



# Inspection Report on

**Quarry Hall Care Home**

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

## **Date Inspection Completed**

**02 September 2021 and 06 September 2021**

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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	23/09/2019
Does this service provide the Welsh Language active offer?	The service provider is partially meeting the Welsh Active offer and is working towards being fully compliant.

### Summary

Quarry Hall Care Home is part of the HC-One organisation offering people accommodation, care and support. Nursing care is also provided for people where this has been identified as needed. The organisation has appointed a director to be the responsible individual for this service.

The service has greatly improved care giving and documentation since the last inspection. There is better communication between the management and different departments within the home. Care, including assistance with eating and drinking is good with all staff having an understanding of this across the whole home. Appointed “well-being” coordinators ensures activities help people with their mental health needs. Documents to record the care to be given, and the care received are very good. People are happy living in the home and satisfied with the care they receive. When the service is able to identify what is important to a person, they go out of their way to help improve the individual’s quality of life, but opportunities are sometimes missed to gather this information

Suitably recruited and trained staff provide care. Staffing levels are appropriate. Support is provided to all staff throughout the organisation.

The environment is safe but presents as “tired” and in need of refurbishment. This has been arranged for autumn this year (2021).

This inspection took place in a time of pandemic, Covid-19.

## Well-being

Quarry Hall offers opportunities to help people achieve well-being. People are treated with respect and are consulted about their day to day needs and wishes. They are also invited to meet regularly to contribute to ideas for activities and running of the home. Two well-being coordinators enthusiastically support people to try activities and be involved in social events. They provide stimulation in the environment through displays to help prompt discussions and activity. An innovative sensory cloud has been provided in one lounge to enhance people's experience when watching the weather on the television. Written records are maintained to show people have choice in participating in communal activities. For those who are unable to participate, quieter one to one time is recorded. Throughout the Covid-19 pandemic people's well-being has been monitored. Communication with families has been seen as a priority. The home is now more open to visitors in line with regulations, and facilitates these. We are told by families, how, people living with dementia are supported on a very individual level; one relative explained that photocopied money is used to help as their loved one likes to be able to give this to the family for shopping. One person expressed a wish to go into the garden more and felt they couldn't approach the staff as they seemed busy. An opportunity during reviews of care had been missed for this to be raised. This was drawn to the attention of the manager and area director who addressed this on the day.

The service provider ensures people are safeguarded. Procedures are in place to inform staff about how to report concerns. Staff receive appropriate training so they can identify indicators of abuse and take action to keep a person safe. Individuals in the service told us they feel safe and relatives consulted have no concerns about the safety of their loved one. The environment is secure. Individuals who need supervision are escorted to garden areas.

Measures are in place to prevent and control the spread of any infection. Information is made available about requirement in relation to the current Covid-19 pandemic. Staff are observed following personal protective equipment (PPE) guidelines. When there is an identified need, increased PPE is worn. Deep cleaning of areas of the home was observed when visiting the service, with ample supplies of cleaning materials to support this. Visitors to the home are asked to cooperate with the home's policy on testing, taking of temperatures and hygiene procedures. Where possible, residents are encouraged to socially distance. People have en suite facilities which helps reduce the spread of infection when isolation in bedrooms is required.

## Care and Support

The service provider ensures people's needs and care requirements are documented, reviewed and met. Personal plans are mostly very good, with key information highlighted to provide staff with clear guidance when providing care. Risk assessments are in place and up to date. Applications to Deprivation of Liberty Safeguarding are made appropriately for individuals who cannot make their own decisions. Where specialist professional involvement is required, this is arranged in a timely manner and records kept. When equipment is required to support people, this is recorded and provided. There are good records to show how people are supported, including nutritional intake for people. The chef confirmed knowledge of fortified or modified foods and evidenced how this was prepared and served. Exceptional effort is made to support people with dietary needs, especially on celebration days, when modified birthday cakes are provided. Individuals told us they like the food. People, or their representatives, are involved in reviewing their care. We saw an excellent example where a person communicates with hand gestures, and a description of this was shown on the review sheet evidencing their involvement. One relative told us "*Mum has improved greatly since living there, she's put on weight*", which was needed. Care and support has improved due to managers arranging better ways to communicate vital information about people's needs across all departments. Staff confirm the improvement over the past 18 months and highlight the value of the weekly meetings.

