



Inspection Report on

Quarry Hall Care Home

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

Date Inspection Completed

07 July 2022 and 22 July 2022

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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	
Does this service provide the Welsh Language active offer?	Yes. 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 was an unannounced focused inspection that looked at the care and support of people. We found people are at risk of poor outcomes as a result of receiving delayed care and support with gaps and inaccuracies in record keeping. People are not always supported by staff who have the most recent up to date and accurate information about them. This means people are at risk, therefore we have asked the provider to take immediate action.

Management failed to identify the issues affecting the service which can compromise people's care and support needs being met which impacts on the well-being of people. The management team are responsive and have provided assurances they are already taking action to secure improvement.

People and their representatives are mostly happy with the care and support they receive from care staff. People are encouraged to be independent and the layout of the home supports people to achieve a good standard of well-being.

Well-being

People and their representatives feel listened too and they are able to express their views. We observed many instances of positive and meaningful interactions between people and their care staff. We heard positive feedback about the practice of care workers and management. People's representatives told us "*Management are responsive and take action*". One resident described care workers as "*nice kind people*". Another person's representative said their loved one was "*well looked after*" and described staff as "*lovely, very helpful, they work hard...they go above and beyond*". We did, however, see instances in one area of the service where staff were insensitive to people's dignity and distress.

People who are active are encouraged to get around the home, have social opportunities to engage with others and they can contribute to safe and healthy relationships. They have access to regular activities and social events. However, people who have nursing needs, spend the majority of their time in bed, regardless of their preferences, and are at risk of social isolation. People who are nursed in bed for their care and support needs are not supported enough to do the things that matter to them, because of a lack of plans and arrangements in place to do so.

People are not always kept as safe as possible because they do not always receive the right care and support in accordance with their assessed care and support needs. People have experienced delays in receiving assistance to maintain their well-being. Gaps in record keeping means care staff might not always understand the support needs and risks of a person they are supporting, which places people at risk of poor outcomes.

People are supported by motivated well-being coordinators, and one individual said they "*go the extra mile*". Staff value social activities and we saw a weekly activity schedule in the home, but we found not all planned activities take place. Deployment of staff may impact on meaningful engagements and activities taking place for people. We observed a few people sat in the garden, enjoying the sun, with activity co-ordinators, a care worker, and visitors. Whilst they enjoyed the organised activities, they also clearly enjoyed the spontaneous chatter after. This contrasts with those people lying in their rooms, one of whom heard the laughter outside and asked why they could not join in.

The layout of the home supports people to achieve a good standard of well-being from their environment. People are encouraged to be independent, and they can get to all the rooms in the home safely, if assisted to do so. The communal areas are free from hazards and are open and spacious. Some toiletries and prescribed creams are available in bedrooms which could place some people at risk if ingested.

Care and Support

People are not always supported to fulfil their potential and do things that matter. We saw people with nursing needs in bed during the day on both inspection visits. This was contrary to information in their care plans and assessed care and support needs. We heard some of these individuals telling us they wanted to be supported out of bed. We read daily records that showed these individuals had not been supported out of bed for long periods of time. We found care plans for people nursed in bed lacked up to date information on people's well-being outcomes and social opportunities in the home.

People do not get the right care and support as early as possible. We saw delays in people having access to food and drink and call bells are not always within reach. We heard some people say they were hungry or thirsty. We observed a mealtime and noted that this was a mixed experience for some due to a lack of stimulation and direct staff assistance. We read daily records that showed some people had not received a shower/bath for a period of time. We read personal care plans with missing information regarding people's routines and preferences. We found examples where people had missed receiving the correct amount of medication due to lapses in the service provider's oversight of the medication system.

People's physical health is not always promoted. We found poor care and support of pressure care for people. Repositioning records were incomplete, and we found times when people had gone long periods of time without repositioning. We found some gaps in wound dressings which can further compromise people's skin integrity and well-being. Staff are working to basic, incomplete, and in some cases absent care plans and risk assessments. We found gaps and discrepancies in information and records regarding people's nutritional and fluid requirements, level of assistance required for eating and drinking and what their associated health risks are. People are at risk as they could receive the wrong care and support assistance from staff which places people's safety and well-being at major risk. Appropriate referrals are made to other health professionals but not always followed up and actions appropriately recorded. This is particularly important due to the high level of new staff and agency staff working in the home.

Due to the above care and support failings, we have issued a priority action notice because people's health and well-being are at major risk of impact as a result. The provider must take immediate action to address these issues.

Environment

The home has recently been refurbished with some communal areas including a cinema room being refurbished to a high standard. The home is bright, airy, and communal areas provide people with opportunities to socialise and dine with others. Refurbishment to bedrooms is ongoing as some bedrooms require redecoration. People are encouraged to personalise their room with items that matter to them. We saw rooms that were person centred and homely for people.

There is equipment available for people to safely transfer and specialist seating to provide people with the opportunity to socialise with others. 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 and prescribed creams available in some rooms which could place people at risk if ingested. The communal areas in the home are free from hazards and unauthorised rooms are secure to protect people's safety.

People can be confident that there are effective arrangements at the home that maintains good standards of hygiene and infection control to keep people safe from harm. There are sufficient supplies of personal protective equipment (PPE) available throughout the home. We observed staff appropriately wearing personal protective equipment and disposing of the items.

Leadership and Management

People cannot be assured that the service provider has good governance and oversight of arrangements in place to enhance people's well-being. Management and clinicians do not have good oversight of the daily care and support of people. We found a lack of effective quality assurance checks completed which is needed to check and test that people receive the right care and support. We have issued a priority action notice and expect the provider to take immediate action.

People can be assured they are supported by a management team that are responsive and take action. Management had successfully secured action and improvements to some areas of concern that we raised at the first inspection, which some areas were addressed by the second visit. Additionally, the service provider has met non-compliance identified at the last inspection in September 2021.

People cannot always be confident they are supported by staff that are well trained and have a good understanding of their condition. We found that a few agency staff did not receive an introduction to the service and core training to enable them to fulfil the requirements of their role and meet the needs of individuals they support which puts people at risk of not being understood. Care staff would benefit from training and guidance to increase the use of enabling approaches and positive behavioural support techniques. This would enable care staff to support people through interventions and practices that are as least restrictive as possible, during times of emotional distress or times when people need redirection. We also advised that consideration is taken to rotate the care worker who provides one to one care, throughout the day, for people who require very close supervision. This will prevent the care worker and person being supported becoming impatient and stressed.

People are supported by a service provider that supports opportunities for staff to raise concerns to management to protect people. We saw good management presence within the home, and we saw care staff are busy supporting people. We saw examples of one clinical lead providing good mentoring support and leadership to staff, but other instances where leadership from nurses to support carers was lacking.

We have received assurances from the service provider that they are taking immediate action for people in response to our inspection findings. We will test this at the next early 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
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.	New
8	The governance arrangements failed to identify the issues affecting the service which has compromised people's care and support	New

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
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.	New
59	The service provider to ensure records for people are accurate and consistently kept up to date regarding their care and support needs.	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	New

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