



Inspection Report on

Quarry Hall Care Home

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

Date Inspection Completed

20/01/2023

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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	10 & 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 inspection was carried out to review areas where the service was not meeting legal requirements in July 2022. These relate to standards of care and support and having effective internal quality assurance monitoring to ensure people receive the care and support required. At this inspection, we found that the service has made positive changes and improvements in these areas to meet legal requirements. The service provider must ensure that the improvements are sustained and embedded in the service.

Although, personal plans and risk assessments had been updated, we noted that often these were not fully reflective of changes in people's needs and support which can result in incorrect care being provided. We have issued a priority action notice and the service provider assured us that immediate action would be taken.

Since the last inspection, there has been a positive recruitment drive which has helped to stabilise the staff team and significantly reduce the agency usage. We found that people are starting to receive consistency and continuity of care. We saw staff positively engaging with people and being responsive to their needs. The provider values the importance of activities which we saw people enjoyed. Management is regularly visible in the communities which improves their oversight and keeps them well informed.

Well-being

People are consulted about the range and frequency of activities. The service understands the value of supporting people to have access to stimulating activities. People are actively supported to maintain regular contact with their friends and family which was important to them.

Overall, people receive the care and support they require. The provider has recruited new staff which has reduced agency staff usage to improve continuity of care for people. We saw some meaningful interactions between staff and people they support. Staff treated people with care, respect, and dignity. Daily records show that generally people receive consistent care and support to maintain their health and well-being. However, care plans and risk assessments cannot be fully relied upon due to inaccuracies and conflicting information because they have not been updated, despite being regularly reviewed. This can place people at risk of harm. Some improved oversight is required in relation to providing regular showers/baths and spending time out of bed.

People are supported to remain as healthy as possible. People's health is regularly monitored by nurses and changes are acted upon. There are strong links with the general practitioner and people are supported to access other specialist services. There are robust medication systems in place to ensure people receive the right medication from trained staff. There is improved monitoring and oversight of wounds to ensure people receive the correct healthy skin care or treatment they require.

The environment is homely, and people are supported safely. Equipment is suitable for people's needs, including those who require more bespoke nursing care. Some items that pose a risk to people should be kept secure for people living with a memory impairment. A good standard of hygiene and infection control is maintained to reduce the risks of infection.

People can be assured that there is improved oversight of the service. The management team has increased their visibility in the communities and put effective quality assurance audits in place to monitor and evaluate the improvements. The service provider assured us that they intend to strengthen the auditing of care and support plans to ensure they are fully reflective of people's needs. The responsible individual (RI) regularly visits the service to seek the views of people which helps to inform the future shaping of the service and evaluate the quality of care.

Care and Support

Most people receive care and support to achieve their personal outcomes. People appeared calm and comfortable in their personal space or spending time socialising with others in the communal areas. People are well cared for and well presented; the care records also confirm that their outcomes are consistently being met. We saw call bells and drinks within reach, when appropriate. Care records shows regular fluids and nutrition are offered to maintain people's overall health and well-being. People's physical health is being monitored and promoted. We found there is good monitoring and management of wounds. People are receiving the treatment and support required to maintain and improve their skin integrity. Care records show that people receive regular continence and repositioning in accordance with their care plan. We noted professional referrals are made when required for further advice. People's health is regularly monitored by the nurses and changes are mostly noted and actioned. The home has good relationships with the General Practitioner who visits weekly to review people's health and well-being.

We observed a dining room experience which requires improvements to be made. People are encouraged to socialise in the dining room, whilst others told us they choose to eat their meals in their bedroom. People told us that the new chef is accommodating to people's preferences and the menu is varied. We saw that meals are well presented and appetising. There was a mixed experience for people as they did not always receive the right staff assistance which can compromise their nutritional intake and place the person at risk. The service provider gave assurance that immediate action will be taken. The Food Standards Agency rated the home as "very good" in January 2020.

People's personal plans and risk assessments have been reviewed. However, we found instances when the care information had not been revised, was incorrect and not reflective of people's current care and support needs. We noted a occasions when the service received key information from a visiting professional but the personal plan was not updated to inform staff of the changes and advice. Personal plans are regularly reviewed but not revised to ensure they are fit for purpose. Inaccurate information can place people at risk of receiving incorrect care and support, particularly if they are new staff. Most people are given the opportunity to regularly socialise with others in the communal areas, but we found this was not the case for a few people with nursing needs. Daily records showed instances of not being supported out of bed for long periods of time. Most people's personal care and hygiene needs are met but we noted some instances when people had not received a shower/bath for long periods of time. This was contrary to information in their personal plan with no explanation recorded. The service provider assured us that this would be actioned. We have issued a priority action notice and expect the service provider to take action.

