

Mrs Lynda Lawlor

# Quarry Oaks Care Home

## Inspection report

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Date of inspection visit:  
11 October 2018

Date of publication:  
13 November 2018

### 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

We inspected Quarry Oaks Care Home on 11 October 2018. 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.

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. The provider and staff had undertaken relevant training to help ensure the safety of the person living at the home.

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

The provider followed legislation designed to protect the person's rights and liberty. Where the person 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 the 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.

## 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.

The person was protected from the risk of abuse and risks to their 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.

Infection control arrangements were appropriate for the size and type of service.

### Is the service effective?

Good ●

The service was effective.

The provider and staff member had completed relevant 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.

The environment was supportive for the person who lived there.

### 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 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 well-led.

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. The provider was aware of their legal responsibilities.

**Good** ●

# 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 11 October 2018. 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 a staff member who worked there. 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.

## 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: "Yes they help me when I ask them." Within the past year the provider had completed safeguarding for managers training and knew how to identify, prevent and report abuse. The staff member was also aware of safeguarding and their responsibilities and how they should report any safeguarding concerns.

The provider understood the risks to the person's health and well-being. The person had lived at Quarry Oaks Care Home for 25 years. This meant the provider understood their individual needs well and how risks could most appropriately be managed. Risk assessments had been reviewed during the previous year. These did not identify any high risks. The provider stated risk assessments were kept under review and would be updated should new risks be identified. The person was supported in accordance with their risk 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 had previously been completed 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 for them to self-manage their medicines. 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 what their medicines were for and why they needed to take them. A medicines review was conducted at least every year by the person's consultant and community nurse practitioner. 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.

Infection control arrangements were appropriate for the size and type of service. The provider, staff member and the person jointly kept the service clean and there had been no outbreaks of infection. The person told us "Thursday I clean my room, I take my laundry downstairs and [name of provider] does that for me." The provider and staff member had completed food hygiene training in 2018 meaning we could be assured they followed safe and appropriate techniques when preparing, storing and handling food.

Suitable arrangements were in place to deal with emergencies. The provider and staff member knew what action to take, if people required first aid and had both attended first aid training since the previous

inspection. The person, provider and staff member were aware of the action they should take if the fire alarms sounded. Since the previous inspection a fire safety risk assessment had been completed by an external professional. Where this had identified a need for action, such as the replacement of fire extinguishers and the provision of additional firefighting equipment in the kitchen, we saw this had been completed. Checks were made every month to ensure fire detection and management equipment were working correctly. Essential checks such as on the safety of gas appliances and the electrical wiring had been completed by external approved contractors.

## Is the service effective?

### Our findings

At the previous inspection, in October 2017, we found the provider and staff member had not completed relevant training and training updates. This was a breach of regulation. The provider sent us an action plan which identified training they needed to complete and when they would do this. At this inspection we found both the provider and staff member had completed core training relevant to the service. They had completed safeguarding for managers, Mental Capacity Act (MCA), food hygiene and first aid training. The provider was aware of how to access additional training and that they needed to organise fire awareness training updates.

The person told us they felt the provider and staff member knew what support they needed. The provider understood the limitations of the level of support that could be provided at Quarry Oaks Care Home and the action they would need to take should they no longer be able to meet the person's needs. The provider was clear that should the person need to move to an alternative care setting such as hospital they would ensure all relevant information was provided to the new service.

The person's needs were assessed and care was planned and delivered in line with their individual care plan. The person said they felt all their support needs were being 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 person had open access to the kitchen and could make themselves drinks and snacks as they wished. They told us they got their own breakfast every day and could make themselves a drink or something to eat if they were thirsty or hungry. 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 through 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 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 could discuss issues and worked well together.

The environment was supportive for the person who lived there. The person had free use of the lounge, dining room and kitchen. They were also able to access outside space in the garden should they wish to do so.

## Is the service caring?

### Our findings

The person had lived as part of the provider's family for 25 years in a homely environment and was treated with kindness and compassion. They said they were treated well and told us, "I get on with [name provider and name staff member]." 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, the person was going out during the inspection, they told the provider where they were going and what time they would be back. The provider said they hoped they would have a good time meeting their friend.

The provider and staff member understood what was important to the person. For example, the person had attended a harvest festival service. The provider had ensured they had a suitable 'donation' of food to give as part of the event. This showed the provider understood that the person's religion was important to them and helped them fulfil the responsibilities they had in relation to this. 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. Items on display in the person's bedroom showed they had a wide range of interests, which were encouraged and promoted by the provider.

The person was fully independent with personal care and told us there were locks on bathroom doors. The staff member was 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 were 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 maintain contact with their family. They told us they were planning to visit their family the week following the inspection and had plans to have a meal with them. 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.

The provider told us they had discussed end of life issues with the person, including when people they had both known had died. As a younger adult, end of life planning was not a priority, but the provider was aware of healthcare professionals they could approach for advice and support if needed.

## 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 good living here, its home, I would not want to go anywhere else. I'm happy here."

The provider had informal systems to assess and monitor the quality of service. They were in day to day contact with the person including providing direct support when required. They were therefore able 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 person's bedroom had been redecorated and they had had a new bed. They told us they had been involved in decisions about this.

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. The ratings from the previous inspection undertaken in October 2017 were displayed in the home as required. The provider was aware of their responsibilities under the duty of candour although they had not needed to use this. The provider was also aware of the Accessible Information Standard (AIS). AIS was introduced in 2016 and requires publicly-funded providers of services to people with disability-related communication needs to identify and meet those needs. The person did not have any additional communication needs therefore no provision was required.