People can be confident that care is delivered in a dignified manner by appropriate numbers of staff. Staffing numbers were observed to be appropriate. There is a calm atmosphere, people are supported with their needs in a timely manner and no one appeared rushed. Where two members of staff are required to assist people to move, this is provided. The manager directs staff to support where the need is greatest, but gives assurances that she can be called upon at any time to review this. We saw one situation where people would have benefitted from a better dining experience if the member of staff had asked for a colleague to come and help. The manager was made aware of this. This has not been raised as an area for improvement as people dining on this day were happy with the arrangements in place. Individuals and relatives we spoke to confirmed they did not have an issue with staffing levels but would like to see less turnover of staff to support continuity. People and families tell us that "*staff are lovely*". Staff are observed to be very kind and talk with great passion about their role in providing quality care. Many staff tell us how fulfilled they feel in their role. The staffing levels will need to be reviewed and monitored in order to sustain the levels of support people currently receive in the service when more people are admitted to the home.

Medication is stored and administered safely. The provider has procedures in place to support medication administration and storage. The medication storage room has been improved and now benefits from air conditioning to ensure the temperatures required to store medication safely. There is a new electronic system of recording in place for medicine administration. Staff have appropriate training in using the new system. A nursing assistant

observed on the day of inspection demonstrated excellent application of knowledge, ensuring procedures were followed. They also demonstrated excellent knowledge of individuals in their care, providing just the right level of support, ensuring people retained independence with part of this task where possible. The electronic system can be overseen by management to ensure good practice is maintained. Appropriate actions are taken if there are any medication errors. Audits of medication storage and administration take place to inform any actions required.

## Environment

The service provider ensures that people live in a home that has facilities and equipment that meet their needs but refurbishment is required. Directors inform us that there is a refurbishment planned to improve the décor and some facilities within the home during autumn 2021. One bath is currently out of order, but there is sufficient bathing facilities at present so people are not affected by this. One bathroom sink requires a more effective splash back as the wall is being damaged, posing an infection control risk. We were given assurances that this would be addressed urgently. Though some carpeted areas are badly marked these appear to be free of odour; these will be replaced as part of the refurbishment. Equipment is serviced and used safely. Communal living spaces offer people choice of where to be and promotes social interaction. Well-being coordinators and support staff enhance the environment with displays to stimulate people. Residents have been involved in the decision process for turning an unused living space into a cinema and sensory room. The garden is accessible and provides a pleasant place for people to meet. The environment will remain an area for improvement as part of this inspection report, but it is anticipated that this will be met when the refurbishment is completed. Consideration to Welsh language signage would ensure the service is fully compliant with the Welsh Active offer.

Systems are in place to monitor and ensure that health and safety measures are taken. A maintenance person is employed who carries out routine checks to support a safe environment. Certificates to evidence compliance with legal requirements are maintained. The passenger lift was undergoing routine servicing on the day of inspection. With the exception of one bath, we observed all equipment in good working order. The laundry has systems in place to manage soiled items safely. Kitchens meet the Environmental Health inspector's requirements. Hand sanitizer is available throughout the home, in addition to PPE stations where staff get fresh stock to change regularly. Staff are made aware of health and safety through induction training. A recording system, audits and visits from the quality assurance director provides robust systems to support good health and safety.