People receive their medication at the right time. Staff follow a detailed policy and they are trained to administer medication. There are safe arrangements in place to ensure

medication is stored securely. Medication administration records show that people consistently receive the right medication to maintain their well-being. When people require 'when required' medication the reason for the administration is recorded and the effectiveness is monitored. There are regular audits taking place to ensure the management of medicines are effectively monitored and any issues are immediately acted upon.

The service values the importance of activities and how this can positively impact on people. There are activity coordinators employed at the home and they plan activities and events. There is an activities programme displayed in the home and updated on a weekly basis. We found there were varied activities to suit people's interests and preferences. These included, shopping trip, arts/crafts, chair Tai-Chi, remembrance club, coffee club and one to one time. We saw people spending time with others which they enjoyed through lots of conversations and laughter.

Environment

There are arrangements in place to maintain infection control. We saw staff consistently wearing face masks and PPE when direct care is required. There are clinical waste arrangements in place to ensure items are appropriately disposed. We found the home was clean throughout and there was cleaning regimes in place for staff to follow. The service provider recognises the importance of maintaining regular contact with relatives and friends and we saw this was encouraged when safe to do so.

People's care and support is provided in an environment that promotes their personal outcomes. The home offers a few communal areas for people to socialise together or spend some quiet time. There is equipment available for people to safely transfer and specialist seating to provide people with the opportunity to socialise with others. Since the last inspection, additional specialist seating has been purchased. The environment is fully accessible for people with mobility difficulties which promotes people's independence and inclusion. People have accessible ensuite showers and toilets, but there is also a communal bath and walk in shower available to accommodate people's preferences. The service provider assured us that a shower table will be purchased to ensure everyone's needs living in the home are catered for. There are assessments in place when people use equipment in order to ensure staff are guided on how best to support people. We found some toiletries, razors and prescribed creams were placed in some people's cabinets which can pose a risk of harm or injury for people living with a memory impairment. This practice has continued since the last inspection, but immediate action was taken by the service. The communal areas in the home are free from hazards and unauthorised rooms are secure to promote people's safety. We saw that some bedrooms were well decorated and personalised to the individual with items that matter. The service provider informed us that there is a redecoration project and a well-being project in place to redecorate all bedrooms and support people to personalise their space.

Leadership and Management

People can be confident that there are effective governance arrangements in place to assess and monitor the quality and safety of the service. The management team has worked well together to improve the quality assurance systems in place. This includes working in the communities and robust routine auditing of information is undertaken to maintain oversight and keep well informed. These audits measure the quality and safety of the service which is an opportunity to act on any issues. The service provider recognised that these could be further strengthened in terms of the auditing of care plan and daily care records. However, we found that the service has made sufficient progress and positive changes in these areas to meet legal requirements. Staff told us that the management team are supportive and felt confident to raise any issues. The RI and other directors in the company regularly visit the service to monitor the performance of the home and seek the views of people. The service provider will need to ensure that the governance and oversight is sustained and embedded at the service.

The provider has worked hard to use innovative ways to recruit new staff. As a result, there is a stable staff team and a marked reduction in agency usage. The staff told us they value having regular staff that are familiar with people's needs, their preferences, and routines. We saw the benefits as staff understood the needs of people they support and they were responsive when needed. People appeared happy and comfortable in the company of staff and we saw some positive interactions. People are benefiting from improved consistency and continuity of care and support.

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
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.	New
21	The service provider does not ensure that care and support is provided in a way which protects, promotes, and maintains the safety and well-being of individuals due to delays in people receiving the right care and support to enhance their health, emotional and psychological well-being needs.	Achieved
8	The governance arrangements failed to identify the issues affecting the service which has compromised people's 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
21	People to consistently receive the assistance they require to promote nutritional intake and enjoy mealtimes.	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	Reviewed
58	The service to ensure medication is always correctly administered by staff in line with people's prescriptions due to the possibility of an online system failure and a lack of Internal auditing of practice.	Achieved
59	The service provider to ensure records for people are accurate and consistently kept up to date regarding their care and support needs.	Achieved

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