Fishponds Care Limited

Quarry House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 27 and 28 November 2018. The inspection was unannounced.

Quarry House is registered to provide accommodation for up to 65 people who need nursing or personal care. At the time of our visit, 61 people were living in the home. The home is arranged over four floors. Each floor is separated into two units. A central staircase and two lifts provide access to each floor. The provider is also registered to provide personal care to people living in self-contained purpose-built apartments next to the home. At the time of our inspection one person living at those apartments received the regulated activity personal care.

The registered manager had been in post since July 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the inspection of October 2017 significant improvements had been made but further improvements were required. We also needed to be satisfied the improvements that had been made would be sustained. We found that management of medicines required further improvement and risks assessments required more detail to protect people from unnecessary harm. Training had improved but staff still required training in how to care for people with dementia. Consent to treatment and support was not clearly evidenced. Systems in place to monitor and evaluate the service needed to improve. Following the inspection, the provider sent us an action plan explaining how they would address our concerns and what action would be taken.

At this inspection we found continued significant improvements had been made and all previous breaches in regulations had been met. This meant the overall rating of the service had changed from Requires Improvement to Good.

Why the service is rated good

People now received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. The home was exceptionally clean and staff followed infection control procedures.

Improvements had been made to promote and provide an effective service. Staff received supervision and the training required to meet people's needs. Arrangements were made for people to see a GP and other

healthcare professionals when they needed to do so. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice.

The service remained caring and put people at the heart of everything they did. We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. The feedback we received from them was extremely positive throughout. Those people who used the service expressed satisfaction and spoke well about the staff. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

The service continued to be responsive. People received person centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

The service had improved and people benefitted from a service that was well led. The director, registered manager, deputy and staff team maintained a clear focus on continually seeking to improve the service people received. Good quality assurance systems were in place and based upon regular, scheduled audits. These identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service had improved to Good.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with the management of medicines.

People were protected against the risks of cross infection.

Is the service effective?

Good

The service had improved to Good.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, considering their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from

community health and social care professionals so that people's health and wellbeing was promoted and protected.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service had improved to Good.

The registered manager promoted strong values and a person-centred culture. Staff were proud to work for the service and were supported in understanding the values and vision of the service.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were good systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Quarry House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by a lead inspector, a bank inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection. Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

We spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia.

We spoke individually with 16 people. Eleven relatives were happy to speak with us and share their thoughts about the home. We spent time with the, chief executive, registered manager and deputy. We spoke individually with 11 staff. We looked at six people's care records, together with other records relating to their care and the running of the service. This included three staff employment records, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

The service had improved to Good. The evidence at the time of this inspection demonstrated people received a safe service.

At the inspection of October 2017, we found that additional continued improvements were required around auditing and monitoring medicine management to ensure best practice. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us and told us how this would be improved.

At this inspection significant previous improvements had been maintained. Robust auditing, spot checks, competency checks and additional training had all contributed to a safe, streamlined process.

At the inspection of October 2017, we found care documentation did not always provide staff with enough detail on how to manage risks to people to either reduce the risk or prevent them from happening. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us and told us how this would be improved.

At this inspection we found significant improvement had been made. Staff continued to manage risks well. These related to people's health and well-being and how to respond to these. This included risks associated with weight loss, restricted mobility, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's care records now provided staff with information about these risks and the action staff should take to reduce these. Some people required equipment to help keep them safe. The service ensured people were assessed so that appropriate aids were in place to support them. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. Specialist equipment included pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Photographs of people using their equipment provided a step by step tutorial for staff to follow so it was used safely and promoted a person centre approach. One relative told us, "Dad is more confident here then his last home, he seems to be taking more risks and walking around I feel this is because he feels comfortable and safer".

One of the common themes for people and their relatives was that they felt, safe, happy and secure. Comments included, "I feel safer here, I use to fall at home and I don't anymore", "It's very good, mum has dementia and I feel she is safe here", "Yes I feel safe, I have no worries", "It's very safe, I just call out if I need a hand" and "I never had any problems I'm always checked on during the night, which is nice" and "I feel safe, it is nice to know people are here. It's the reassurance of knowing people are there if needed".

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and, what action had been taken afterwards. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to

help ensure further reoccurrences were prevented. Audits helped identify if people required additional equipment for example, a bed that lowered to the floor or to have a sensor mat in place with the aim of preventing further falls. The environment was always considered and the possibility of an infection.

Staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. At the time of our inspection there were two people living in the home whose health needs meant that they required a member of staff with them at all times. The registered manager made every effort to ensure there was a suitable mix of skills and experience during each shift. The registered manager and deputy were supernumerary on each shift and were readily available to offer support, guidance and hands on help should carers need assistance. During our visits the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were sufficient numbers of staff on duty. They recognised that there were some days that were busier than others and that this may impact on the usual smooth running of the home. People could request support by using a call bell system. Comments from people included, "There are usually enough staff, occasionally there are not", "I can use the call bell, sometimes they cannot come at once but put head round door and say will just be a couple of minutes" and "I think there are enough staff in general".

The service ensured staff employed had suitable skills, experience and competence to fulfil their roles. In addition, the service considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well. Staff files evidenced that safe recruitment procedures were followed. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

The home was exceptionally clean, homely and free from any unpleasant odour. The provider had infection prevention and control policies in place and staff had received training. Staff had access to the equipment they needed to prevent and control infection including; disposable gloves, aprons, sluicing facilities, and cleaning materials. One person told us, "It's a lovely environment to live in, they keep my room very clean and tidy, they all do a fantastic job".

Good

Is the service effective?

Our findings

The service had improved to Good. At the inspection of October 2017, we saw significant improvements had been made in training. However, staff had still not received comprehensive training on caring for people with dementia. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider wrote to us and told us how this would be improved.

At this inspection we found that the organisation had since commissioned a 14-week bespoke coaching program from ALIVE. ALIVE is an independent organisation who promote meaningful activity for older people in care, particularly for those who have dementia. To date 16 staff had either completed the course or were currently enrolled on it. One of the values of the training was to empower and provide staff with the skills to be able to provide more meaningful interaction and engagement on an individual basis with the people they supported. These 16 staff were a mixture of care staff, ancillary staff and activity coordinators. There was an expectation that this program will be cascaded throughout the whole team during the next 6 months. We had previously visited the home and attended one of the training sessions, it was evident that staff were very much enjoying the training and that this would have a positive impact for people and their families. Comments included, "I have loved every minute of the training", "I feel much more confident", and "I understand about this condition and how I can enhance peoples lives".

Staff had completed training to ensure they had the right competencies, knowledge and skills to support people in the home. New staff worked alongside more experienced colleagues until the registered manager was satisfied they had the skills to work alone. A carer who had started the previous month confirmed that she was working as an extra and was 'shadowing' a colleague.

New staff undertook the Care Certificate which is recommended for new care workers to ensure they have the required skills. The registered manager had been working to make sure all staff had undertaken the provider's mandatory training. The service had a training matrix which recorded training staff had undertaken and was monitored by the deputy manager to ensure all staff kept up to date. Staff were positive about the training they had received. One carer told us "There are so many courses offered to us". One person told us, "The staff seem to be on training courses lots and they appear to know what they are doing".

At the inspection of October 2017 consent to care and treatment was not always sought in line with legislation and guidance. Although records showed that people's capacity to consent to certain aspects of their care had been assessed, when people did lack capacity, best interest decisions were made on an informal basis and were not always documented. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider told us how they were going to meet this breach.

At this inspection we looked at a range of records to see whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty

Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the MCA and, how to implement this for those people who did not have mental capacity and, how to support best interest decision making. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals. Records for this had improved and demonstrated the processes followed and how people were supported and consented to care. We saw a lovely piece of work that had helped support people to decide whether they wanted to have the flu vaccination. Staff provided a simple booklet to people to explain why they should have a vaccination and what to expect so they could make an informed choice. The registered manager, deputy and nurses all took time to have individual discussions with people and their families throughout this process. We asked people if they were asked for consent before being helped. Comments included, "Yes they always ask me if I am ready to be washed", "Yes they wait until I say so", "They always ask what they can do for me" and "They treat me with respect and never make a fuss when I ask for help, which is nice".

Staff continued to work well as a team and there was a continuous theme of supporting and supervising each other. Staff felt they were supported daily by the registered manager, deputy and colleagues. Some supervision sessions had lapsed but the registered manager was aware of this and was in the process of implementing new supervision programme. Any additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

People continued to receive a healthy nutritious diet. Choice of meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed freshly prepared meals and told us they were, most enjoyable, tasty and there was plenty to choose from. One person went up to staff and said he disliked the meal he had chosen and staff immediately offered him a range of alternatives. The cook was knowledgeable about different people's dietary needs, such as who required a special diet and how to present them. People were offered drinks and snacks throughout the day and for those in bed, drinks were available by their bedside.

