



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Quarry Hall Care Centre

**Newport Road
St Mellons
Cardiff
CF3 5TW**

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Description of the service

Quarry Hall Care Centre (part of the HC One group of care homes) is set in extensive, accessible grounds and is situated in the east of Cardiff close to local amenities.

The setting contains four separate units and provides accommodation and personal care for up to 86 residents aged over the age of 55, with either nursing or personal care needs. The home can also support people with nursing or personal care dementia needs. At the time of inspection, there was an acting manager in post. Two inspectors visited on 21 November 2017 to carry out this inspection.

Summary of our findings

1. Overall assessment

We found that some residents and their families at Quarry Hall are complementary of the care and services they receive. Staff are generally kind and caring towards residents. We found that staff levels are not always sufficient to meet people's needs and, on the day of our inspection, we found that there was not an adequate compliment of staff during the night to meet people's needs. We found that in the dementia nursing unit, there was a lack of appropriate supervision of residents and some delays in accessing input from health and social care professionals were evident. We noted that CSSIW were not always advised of all reportable incidents which affect the health and well-being of residents.

At the last inspection, we were made aware of the refurbishment work going on at the home. During this inspection we were advised that the main refurbishment to the front of the building is now complete. There appeared to be inadequate signage for those people living with dementia to orientate themselves. There was an unpleasant odour noted on the nursing floor of the service.

2. Improvements

We noted that some recommendations from the previous inspection remain outstanding:

- ensuring staff have supervision at the required intervals,
- consideration should be given to current best practice in how the environment can support residents with dementia in maintaining independence, providing stimulation and allowing interaction with their surroundings.

We noted that some recommendations from a previous inspection have been met:

- documentation used within the home had been revised and correctly refers to the regulatory body,
- the home had ensured that communal areas were free from clutter and that equipment was stored securely in suitable locations.

3. Requirements and recommendations

Section five of this report sets out where the registered persons are not meeting legal requirements and recommendations. These include staffing levels/staff delegation, improved recording of the care and support people are receiving, the safe management of medication, and the timely referral to health and social care professionals. These enable people to receive appropriate care and support, and to ensure people receive appropriate supervision to promote their well-being and reduce any unnecessary risks to their health.

The list below details more specifically the regulatory requirements which require improvement:

- The need to notify CSSIW and other relevant parties in the event of a serious incident to people,
- protecting residents from risks to their health and safety and from harm,
- the quality of care recordings at the home,
- the leadership and management at the home including ensuring appropriate numbers of staff are provided, thereby ensuring that there are systems in place to ensure the quality of the care and appropriate supervision for people living at Quarry Hall,
- ensuring people receive timely interventions from health care professionals which promote their health and well-being.

1. Well-being

Summary

Some people told us they are content and as happy as they can be. However, this is not a view shared by all people. Residents and their relatives generally perceive that a good quality service is delivered. Residents have access to a nutritious diet. Observations and feedback indicate that at certain times the number of staff and the deployment of staff is not sufficient to meet people's needs safely and effectively. Whilst there is a wide programme of organised activities, people would benefit from a greater variety of more individualised opportunities.

Our findings

People are able to exercise some choice over their day to day lives. One person told us *"I can't complain I'm happy here"*. Another resident's family member told us *"I'm really impressed, staff are really accommodating"*. However, at the time of our inspection in the early morning we noted six individuals who were up and dressed, two of whom were sleeping in chairs and one of whom was expressing that they were unhappy to be up. One staff member stated *"there is an expectation residents will be woken and got up by 7am"*. We found that there is little written evidence to support the encouragement of people to express their views and make choices. One person told us *"I can't go to bed when I wish"*. We observed one resident calling for attention and a care worker walking past without acknowledging the cries of the resident. We spoke with this resident who was pacified by our presence. We feedback our concerns about her crying out and were told by a care worker, *"...that's normal for X"*. From our observations of staff, they may not have considered the cries for help as a priority. This demonstrated that people's needs and wishes are not always taken into account and the perception of some staff is that the needs of the service come before the wishes and needs of residents.