## Leadership and Management

The service provider has effective governance in place to support the smooth running of the home. The responsible individual (RI) ensures up to date policies and procedures are in place. Information available to the public and authorities is up to date. The RI undertakes visits to the home to monitor the quality of the service delivered. Auditing tools are accessed by the management team. Appropriate action is taken when patterns indicate this is required. Reports are made available to show the quality of care. We saw plans showing what refurbishment was to take place and when. The manager and wider staff team confirm the presence and approachability of directors, recognising the support provided to the home. The RI ensures the service has a culture of openness and transparency. Concerns and complaints are managed in line with policies. The service has improved the quality of care following the last inspection. Management has worked with the local authority and health board representatives to improve systems, including communication. Covid-19 has posed many challenges to the service, in addition to improvements required. Overall, improvement has now been secured, but this needs to be sustained.

Staff are knowledgeable, skilled and competent to carry out their roles, recruited in a safe manner and supported to develop. Pre-employment checks are conducted on staff to ensure their fitness to work in social care. Nursing staff are appropriately registered and are enabled to sustain this. Personnel files have relevant information including records of regular supervisions as per regulatory requirements. Some documentation in personnel files should be stored separately, this was raised with the area director who addressed this immediately. Induction programs are thorough and backed up with ongoing learning opportunities. Competency checks ensure staff are monitored when undertaking tasks such as medication administration. All staff consulted confirmed they received appropriate training for their role. Observations evidenced the knowledge of care workers and nursing assistant, and application of this. Induction processes were also observed to be good. The service supports staff to reflect on their practice if there are identified issues. Staff told us *“overall, an amazing company to work for”*, and *“being part of HC-One, I am happy and proud”*. The management is approachable and accessible; staff tell us that they have been supported by the management, even with personal issues. All staff have the opportunity to develop personally but also to be involved in the further develop the service.

**Areas for improvement and action at, or since, the previous inspection. Achieved**

Regulation 7 (2), (a), (b): The service provider must (a) Keep the statement of purpose under review (b) Where appropriate, revise the statement of purpose.

Regulation 15 (6): When preparing a personal plan, the service provider must involve the individual and any representative.

Regulation 16 (4): When carrying out a review under this regulation, the service provider must involve the individual and any representative

Regulation 21 (1): The service provider must ensure that care and support is provided in a way which protects, and maintains the safety and well-being of individual's – This was in relation to senior staff providing clear direction to care staff and insufficient staffing levels to safely meet the needs of people living at the home – We recommended a full staffing review in accordance with the dependency needs of the people living at the home.

Regulation 21 (2): The service provider must ensure that care and support is provided to each individual in accordance with the individual's personal plan – We recommended that the care and support plans are revised to ensure the information recorded reflects the individual's care/health needs and management of risk.

Regulation 35 (2) (d) and (6) : (2)(d) The person has full and satisfactory information or documentation as the case may be, in respect of matters specified in the Part 1 schedule – In relation to the number of references and proof of their identity which includes a recent photograph. (6) The service provider must apply for a new DBS certificate at least every three years, unless registered with the DBS update service.

Regulation 44 (4), (b), (e), (h), (i): Premises must be – (b) secure from unauthorised access (e) fitted and adapted as necessary to in order to meet the needs of individuals (h) properly maintained and (i) kept clean to a standard which is appropriate for the purpose for which they are being used.

Regulation 57: The service provider must ensure that any risks to the health and safety of individual's are identified and reduced so far reasonably practicable.

Regulation 59 (3),(a): In relation to records - The service provider must ensure records relating to individual's are accurate and up to date – This is in relation to gaps in daily care

records.	
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**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None	
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**Areas where priority action is required**

None	
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**Areas where improvement is required**

<p>The service provider is not ensuring the environment is properly maintained. (Regulation 44 (4) (h)). This is because the decor and flooring in some parts of the home is in need of replacement or refreshing; One bath was not in service. We have been assured by the area director that the home is due to be refurbished. There is no impact on anyone living in the home at present and staff are seen making every effort to enrich the environment by updating displays to stimulate the well-being of residents. There are adequate bathing facilities though one bath is not in operation.</p>	<p>Regulation 44(4)(h)</p>
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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