People had been referred to health professionals when required; this included the GP, specialist nurses and the speech and language team (SALT). People identified as being at risk of unexpected weight loss were being regularly weighed and closely monitored. The records showed that some people were weighed weekly and others monthly. The staff we spoke with understood the support they had to give to encourage people were losing weight or becoming dehydrated. We viewed from the daily records that people had regular visits from other health care professionals such as opticians and chiropodists.

Since the inspection of October 2017, the management team launched a research project to develop a dementia environment using a 'theme and story' model to assist with people with orientation, recognition and enjoyment. They were particularly looking for a scheme design which avoided stereotyping and patronising people with dementia. A local design company was engaged, and a consultative process was

followed which included feedback from people, relatives and staff. Using colourful creative graphics as wall and corridor murals, each floor of the home had a theme (Garden, Meadow, Ocean and Sky) and the corridors of the floor told the story.

The service has even been able to adapt the result to an individual level. For example, one resident found it difficult to recognise his room as he required a yellow room sign. The service responded by asking the design company to specifically design a room sign which was yellow but remained within the theme of the floor. This allowed the resident to recognise his own room and feel more comfortable in his own environment.

As a result of the recent environment project these were to be published as a national case study in the 'Journal of Dementia Care' demonstrating the potential alternatives to the current thinking on dementia friendly environments, in the hope that other providers might be able to consider similar solutions within their homes.

Good

Is the service caring?

Our findings

People continued to receive support from a caring service. People appeared to have a good relationship with care staff and they looked comfortable and relaxed when approached. The atmosphere appeared to be good and we observed a lot of friendly, caring interactions, and smiles. Comments we received from people included, "They are very good, they talk in a nice manner", "They are kind and willing to help me", "People that work here are kind and trustworthy I would recommend it", "All the carers are lovely, they are very kind and treat you nice" and "The staff are wonderful they really make me feel special when they spend time talking to me, we have fun and laugh together".

Relatives were equally happy with the service their loved ones received and felt staff were caring. Comments included, "Mum is happy within herself, staff know her needs and I feel they really know her well", "I looked around many homes and this one felt right, the staff were all friendly and it felt like a nice atmosphere", "My mum is always presentable and clean, she is well cared for" and "The carers are wonderful and always inform me what mum has been up to".

Considering the size of the service it still maintained an inclusive, homely feel and people had got to know each other and form friendships. There was a mutual respect and appreciation amongst people who lived there. During one of our visits we met a person who used the service and lived in his own apartment. He had been asked if he would like to play the piano and provide a music session for people. Albeit somewhat nervous he told us he was happy to oblige. It was lovely to see how many people came to listen and join in especially as it hadn't been a planned event. People and staff joined in singing to the tunes, applauding and offering words of encouragement.

In a recent newsletter families had been asked if they could provide more photographs of their loved ones. This was because they were holding a session called 'Getting to Know You". The pictures are projected on to a big cinema screen to create conversation and reminiscence. The benefits bring people closer together, they may find they have common interests, backgrounds and hobbies, they feel the closeness of their family, they become uplifted and staff learn more about the people they care for.

We saw lovely interactions and acts of kindness and patience between people and staff. One staff member was supporting a person with a drink. She checked she was comfortable and offered the drink sitting slightly in front so she could be seen and heard, she talked calmly and quietly with the person. The persons whole demeanour was reassured and she took quite a bit to drink over about a ten-minute period. One lady kept repeating throughout the day that she was worried about the day ahead. Staff were extremely patient and consistently offered reassurance and distraction, their approach was calm and gentle. Their relative told us he often found members of staff sat with his mother talking to her to relieve her anxiety. There were other times where staff demonstrated acts of patience and kindness. Mealtimes were a good example where staff promoted an atmosphere that was calm and conducive to dining. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported with dignity and respect.

Staff were proud about how they supported people and felt they received care that was caring and respected individual wishes. They had built up good relationships with people and their families. People were empowered to take informed risks whilst being observed by staff. One lady was making her way to the bathroom to receive support with her personal care. The staff member reminded them to walk with their walking frame and at their own pace. They told the person they would meet them in the bathroom, the staff member discreetly kept an eye on her, but gave her the space and room to do this alone.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and access to visits with the home's hair dresser.