We saw that some consideration was given to people's wishes, likes and dislikes. For example, we observed staff asking people their preferences of food and drink at mealtimes. This was confirmed by a resident we spoke with. We received three completed questionnaires from relatives of people at the home, which commented that food is *'good'/'very good'*. The home has a rating of '5' awarded by the Food Standards Agency which demonstrates food hygiene is very good.

People are not always fully supported and supervised appropriately. We observed care staff supporting some people in a friendly and warm manner and were respectful when providing care as evidenced in their interactions with residents. We carried out a SOFI2 observation during the lunchtime meal service on the dementia personal care community of the home. Consideration was given to people's preferences and for a small group of residents who enjoy a quieter mealtime they were accommodated in the smaller lounge. However, we observed a busy atmosphere in the main dining room and saw a member of staff who was assisting a resident to eat being called away to support another resident who was requiring attention at the same time. We also saw one person pouring un-thickened drink into another person's glass which was not observed by staff and lead to us intervening due to

the risk of choking. Therefore, people are not always receiving appropriate care and supervision.

One person stated they had been '*bashed about roughly*' by some care workers. This resident also stated "*they have a woman here who serially comes into my room and it frightens me*". We read in the home's documentation that this person had experienced another person entering their room on a number of occasions, sometimes when receiving personal care from care workers. This demonstrates that people cannot always be assured that their privacy and dignity will be promoted.

The service provides a range of social activities each month. We saw evidence of activities available and this was advertised on noticeboards. We observed the activities co-ordinator to be enthusiastic and encouraging towards people. However, one person's family did state she felt "*there was not enough going on socially*" and this person's file reflected that they did not often engage with the social activities on offer. It was not clear how people who find it difficult to engage in social activities are encouraged to participate. Therefore, it was not always clear how people are encouraged to partake in social activities.

People are able to receive their care through the medium of the Welsh language. We noted that the home does provide the 'Active Offer' in relation to the Welsh language as they have some staff who can communicate in Welsh. The 'Active Offer' means the service is provided in Welsh, for those who wish it, without someone having to ask for it. It is the responsibility of everyone who provides care services for people and their families across Wales to deliver the Active Offer. Therefore, we concluded that people have the opportunity to receive the service in Welsh.

2. Care and Support

Summary

Staff who work permanently at the service have an awareness of residents' individual needs and are knowledgeable about the residents they support. However, this was not consistent amongst agency staff as one agency member of staff found it difficult to recall the individual names of people they were supporting and did not have an awareness of the risks that some of the most vulnerable people faced. Documentation of individual care and support provided contained gaps and it was not always clear what input people had received. We found inconsistencies in the recording of support provided to people and noted that there was a delay in some people accessing appropriate advice and treatment from health services.

Our findings

People do not always receive proactive and preventative care and their needs are not always documented. We examined six resident care files. Although each has a care plan and regular reviews evident, there were some gaps evident in the documentation.

Resident 1 did not have their personal hygiene chart completed for a 24 hour period making it difficult to ascertain exactly what care and support they had received. There was a repositioning chart on file with gaps in recordings identified for five days. There was also a fluid chart in place but no recording of how much fluid the person should be taking daily, nor evidence of action to be taken, or which had been taken, when insufficient fluid intake is identified. One carer stated she was unaware how much fluid the person required. When asked about the gaps in documentation, we were told by a carer *"its difficult to get all the paperwork completed, some things get forgotten"*.

Resident 2: a topical medicines chart was not properly completed. This person is recorded as *"walking without socks and shoes"* but no explanation of why it took over an hour for this to be resolved. This person is referred to several times as *"agitated"* and *"going into other people's rooms"*. We read documentation of several altercations between this individual and others. Unprofessional terminology to describe body parts and bodily functions were seen in the recorded notes. Appropriate use of terminology is required to promote individual dignity and respect and to ensure that people are not infantilised.

