned and delivered in line with their individual care plan. The person said they were "happy" with the way their support needs were met. They were independent in all day to day care needs. They told us if they were unwell then they or the provider would make a suitable appointment with a medical professional and if needed they would be supported to attend health appointments. The person told us they made and attended dentist and optician appointments independently. The provider kept a record of medical appointments and any treatment which may have been required. The person was therefore receiving all necessary support to meet their health and care needs.

The provider understood the limitations of the level of support that could be provided at Quarry Oaks Care Home and took action when people's needs could not be met. For example, they had supported a person to move to a more suitable care home as their physical needs had increased following a change in their health needs and a hospital admission.

The person had open access to the kitchen and was able to make themselves drinks and snacks as they wished. The person told us that they were happy with the food provided. If the person was not home when meals were served, one was 'plated up' and they were able to have this when they came home. At lunchtime they took a packed lunch if they were going out or were provided with a suitable meal if at home. The person did not have any special dietary requirements. In the evening, the provider, staff member and person ate together making meals a pleasurable social occasion.

The provider followed the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. In line with the code of practice, rather than make decisions on behalf of the person, the provider supported them to make their own decisions. The person was usually able to make all necessary day to day decisions without support. The provider described how they would talk thorough things with the person to help them make decisions when necessary.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No-one living at the home was subject to a DoLS, and the person was able to come and go as they pleased having their own door key.

Due to the size and nature of the service provided formal supervision and appraisal systems were not in place. The family staff member told us they felt supported and could discuss any issues with the provider. Observations and discussions throughout the inspection showed the provider and staff member were able to discuss issues and worked well together.

Is the service caring?

Our findings

The person had lived as part of the provider's family for 24 years in a homely environment and was treated with kindness and compassion. They said they were treated well and told us "I can talk to [the provider] or [staff member] if I'm worried about anything." This showed the provider and staff member had a positive relationship with the person.

We observed caring, positive interactions between the person, the provider and staff member. For example, when we arrived they were in the kitchen with the provider discussing what they had done that day. This showed an interest in the person and their life. The provider and staff member understood what was important to the person. For example, the person told us how the staff member had given them a cleaning disk for their CD player. They told us this had greatly improved the quality of the music played and "made the player sound like a new machine." The person told us they had access to the home's Wi-Fi and they enjoyed accessing the internet which also helped them relax. The provider was aware of who the person's friends and family were and they were able to visit should they wish to do so. The person was viewed by the provider as a member of their family.

The person had control over their weekly planned and ad hoc activities. They told us about their active social life which included meeting friends, attending church and undertaking voluntary work. This gave them a sense of responsibility and self-worth promoting a positive self-image. The person was encouraged to be as independent as possible whilst knowing that, should they require help, this would be provided.

The person had free use of the lounge, dining room and kitchen. They were fully independent with personal care and told us there were locks on bathroom doors. Members of the household were the same gender as the person. Therefore, if required, they could receive care or support from someone of the same gender as themselves.

Confidential information, such as care records, was kept securely so it could only be accessed by those authorised to view it.

Is the service responsive?

Our findings

The person told us they were happy with the care and support they received. They said, "Yes, everything is still good." They did not identify anything they would change about the home or way they were supported.

Care and support was planned to meet the person's individual needs. The provider had an extensive knowledge and understanding of the person's needs and how best to meet these. Records were kept of changes to the person's usual routine and these were reviewed monthly. The provider and staff member were aware of events which may place the person at risk and the action they should take should this occur. The provider was able to demonstrate an awareness of small changes that may suggest that the person had a problem or concern or may indicate deterioration in their mental well-being. They were aware of how to contact external professionals should the need arise.

The person was supported to make choices about how they lived their life, what they did and where they spent their time. They told us about how they spent their days and the activities they took part in. These included voluntary work, community and church events and ad hoc family and social events. They told us about their lifestyle which they clearly enjoyed. The person was supported to undertake holidays with friends. They told us about a holiday they had enjoyed earlier in the year and one they were going on later in the month. The provider had supported the person financially with one of these holidays. The person was encouraged to maintain relationships with people that mattered to them. They told us they were able to visit friends whenever they wished. The provider encouraged the person to maintain links with their family.

Given the positive, open, relationship the provider had with the person, they did not need or use formal complaints procedures to resolve concerns. Any issues raised were always dealt with immediately as they arose. The views of the person were sought on an ongoing basis and they were listened to, for example in their choice of meals and activities.

Is the service well-led?

Our findings

The person told us, and we saw, that there was a positive, relaxed, atmosphere at the home. They were very happy with the care and support they received from the provider and the way the service was run. The person could not suggest any ways that the service could be improved and told us they liked living at Quarry Oaks Care Home. The person said "It's my home; I've lived here a long time."

Although the person was happy with the care provided and had a good relationship with the provider and staff member we identified areas where improvements were required. Although the service was meeting the person's needs the provider had not ensured that they, or the staff member, had completed necessary training. Some records such as those recording the monthly checking of fire detection equipment had not been maintained.

The provider had informal systems to assess and monitor the quality of service people received. They were in day to day contact with the person including providing direct support when required. They were therefore in a position to continuously monitor the quality of care provided. They stated they met with the person and staff member every evening during meal times and frequently at other times. This provided an opportunity to keep the person informed about anything relevant to the home. This also provided an informal opportunity for the person to raise any questions and for their opinions to be sought. There was an ongoing programme of redecoration and refurbishment. Since the previous inspection the dining room had been redecorated with new floor covering. There were plans to redecorate the person's bedroom and undertake some other redecoration whilst the person was on holiday.

The provider had a clear set of values which they worked to on a daily basis. These included treating the person with honesty, openness, dignity and respect. Over the years these had helped them build a positive, trusting relationship with the person. Interactions observed between the provider, staff member and person showed the person was able to discuss anything in a friendly informal manner. The person was listened to and their views valued. The provider told us they were not planning to admit new people to the service and would continue to run the service whilst they were able to meet the needs of the person living there.

The provider was aware of their responsibilities to notify CQC of significant events, such as safety incidents.

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 18 HSCA RA Regulations 2014 Staffing The registered person had failed to ensure a suitable training programme has been followed to ensure they and staff have the necessary skills and knowledge to enable them to fulfil the requirements of their role. Regulation 18(2)(a)