



Inspection Report on

Quarry Hall Care Home

**QUARRY HALL CARE HOME
NEWPORT ROAD ST. MELLONS
CARDIFF
CF3 5TW**

Date Inspection Completed

04/06/2024

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About Quarry Hall Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HC One Limited
Registered places	86
Language of the service	English
Previous Care Inspectorate Wales inspection	25 April 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People living at Quarry Hall are happy with the care they receive. Care staff provide people with genuine care and empathy. Most personal plans in place help care staff understand how to meet people's needs and preferences, but this is not always the case for new admissions to the home. People have good access to health care services when needed, but nurses must ensure health care records are kept up to date. Medication is well managed and people receive the right medication.

People live in a suitable environment that is safe and meets their needs. There is a dedicated team to undertake general repairs and routine maintenance checks. The home has a welcoming feel and supports people's independence and a sense of belonging.

Since the last inspection, the service appointed two suitably qualified and experienced deputy managers. The Responsible Individual (RI) visits the service regularly to seek people's views. A range of policies and procedures support the running of the service and good practice. Some of the quality assurance processes are ineffectual. This is because they are not being regularly reviewed or evidence that appropriate action has been taken. All staff receive regular supervision and training to support staff competencies. There needs to be improved management oversight in the communities to mentor and lead staff practice. At the time of the inspection, the service provider was responsive and took immediate action to start addressing some of the matters identified.

Well-being

People have control over their day-to-day life. We saw people comfortable and relaxed in communal areas and in the comfort of their bedroom. People are supported to do things that matter to them. Care staff are helpful and respectful in their approach. People respond well to staff and describe them as *“Lovely, kind and they are great”*. A relative told us *“Communication is good, I trust the staff and my dad has settled well, which is reassuring to the family”*.

People's physical health and well-being is promoted. People are supported to access healthcare services when needed. Care records confirm that people mostly receive consistent care and support to promote their health and well-being. There are safe systems for the management of medication. Medication is regularly audited but any actions should be promptly addressed. Nurses and care staff are adequately trained to promote people's health and well-being. Although, we found wounds are well managed the health records require significant improvement.

There are systems in place to protect people from harm and abuse but improvement is required. Risks to people's care and safety are mostly assessed but this is not always the case for new admissions to the home. The management team need to proactively plan for new admissions and when care needs change, to be assured that people receive the right level of assistance at the right time. There are a range of policies and procedures promoting safe practice. All staff are recruited safely and receive safeguarding training. People, their relatives and staff told us that they are confident to raise any concerns with the management team. The home is protected from unauthorised access.

The environment supports people's well-being. People live in suitable accommodation, which is clean, warm, and comfortable. Most bedrooms reflect individuality and are suitably furnished. They have facilities which encourage independence. The building is well-maintained and safety checks are completed when required. The home is fully accessible to promote people's independence and areas available to enable them to have private time. The environment is clutter free and hazards are reduced as far as possible.

People have a voice because the Responsible Individual (RI) seeks the views of people and their representatives to improve the service. The RI's reports shows that people and their relatives have been very complimentary about the service they receive. The quality assurance systems in place needs to be reviewed and revised to fully measure the experience and outcomes for people using the service. This will help to identify patterns and trends for lessons learnt. The manager gave us assurances that there will be increased management oversight in the communities.

Care and Support

The service does provide the 'Active Offer' of the Welsh Language. There is a Welsh Active Offer Letter in people's personal files which is discussed with people or their representatives. All key information about the service is available in Welsh. People can request their reviews in the Welsh language if they wish. Whilst there are no Welsh speaking staff currently in the home, we have colleagues in other homes that can be available on request. The home manager is fluent in the Welsh language to support people when required.

People receive kind and compassionate care. Care staff value people, we saw genuine care and kindness being provided. The staff know people well and what's important to them. People appear well cared for and settled in their environments. We saw care staff promptly respond when needed and people have access to a call bell, where appropriate. A relative told us *"They have a good rapport with staff and have confidence in them"* and *"We are always informed when their relative is unwell and able to raise any concerns"*.

People must receive the right level of assistance and supervision needed at mealtimes to promote good nutrition and hydration. People are encouraged to socialise in the dining room, whilst others told us they choose to eat their meals in their bedroom. There is a varied menu with alternative options but the menu needs to be on display for people to view. The meals appear well presented and appetising. Staff are trained in nutrition and modified diets. People seated in wheelchairs should have their footrests removed for comfort. We observed the mealtime experience in one community and despite staff's best intentions, we saw people did not always receive the right level of prompting and assistance. This was contrary to people's personal plan and significantly compromised their nutritional intake and dignity. This is an area for improvement and the service took immediate action and we noted improvements on our second visit to the home.

Care staff are not always fully informed of people's needs and associated risks. A pre-assessment is undertaken prior to admission to confirm the home is suitable. For most people there are personal plans and risk assessments in place to help inform care staff of their needs and preferences. However, this is not always the case for new admissions to the home and often care information is not updated when there are changes following a hospital admission. We found this was further compromised due to lack of auditing of information which places people at risk of receiving incorrect care and support. This is an area for improvement and the management took immediate steps to address this. People told us that they are happy with the care they receive and describe staff as *"Lovely, caring and respectful"*. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

People receive appropriate advice and support to promote their health and emotional well-being. People have regular access to GP's, dentistry and podiatry when needed. A relative we spoke to felt well informed by nurses and care staff when there are changes, which gives them reassurance. Although we noted that wounds are appropriately managed by nurses, the health records are not always accurate and up to date. This is an area for improvement and the management took immediate action. Minimal auditing system in place means that management failed to identify this issue which could compromise people's health and well-being. Visitors are welcomed into the home supporting peoples' emotional well-being. There is a detailed medication policy available giving guidance and support to nurses and senior staff. Medication is regularly audited but we noted a delay in the actions being taken by the manager to ensure lessons are learnt.