Resident 3: An intimate area is noted as "sore" and the person's file records a wait of 10 days before appropriate cream arrives. There is no evidence the cream was applied as the full tube remained on the medication trolley.

There are also some discrepancies noted with the auditing of medication, gaps in signatures and incorrect calculation of how much medication should be left. Therefore, peoples care needs are not always documented and they do not always receive timely access to health care professionals and treatment when required.

These are examples of serious deficits of care and, consequently we have issued a non compliance notice in relation to this. In the action plan received from Quarry Hall in response to our feedback, they have identified how they will rectify these issues and any improvements will be considered to evidence compliance at the next inspection.

3. Environment

Summary

The 'front of house' area, including a café, public house and hairdressing salon, have been refurbished to a high standard and are welcoming, clean and light spaces. However, the individual areas where people live do need some redecoration including paintwork and maintenance in some toilets. There was strong malodour noted on the top floor during the day of our inspection. The home has a rating of '5' from the Food Standards Agency (this means that the food hygiene standards were found to be very good) which is to be commended.

Our findings

People are generally cared for in a clean and homely environment. Residents are encouraged to personalise their bedrooms and the décor of communal areas has improved to provide comfort and interest for those accommodated. During our visit, we saw cleaning and maintenance staff in attendance. The home has a separate dining area on each floor and a spacious garden containing outdoor seating. There is also a pleasant café area, a public house and a hair salon. It is important for people to live in an environment which reflects their value and worth. We noted some areas of the home required repainting, for example, some bedroom doors and bathrooms were noted to have chipped paintwork which needed redecoration. Signage in the dementia provision could also be improved to assist people who live there to orientate themselves around the home. However, we saw some efforts were being made in this regard by the painting of all toilet doors in a different colour to more easily identify them to residents.

The source of the malodour on the top floor needs to be investigated and steps taken to address this issue to make it a more pleasant environment for people who live there and their visitors.

There are systems in place to protect people's safety. We found the entrance to the home was secure and that confidential files were stored in a lockable facility.

4. Leadership and Management

Summary

The service benefits from having a model of management which provides strategic and operational support to the manager and those working at the home. However, the service has had an acting manager for over three months. The acting manager advised us she is in the process of registering as required.

Our findings

During our inspection visit, the acting manager was joined and supported by the company's area manager. We were provided with evidence that the service is visited by representatives on behalf of the registered provider, on a regular basis, who complete quality audits and identify any areas for improvement.

We fed back issues of concern following this inspection and were advised that an action plan would be drawn up as a matter of priority identifying steps which would be taken to improve the service. Implementation of the action plan will be considered at the next inspection in order to identify satisfactory improvements have been put in place to ensure compliance with regulatory requirements.

People do not always receive support from staff who know them well and understand their needs. The acting manager advised us that the service has struggled to attract and retain staff which has led to the regular use of agency staff. The acting manager acknowledged that she would prefer to employ permanent staff who can provide continuity and consistency for residents. However, as this had proved difficult, the acting manager has had to utilise agency staff to ensure appropriate staffing levels are maintained within the service and people's needs are met. We saw documentation of staff rotas over the last eight weeks which as well as identifying the staff who had worked, also identified staff leavers and sickness of staff. We recommended that consideration be given to ensure appropriate staffing levels on all communities of the home and the acting manager agreed to reconsider this. The acting manager acknowledged that staff morale is low and acknowledged this could be a contributory factor in regards to staff leaving and stated she will consider how this can be improved. The action plan provided demonstrates how the setting is going to address this issue and implementation of this will be considered at next inspection. Therefore, we concluded, people are not always being supported effectively by staff who residents have had time to build trusting relationships with.