People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained. Many people chose to have their bedroom doors open, and we observed staff calling out as they entered their rooms. Staff were seen knocking on closed doors before entering people's bedrooms, holding meaningful discussions and regularly offering people choices. Everyone said their dignity was maintained when receiving personal care and confirmed doors were closed and curtains drawn before any personal care was given.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to small quiet lounge areas in the home. Relatives told us they always felt welcome and that they were equally supported by kind staff. One relative spoke with us about their father who still lived at home but their mother had recently moved to Quarry House. They told us, "The staff have been fantastic with my father, he is still grieving about my mother coming here to live and they are really supportive. They support me in supporting him"

Every effort was made to enhance and maintain family support and existing relationships so that people's life experiences were meaningful and relationships remained important. Effective communication and contact was an important part of ensuring relationships between family and friends were promoted and sustained. Those relationships were sustained and encouraged in various ways. People were supported to attend special family events for example, weddings and anniversaries. The provider had also purchased a wheelchair access vehicle that had been insured for families to borrow so that they could take their loved ones out on trips together. The service loved to share achievements, news and any future planning with people and their family and friends. Newsletters helped to achieve this and were colourfully presented and engaging. There were various displays throughout the home to keep people informed as much as possible. This included, planned events, displays of group activities and an array of photographs.

Good

Is the service responsive?

Our findings

The home continued to provide a Good responsive service.

Staff empowered people to remain as independent as possible. Through continual assessment and monitoring staff would identify if people's conditions had deteriorated and take appropriate action. Since the inspection of October 2017, a senior care staff member had taken the role of the home's Moving and Handling Champion. He worked alongside the Quarry House physiotherapist to assess the needs of individuals. He provided training for all staff including ancillary staff, and assessed their competency, working with day and night staff to achieve this. People's health and wellbeing had improved since their appointment and the joined up working with the physiotherapist. This in turn had promoted continuity and consistency in care. The registered manager told us how vital the role had been and the impact had been a positive one. This included a reduction in accidents, incidents and falls.

Staff could tell us about the people they were supporting. They had knowledge about people's life history and their likes and dislikes. People had the 'This is me' life story on a board inside their bedrooms which meant privacy was respected whilst staff were reminded of people's individuality. We saw that this information was updated as people's needs changed. Comments from relatives were positive about how the service had identified and responded to people as individuals and to family needs as well. One relative told us that staff were aware of his mother's dietary needs and regularly had meals created from recipes from her country of origin.

We spent time on all the units in the home observing how people spent their day, how staff interacted with people and the opportunities people had for social interaction as well as the general atmosphere. We observed that staff worked hard to understand people's behaviours and to anticipate and respond positively and appropriately to people. Support plans had been developed in line with that approach so staff used techniques which worked for people. We saw one person refusing to return to their room for their clothing to be changed and staff used several techniques until the person decided they were happy to return to their room.

Care plans we looked at gave an accurate picture of people's individual needs and preferences and been regularly reviewed to help make sure they were kept up to date. Information gathered through the admission process was used to develop a care plan on the computerised system. Care plans were in place to meet people's care and support needs and identified how people wanted staff to support them. The care plans showed and staff understood the need to respect people as individuals.

Staff kept daily records to ensure people's needs were being meet. For people who were at risk of malnourishment, there were food and fluid charts. Staff recorded what people ate or drank but the daily records were not being totalled. Totalling the amount of food and drink helped the registered nurses to assess whether people were eating and drinking enough. We saw that care plans identified people who were at risk and what staff had to do to reduce the risk. One action by staff was to record and vary the frequency when people got weighed.

There were two activities coordinators working in the home and they facilitated a programme of organised daily activities over the week and at weekends. We observed all staff engaged with people and encouraged them in meaningful activities. The service had invested in getting outside agencies to work with a whole range of staff in getting them to involve people in their own every day activities. People were offered and provided with a range of activities, outings and things of interest. They handpicked what they liked to do or take part in. Activities were always included on the agenda at the 'residents' meetings. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. People told us, "I like to get to activities when I can, especially the concerts", "The staff spend time sitting down with you having a conversation, I like this time" "The activities are pretty varied, they have dances, demonstrations and I like doing arts and crafts" and "There is always something to do, I'm never bored".