People are supported to fulfil their potential and do things that matter to them making them happy. There is a varied activities programme displayed in the home to accommodate people's preference and interests. The service employs an activities coordinator who plans activities based on discussions with people. We saw people enjoying arts, singing and beauty therapy. There was also photographic evidence of various activities and celebratory events which had taken place at the home.

Environment

Quarry Hall is homely, spacious, and warm. There are lounge areas for people to spend time with each other. Quiet areas and bedrooms provide space for people to spend time on their own if they prefer. There are sufficient comfy chairs and bespoke chairs available to people to socialise together and provide comfort. Bedrooms are comfortable, and most are individualised to people's tastes, helping to promote a feeling of belonging and familiarity. These are equipped with ensuite toilet facilities. The layout of the home, mobility aids and adaptations enable people to be as independent as possible. There are good facilities available for when relatives and friends visit the home. Gardens are well maintained and accessible to people. We saw people spending quality time in the garden with relatives.

The standards of cleanliness throughout the service are good, and there are no malodours throughout. Housekeeping staff have the products they need to keep the service clean and follow schedules to ensure standards are maintained. We observed care staff using personal protective equipment (PPE) when assisting people with personal care and there are effective arrangements in place to dispose of appropriately. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5 in November 2023, which means they are 'very good'. All staff are appropriately trained to help understand the importance of their role.

The home is secure and staff check visitors' identity when entering the home to ensure the visit is safe. There are formal arrangements in place to ensure all equipment and facilities are routinely serviced and maintained in the home. There is a dedicated maintenance team available and staff report any issues and repairs needed. The environment is safe from hazards that would pose a risk to people and the home is free from clutter. Care staff are trained in fire safety and health and safety. Individual personal emergency evacuation plans (PEEPS) are in place which is important to inform staff the assistance a person needs to evacuate safely.

Leadership and Management

There are two newly appointed deputy managers in the last few months. They are experienced and suitably qualified for their role. They are highly motivated and committed to support and develop the service. The care staff spoke positively about the deputies and described them as *“Visible, supportive and approachable”*.

There is an ineffectual quality assurance system in place. The manager to increase their visibility in each of the communities to improve their oversight and mentor staff. There are systems in place to collate information about the quality and safety of the service, but they are not regularly reviewed which resulted in some delays in action being taken by management. There is missed opportunities for lessons to be learnt and repeated problems could have been prevented. The RI has already reviewed the current quality assurance system to ensure its accuracy. This is an area for improvement and we expect immediate action to be taken. Accident and incidents are recorded but we noted some delay in the manager reviewing to confirm the action taken by care staff was appropriate. The manager's report incidents to the relevant agencies. There are good systems in place to manage complaints and compliments.

People can be assured the service monitors the quality of the service they provide. The RI visits the home regularly and seeks the views of people, their representatives, other professional agencies, and staff. The quality care report is comprehensive and gives the RI a good oversight of the service. The RI agreed to review and strengthen the internal quality assessment tool to ensure this fully measures the experiences and outcomes of people. The RI will ensure the management team are regularly reviewing and evaluating the service. This is important to ensure timely action is taken and improvements are sustained moving forward.

There is a safe and robust recruitment process in place which protects people from harm. We found there are suitable vetting arrangements in place to enable the service provider to decide upon the appointment and suitability of staff. Nurse pins are valid which evidences their suitability for practice. Care staff are registered with Social Care Wales (SCW) the workforce regulator.

Arrangements are in place to provide regular support and training to all staff. New staff complete an induction programme and shadowing opportunities with experienced staff. Since the last inspection, agency staff all now complete an induction to the service. Training records show care staff have training in core areas of care, with additional training for specialist areas relevant to people who live at the service. Since the last inspection, all staff have completed advanced dementia care training and currently undertaking care planning training. Care staff told us they receive regular supervision and value this opportunity. However, we found that these meetings need to be strengthened to include self-reflection, receive feedback, and discuss their professional development opportunities. There are key policies and procedures that guide nurses and care staff practice.

Summary of Non-Compliance	
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status

8	To have effectual systems in place to monitor the service and identify any improvements required. These systems are required to ensure that a quality service is being delivered and action is taken promptly.	New
15	The provider to ensure that sufficient information available for staff to understand how best to support the person and mitigate risk. Care information to be kept up to date to reflect any changes in people's health and support.	New
21	People to receive the right level of assistance and supervision needed at mealtimes to promote good nutrition and hydration.	New
59	The service to consistently maintain accurate and up to date care records to protect the people they support	New
36	The service provider to ensure that all agency staff receives an introduction to the service and has core training to enable them to fulfil the requirements of their role and meet the needs of individuals they support. Care staff to receive training and guidance to increase the use of enabling approaches and positive behavioural support techniques	Achieved

Was this report helpful?

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Date Published 18/07/2024

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