People's safety needs to be promoted by staff who are familiar with the layout of the home and have appropriate understanding of the dependency levels on each area within the home. At the start of our inspection we were greeted by an agency nurse who told us that although she had worked at the home on previous occasions she had not worked on this current area of the home. When asked about fire exits she was unaware where these were. We encouraged the acting manager to consider the induction of agency staff to ensure that they are aware of essential information such as the location of fire exits, prior to working at the home. Therefore people are not always cared for by staff who could organise a safe and thorough evacuation in the event of a serious incident taking place for example fire.

The home does not always notify CSSIW of reportable incidents. We read about regular altercations between residents and recommended that the acting manager consider resident compatibility during the pre-assessment process and thereafter. We advised the acting manager that CSSIW should be made aware of any issues which resulted in injury or which affected residents' wellbeing and were assured that this would be done in future. We also advised that where any potential safeguarding issues are identified then appropriate discussion should be had with the local Safeguarding Team. Although there is willingness to learn from best practice, there still remain some areas which require improvement to ensure that the service is well managed and compliant with regulations.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There were no areas of non compliance noted at the previous inspection.

5.2 Areas of non compliance identified at this inspection

<ul style="list-style-type: none">• The registered person shall give notice to the appropriate office of the National Assembly without delay of the occurrence of any serious injury to a service user.	Regulation 38(1) (c)
<ul style="list-style-type: none">• The registered person shall ensure that the care home is conducted so as to make proper provision for the care and, where appropriate, treatment, education and supervision of service users	Regulation 12(1) (b)
<ul style="list-style-type: none">• The registered person shall make arrangements for service users to receive where necessary any treatment, advice and other services from any health care professional.	Regulation 13(1) (b)
<ul style="list-style-type: none">• The registered person will ensure that unnecessary risks to the health or safety of service users are identified and as far as possible eliminated.	Regulation 13(4) (c)

5.3 Recommendations for improvement

- Improvement to the lunchtime experience of residents so that care staff have appropriate time to support and supervise residents, as required, and contribute to a more relaxed atmosphere at meal times.
- Staff morale is low and consideration for improvements to staff morale is needed in order to improve the overall experience of residents living at the care home.
- Staff rotas need to be improved as the current one week rota is not sufficient for staff to feel they have an appropriate work / life balance.

6. How we undertook this inspection

This was a focused inspection carried out as a result of a concern received and in accordance with Care and Social Services Inspectorate (CSSIW) revised inspection framework to consider the following themes; well-being and care and support, environment and leadership and management. Our visit to the home was unannounced and two inspectors undertook this inspection.

The following sources of information were used to support our findings for this report:

- We reviewed information about the service held by CSSIW. This included the previous inspection report dated 6 June 2017 and records of notifiable events since the last inspection;
- We held discussions with five members of staff. We also left 10 staff questionnaires. However at the time of writing our report we had not received any replies;
- We held discussions with four residents. We also left 15 questionnaires for people, and considered the replies of seven we received;
- We carried out a detailed examination of three staff personnel files , including their training and supervision records;
- We carried out a detailed examination of seven care plan files;
- We observed how staff interacted with people using the service and provided care;
- We used the Short Observational Framework for Inspection (SOFI 2) to observe meal time on the dementia nursing unit. The SOFI tool enables inspectors to observe and record care to help us to understand the experiences of people who cannot communicate with us.
- We considered a staff rota over an eight week period;
- We considered a staff sickness report covering an eight week period;
- We examined the Quality assurance reports dated October and November 2017;
- We undertook a partial medication audit;
- We looked at the social activity calendar for the months of August, September, October and November 2017;
- We had a tour of the environment and considered the facilities provided.

Further information about what we do can be found on our website
www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home – Older
Registered Person	HC-ONE Ltd
Registered Manager(s)	No registered manager at the time of the inspection visit
Registered maximum number of places	86
Date of previous CSSIW inspection	06/06/2017
Dates of this Inspection visit(s)	21/11/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information: This is a service that provides an ‘Active Offer’ of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers the Welsh Government’s More than Just Words follow on strategic guidance for Welsh language in social care.	



