



Inspection Report on

Quarry Hall Care Home

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

Date Inspection Completed

25/04/2023

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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	20 January 2023
Does this service provide the Welsh Language active offer?	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

This focused inspection was carried out to review areas where the service was not meeting legal requirements in January 2023. This is because there was lack of information available for staff to understand how best to support people and mitigate risk. We found that the service has made positive changes and improvements in these areas to meet legal requirements.

People appear happy, content, and comfortable with the staff team around them. A range of activities are available to people in groups and some individual time is planned. People are regularly involved in their care and their views are valued. We saw records to show that people receive the right levels of care at the right time. People receive the care in a kind and compassionate manner. There is good oversight of the service and effective systems in place to maintain quality. The service provider must ensure that the improvements are sustained and embedded in the service.

Well-being

People appear comfortable and content in their home with staff they are familiar with. Staff know people very well and are aware of their needs. Rooms are personal to the individual with items that have meaning to them. We saw family and friends visiting their loved ones. There are facilities available to people and their families to enable privacy.

People are involved in their care with a representative if they choose. We saw that most activities have been produced with individuals in mind, considering group and some one-to-one time. A range of health professionals are involved in the persons care and actively consulted when needed. People's diets are specific to them and fully considers their nutritional intake and over all health and well-being. We saw records to show that most people receive the right levels of care at the right time. However, the manager assured us that there would be sufficient number of staff available to assist people during mealtimes. We saw that most care staff treat people with dignity, respect, and kindness.

People are protected from harm and abuse. The majority of staff understand people's needs and are able to communicate with them well. We saw that health and safety risks are minimised where possible. Managers and the Responsible individual (RI) maintain a good level of oversight to ensure the quality and effectiveness of the service is consistently evaluated.

Care and Support

There are motivated activity coordinators employed at Quarry Hall that knows people well and their preferences. We saw the activity coordinator was able to positively engage with people and respond to their emotional as well as physical needs. Activities are planned on a weekly basis and there is a programme displayed in the home. The activities are varied to include people's hobbies and preferences. There is an adapted vehicle available at the home to offer social opportunities and events, which people told us they look forward to. Records show that a few people receive one to one time, but this is not on a regular basis, and could increase the risk of people feeling socially isolated. The manager assured us this would be immediately addressed.

People are given useful information which tells them about the service. Since the last inspection, pre-assessments are consistently undertaken prior to people moving into the home. People are given the opportunity to contribute to their personal plan to ensure their views and preferences are known. There are detailed personal plans and risk assessments in place which inform staff how best to support the person and any associated risks. However, these could be improved to include people's personal choices about how they like to spend their day.

Most care records show that people consistently receive the right care and support to meet their personal outcomes. Individuals and their representatives are consulted during reviews. Referrals are appropriately made to the necessary professionals and agencies when required. We saw staff promptly respond to call bells to help when needed. Accident and incidents are being recorded and appropriate action is taken to safeguard the person. People speak highly of the staff and feel they are kind and respectful.

People's health and well-being is closely monitored. There are plans in place which inform staff of health risks and how best to support the person. Routine health checks are undertaken by nurses to monitor people's health and reflect any changes. We saw that any actions are acted upon. We found effective oversight and management of people's skin integrity through regular repositioning, specialist equipment, hydration, nutrition, and consistent skin care. There is a good working relationship with the General Practitioner and they regularly visit to monitor people's health and well-being. Records show a wide range of health professionals that regularly visit to monitor people's health. There is a detailed medication policy for staff to follow. Staff are appropriately trained to administer medication. Medication audits are completed to identify any errors and to support the safe management of medication.

We saw that fluids are available and within reach to people to encourage hydration. Food looked appetising and well presented. We found that specialist diets are catered for. The home meets with Dieticians to ensure appropriate diets are in place for people who have a swallowing difficulty and are at risk of choking. The menu is displayed but the service needs to ensure this is current and reflects the menu that day. We saw that people use adapted

cutlery to promote their independence. People are encouraged to socialise together during mealtimes and some people choose to eat in their personal space. We saw that staff assistance was provided to people in their rooms, where needed. Although we noted some improvement since the last inspection, there needs to be further work to improve the dining room experience. This will ensure that all people in the dining room receive the right level of observation and assistance they need to have a positive experience and promote nutritional intake. The manager assured us that immediate action would be taken.

Environment

This was a focussed inspection, and on this occasion, we did not consider the theme of environment in full.

The home is welcoming, homely and warm. Lounges are spacious, light and most have pleasant views of the landscape around them. There are sufficient comfy chairs and bespoke chairs available to people to socialise together and provide comfort. There are a variety of aids and equipment available to enhance people's mobility. Most bedrooms are personalised to people's tastes with items that matter to them. There are good facilities available for when relatives and friends visit the home. This enables people to use their personal room and additional meeting rooms where they can make refreshments and be with their loved ones in a private space. The environment is fully accessible for people with mobility difficulties which promotes independence. Gardens are well maintained and accessible to people. We saw people enjoying spending time in the garden with relatives.

There is a sufficient supply of Personal Protective Equipment (PPE) and this is available for staff to use. We saw staff wearing PPE for direct care and disposing of this appropriately. There are good clinical waste arrangements in place. A robust cleaning schedule is implemented and we found the home to be clean throughout on the day of inspection. Housekeeping work together to ensure they maintain the cleanliness of the home and they understand the importance of infection control.

The home is secure and staff check visitors' identity when entering the home to ensure the visit is safe. There are servicing arrangements in place to ensure facilities and equipment are safe to use. The environment is safe from hazards that would pose a risk to people and the home is free from clutter. People have a personal emergency evacuation plan (PEEP) in place. This is an important document which informs staff how to support people to evacuate in the event of an emergency.

Leadership and Management

This was a focussed inspection, and on this occasion, we did not consider the theme of leadership and management in full.

The RI visits the home regularly to seek the views of people and staff. This helps the RI to keep well informed and to drive service improvement and quality. A quality-of-care review is produced and effectively evaluates the quality and safety of the service. The service recognises the value of seeking people's views through regular surveys and person-centred reviews. This ensures people's voices are heard. Care information is regularly audited, which is important to identify any patterns and trends for prompt action to be taken. The management team at Quarry Hall has worked hard to improve the service and identified ways to ensure that the quality is sustained and embedded at the service. The manager and deputy felt well supported in their role by senior management and the RI.

Staff appear kind and caring. People appear comfortable with staff and can ask for help when they need it. We saw some positive interactions between people and the staff. Most staff are responsive to people's needs and understand how best to support them physically and emotionally. However, we saw instances when staff did not always identify cues when people required support which may cause increased anxiety or discomfort. The manager told us that additional training was planned to support staff working with people with a memory impairment. The nurses and care staff communicate effectively to keep up to date with any changes at the home. We saw that the team work well together. The recruitment team and the management team has worked closely to successfully recruit new staff to the service. This has reduced agency staff usage. This provides people with continuity and consistency of their care and support, which they value. The few agency staff that are used appear to be consistent to enable them to be familiar with the environment and people they support. However, we found that the service needs to improve their record keeping regarding agency staff and their skills and qualifications. This area will remain as an area for improvement and we will review this at the next inspection.

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
15	The provider has not ensured that sufficient information is available for staff to understand how best to support the person and mitigate risk. Care information has not been kept up to date to reflect changes in care and support.	Achieved

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
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	Reviewed
21	People to consistently receive the assistance they require to promote nutritional intake and enjoy mealtimes.	Achieved

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