Each month the service prepared a well-illustrated activity booklet for the people living at the home, their relatives and visitors. The booklet was in different sizes/formats to help meet people's different needs. Attention was paid to general activities and time was allocated for staff to spend one to one time with people. Records were kept of any activities people had participated in or interests they had pursued and if they had enjoyed or benefited from them. Staff demonstrated the service had sought to improve people's quality of life by responding to individual wishes. For example, a brass band had been booked to play in the home for someone who was no longer able to play in the band.

We saw that activities could include helping someone to go out in the local community, or sitting with them spending time looking at their photographs and talking about family and the times past. This was helped by the staff creating memory boxes for people which acted as prompts to start conversations about their lives.

We also saw preparations were in full swing for the home's very own Christmas pantomime and people were so excited and enthusiastic they wanted to tell us all about it. Everyone was supported to be involved whether it was in the cast, or preparing the stage, props, and costumes. The event had been widely circulated to friends and family and the cast were also performing at the providers other services in the New year.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People had information about their communication needs in their care plans to guide staff. Some information was provided to people in accessible formats where needed, to help people understand the care and support available to them. For example; the service knew the staff who could speak in people's own language from their country of origin. One relative told us, "Staff talk to my mother in her native tongue, because she's forgotten the English language". People's care plans guided staff how to maximise their communication by ensuring people's hearing aids were in place and glasses were cleaned.

When asked who they would speak to if they were not happy, people said they would either speak to their family or a member of staff. Comments included, "I have never had to make a complaint", "I would talk to a nurse if I was not happy and I could talk to my daughter", "If was worried I would talk to the manager, deputy or my daughter" and "If Dad was worried he would talk to a male senior care worker or knock on the managers door and have a chat".

The daily presence of the registered manager and deputy meant people were seen every day and asked how they were. In addition, staff had one to one sessions with people. This approach had helped form

relationships with people where they felt confident to express their views. It was evident when we were accompanied around the home that they knew people well and people were comfortable and relaxed in their company. Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

Good

Is the service well-led?

Our findings

Following the inspection of October 2017 further improvements had been made and Quarry House provided a well led service. The management of the home was overseen by the director, registered manager and deputy. All worked closely together and made day to day decisions in partnership with each other, good bonds and working relationships had been forged. Their presence had provided and benefited in consistency and continuity to everyone who used the service. This had subsequently led to improvement of the service and an overall rating of Good.

All three led by example and ensured they were visible in the home. The registered manager and deputy supported staff daily including covering shifts. Staff had a clear understanding of the structures in place for any reporting and were supported by the management team with any concerns/issues whether related to work or personal. The management's office was based in the main part of the building with an open-door policy and ensured there was transparency and openness where residents, staff and families could discuss any concerns at any time.

New systems in place, corporate and quality improvement plans, mock inspections and robust auditing had all contributed to the smooth, effective operation of the service whilst still retaining its personalisation. This was a large service with a steadfast team, it felt inclusive and seamless. It was evident that the achievements were not down to one individual but had been achieved collectively with the involvement of the whole team.

Staff we met and spoke with were very happy working at the home, they were loyal and fully committed and this was reflected in their attitudes and integrity during the inspection.

People and staff were complimentary about the registered manager and deputy. Comments included, "They are both very nice ladies and I enjoy seeing them, they join in a lot", "They are both very approachable", "The manager is a good listener and supports us and our ideas", "They have worked very hard to improve the home, I am happy and I am impressed", and "I would not have stayed here if things had not improved. They are a perfect match together. They empower us and I feel respected".

The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective, meaningful and enjoyed. People and relatives told us, "I certainly do go to meetings, we discuss things and my friend goes too", "We get questionnaires which I always complete", "Relatives meetings are very good, they are now looking at a support group for relatives/coffee morning which I for one am excited about. We get updates on what is happening which is always very useful".

The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will

plan to improve and further enhance current good practice they were achieving. They conducted mock inspections based on the KLOE's to help support and promote this. Policy and procedures were reviewed to assess if they remained effective and up to date with current best practice and guidance.

To ensure the service kept up to date with relevant changes relating to good practice, the director, registered manager and deputy attended regular forums with other providers and registered managers. These included, Care & Support South West. They ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLs teams and CQC.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.