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice

Adult Care Home - Older

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

Quarry Hall Care Centre

Newport Road
St Mellons
Cardiff
CF3 5TW

Date of publication: Friday, 27 April 2018

Leadership and Management	Our Ref: NONCO-00005122-SXNX
Non-compliance identified at this inspection	
Timescale for completion	22/11/17
Evidence	
<p>The registered person shall give notice to the appropriate office of the National Assembly without delay of the occurrence of any serious injury to a service user.</p>	
Evidence	
<p>The service is not compliant with regulation 38 (1) (c)</p> <p>This is because the registered person has failed to notify CSSIW of a serious injury to a resident.</p> <p>Evidence</p> <p>CSSIW were not notified of an altercation between two people which resulted in a serious injury to one person at the care home and checks being required by hospital staff for both individuals. Local Authority Safeguarding Team were also not made aware of the incident. One resident had significant bruising to her face following a fall and another resident experienced a fractured shoulder following a fall.</p> <p>The impact for individuals using the service is that by the service failing to notify the relevant parties of any serious injuries people cannot be reassured that all appropriate steps will be taken to promote their safety and to reduce the likelihood of further injuries happening again in the future.</p>	

Care and Support	Our Ref: NONCO-00005123-SKLS
Non-compliance identified at this inspection	
Timescale for completion	16/01/18
Evidence	
<p>The service is not compliant with regulation 12 (1) (b).</p> <p>This is because the registered person has failed to make proper provision of care, treatment and supervision of residents.</p> <p>Evidence</p> <p>Not all residents are receiving appropriate supervision. We read about an individual who left the building and who was found in the garden area of the care home having fallen and experienced injuries. This individual required investigation at the accident and emergency department of the local hospital. Alarms had not been triggered and following internal investigation completed by the registered manager staff remain unaware how this resident left the building. This has lead to a complaint being received in regards to this matter.</p> <p>We spoke with one person who stated she felt she had "been bashed about roughly" by some care workers. This was relayed to the registered manager on the day of inspection. This person also stated she had to "wait for the toilet, makes me feel juvenile and stupid when I have to wait for the toilet. I feel patronised".</p> <p>We were provided with feedback from three members of staff who stated they did not feel there was enough staff (especially on nights) for them to provide appropriate care and supervision of the residents. We saw entries in the care documentation of three residents who care workers struggle to support their behaviour which resulted in three care staff intervening on some occasions. On entering the home early in the morning we were met by an agency nurse and another agency staff member and a contracted member of staff who were working on the 22 bed dementia nursing area of the home. We also observed another member of staff on nights working alone on the 12 bedded dementia personal care area of the home. We were advised by a member of staff that the only way she could have a break during her shift was to ask a member of staff from another area of the home to cover her. We noted that a day trip to a local farm was recorded as cancelled on 20.9.17 as there was not enough staff.</p> <p>We saw evidence in one care file of a resident being found in another resident's room which</p>	

had proved distressing. One person told us "people come into my room, I tried to get help and I screamed. They have a woman here who serially comes into my room and it frightens me".

We observed six people in total out of bed and sat in chairs on the dementia nursing and personal care area at 6.30 am. One person was sleeping sat upright. We were advised that this person preferred to sit up during the night time as it is quieter then likes to sleep in bed during the day. However, we were told by a member of staff that there was an expectation that residents would be woken from sleep by night staff and got up.

We saw recorded on file that one person is regularly urinating on the floor and on other occasions in other people's bedroom and in the office.

We saw recorded on file altercations between people.

We observed one individual stirring a hot drink with a comb since there were no care workers in the area.

During lunchtime whilst undertaking a SOFI2 observation, we observed one person giving an un-thickened drink to another person who required thickened drinks and intervened due to risk of harm as care staff were not aware of this.

During lunchtime we observed a person being assisted to eat but this support ended when another individual required the staff member's attention.

Lunch time was very noisy and had a chaotic feel. During a SOFI 2 observation we saw one person banging their dish every time the dish was empty. We also saw one person loading the spoon very full and food ending up on the table cloth and on his clothing. We saw one individual scooping food that had been tipped on the tablecloth up with their hands to eat it.

We read on one person's file that alarm mat had not been plugged in and this person had later been found on the floor.

We observed gaps in written documentation on people's files. One person's topical chart was only completed intermittently. One individual's personal hygiene record was not completed for one 24 hour period. On another file we saw a supplement chart which had started and completed for five days but nothing recorded after that. On one person's file there was a fluid balance chart but no clear instructions of how much fluid the person should be taking. One carer stated, when asked, that she was not aware how much fluid this person should be taking. One person's topical medication did not contain any instructions for use. One person's positional chart was completed intermittently making it difficult to ascertain exactly what support they had received in regards to pressure care during this time.

We read one instance of emergency medication being sought for one person as the supply had run out.

We read some discrepancies in regards to medication on files. One person's file stated five a day medication required but total medication left does not add up to number of tablets staff have recorded as being left. We read one person's medication is required twice daily but this had been changed to PRN (as required) which was handwritten. On another person's file we saw documentation that the person had 11 tablets and four signatures provided. Medication left was

recorded as eight which is not correct. One another person's file we read that there were 21 tablets and 19 signatures for this medication. Out of stock from tonight was also recorded. We also saw on four people's files medication was not always signed for.

There are a number of people with urine infections at time of inspection and whilst the risk of urine infection is higher in older people we were concerned by the amount of people prescribed antibiotics for this. People need to be offered and supported to ensure appropriate levels of hydration to reduce the likelihood of urine infections happening.

One member of staff told us "it's very difficult to do more than the basics". Another member of staff told us "its difficult to get all the paperwork completed, some things get forgotten".

The consequences of not maintaining a safe medication system can be very serious and could place residents at risk of harm. The manager stated that action plan would be completed as a matter of priority and that this would be emailed to CSSIW by the end of the week. The effectiveness of any remedial action to address the non compliance will be checked at the next inspection.

Leadership and Management	Our Ref: NONCO-00005128-BNSB
Non-compliance identified at this inspection	
Timescale for completion	21/11/17
Evidence	
<p>The registered person shall make arrangements for service users to receive where necessary any treatment, advice and other services from any health care professional.</p>	
<p>The registered person is not compliant with regulation 13 (1) (b). This is because the registered person has failed to make timely arrangements for people to receive treatment/advice from a health care professional.</p> <p>We read on one person's file that they had very dry legs and soreness noted on an intimate area of their body. Caneston cream was noted as not being used as full tube still on medication trolley. There is a 10 day delay before cream is made available and then there is no recording that cream has been applied. Clinical lead stated there have been issues with this surgery and she had followed this up several times. However there is no written evidence of this in the person's file.</p> <p>One resident had an injury following a fall but this was not identified immediately. They were taken to hospital where a fracture was discovered.</p> <p>In order for people to remain well they require timely access to health care professionals to enable them to be diagnosed and provided with suitable medication to ensure they recover from their illness and are not left experiencing pain and discomfort. We cannot be assured that people are receiving timely interventions from health care professionals as there is not always written evidence to support this.</p>	

Leadership and Management	Our Ref: NONCO-00005130-SQRR
Non-compliance identified at this inspection	
Timescale for completion	05/12/17
Description of non-compliance/Action to be taken	Regulation number
The registered person will ensure that unnecessary risks to the health or safety of service users are identified and as far as possible eliminated.	
Evidence	
<ul style="list-style-type: none"> - The registered person is not compliant with regulation 13 (4) (c) - This is because one person has experienced three un-witnessed falls over a two month period as recorded in the care file. However the risk assessment documentation has not been completed. Therefore staff are not always sure how to eliminate risks for people as far as possible because documentation does not identify ways in which the risks can be reduced. - The impact on people using the service is that they cannot be assured that risks to them have been appropriately identified and recorded so that they receive appropriate care and support which reduces the likelihood of risk/harm being experienced. 	