Quebec Hall Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Quebec Hall Limited is registered to provide accommodation for up to 22 people who require personal care. The service does not provide nursing care. The service provides support for older people, some of whom are living with dementia. Accommodation is provided on three floors and a split level, all accessible by a seated stair lift. A full lift covers all three floors. At the time of the inspection a new, larger lift was being installed. There are areas around the service where people can walk and there is a garden where people can sit outside. At the time of our inspection there were 21 people living in the home.

This unannounced inspection took place on 27 October 2016.

At the last inspection on 24 August 2015 breaches of legal requirements were found. After the comprehensive inspection the provider wrote to us to say what they would do to meet the legal requirements. The provider sent us an action plan telling us how they would make the required improvements. During this inspection we found that the provider had made the necessary improvements and all legal requirements were now being met.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 scheme is run.

Although people were supported by staff with their prescribed medicines people could be at risk because some records were not up to date.

An induction process was in place to support new staff. Further training was provided to ensure all staff had the necessary expertise and skills to meet the needs of people living in the service.

People were involved in their care assessments and reviews, which meant staff knew how to provide the care and support they needed. People were supported to be as safe as possible because assessments of risks had been completed, although the details of how the risks could be managed had not always been recorded.

The risk of harm for people was reduced because staff knew how to recognise and report any incidents of harm. There was a sufficient number of staff to meet the care and support needs of people living in the service. Satisfactory pre-employment checks were completed before staff worked in the service.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and could describe how people were supported to make decisions. Although no-

one in the service was currently deprived of their liberty, applications had been made to the relevant authorities in the past to ensure that people's rights were protected if they lacked mental capacity to make decisions for themselves.

People were able to make choices about their food and drink throughout the day. Staff checked that people had sufficient amounts to eat and drink. Staff treated people with care and respect and made sure people's privacy and dignity was respected all the time.

People and staff were able to provide feedback and information so that the management could monitor and improve the quality of the service. The registered manager had an open door policy which meant that people and staff could make any comments/improvements about the care and support provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Although systems were in place to assess and manage risk, information for staff in the event of an incident occurring was not recorded, meaning people could be at risk of harm.

Although people were supported by staff with their prescribed medicines people could be at risk because some records were not up to date.

Staff understood how to recognise abuse or potential abuse and how to respond and report any concerns appropriately.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's healthcare needs had been effectively addressed.

People were able to make choices of the food and drink they wanted. People's health and nutritional needs were effectively met.

People received care from staff who knew them well. Staff were trained and supported to provide safe and appropriate care.

People's rights to make decisions about their care were respected.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Friends and family of people living in the service were encouraged to visit at any time. People and their relatives were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People had their care needs assessed and staff knew how to meet them.

People received personalised care that was responsive to their needs.

There was a complaints procedure in place and people knew who they could speak with if they had a concern or complaint.

Is the service well-led?

Good

The service was well led

There was a registered manager in place.

People, their relatives and staff were asked for their views about the service and these were listened to and acted upon.

Quebec Hall Limited

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 27 October 2016 and was unannounced. It was undertaken by one inspector and an expert 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. The expert by experience had particular expertise in caring for older people and people living with dementia

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

The provider had completed 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 plan to make.

During our inspection we spoke with five people and one relative. In addition to the registered manager, we spoke with the general manager, one senior carer, one senior/ care assistant and a chef. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at three people's care records, two staff training and supervision records and other records relating to the management of the service. These included audits, rotas and meeting minutes, complaints investigations and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in August 2015 we found that the provider was breaching one legal requirement in this area and was rated as requires improvement. We found at this inspection that the provider had made improvements because risks to people had been assessed and minimised.

There had been improvements in relation to the physical and health risks that people were exposed to. This was because the level of risk to people was managed effectively. Areas of risk that had been identified and included choking whilst eating or swallowing, transferring people, leaving the building and the use of bedrails. We saw information in relation to how these risks had been managed. For example we noted that the service had information about how staff should safely move and transfer people. One person told us staff used the mobility equipment efficiently and there was always a member of staff to assist them with their mobility aids. Staff said they were aware of what to do in the event of an incident occurring. In one person's file we saw how the risk of them being lost when they left the service to take a walk was addressed. Staff were aware of the risks, how they minimised them and what they did if the person had not returned. The information of what the staff did if the person had not returned was not recorded in the risk assessment. However, the provider said that the service had a Missing Person's Policy, which staff would follow if the person did not return to the service. In relation to another person a staff member said, "I know what to do if the person chokes, but they shouldn't because we have them sitting up to avoid choking. If it happened I would call for help and call the emergency services." They went on to say that risk assessments were written in conjunction with appropriate health professionals for advice. For example if a person had problems with swallowing or choking there was information from the speech and language therapist (SALT) about what to do if the person did choke.

People were not always kept safe because staff had not followed guidelines when administering medication that was prescribed. The medication administration guidelines of the service stated 'only sign the MARS [medication administration records] document once the resident has accepted and taken the medication'. One person said she had her medication brought to her three times a day but that the carer left the tablets for her to take "because she knows I'll take them a bit later." This meant the person was not observed to take their medication. In one person's file it showed they self-medicated. However, on talking with the person they said, "I did self- medicate until I fell, but now I said to them [staff] that I'd better let them do it." Although this information had not been updated in the person's file, evidence from the provider showed that a MAR sheet was in place for the person and staff would have administered medication accordingly.

People told us they were happy with how their medicines were administered. One person told us the staff helped them with any pain and administered pain relief appropriately. Another person said, "I have [specific medication for pain] that I can have twice a day but I have stopped the one during the day as I'm not in pain. I just have it last thing at night now." We saw medication administration record (MAR) charts where a person could have one or two tablets, such as paracetamol. Staff had noted the number administered. This reduced the risk that people were administered too many tablets within a 24 hour period.

Medicines were stored and disposed of safely in line with the current regulations and guidance.

People using the service and the relative we spoke with said they felt safe at Quebec Hall. One person said, "It's perfectly safe here, if I have any problems I can press my button and they normally come quite quickly. I'm allowed to do anything I'm able to; my only restrictions are my own limitations." However one person said, "Sometimes I am a little concerned about going near the stairs because I wouldn't like to fall. I always try to get someone to help me [go down the stairs] but sometimes I have to wait." People told us they knew who to speak to if they felt unsafe and all said they would talk to the care manager or the general manager. One person told us, "So far I have chosen not to have a call button because I don't think I am at risk, I think the staff do their utmost to encourage people to be safe."

People were safe because staff were aware of what to do in the event of a fire. One member of staff said, "I did my fire training two weeks ago. I know the fire points and exits and the 'stay put' policy. That's where you leave people behind two fire doors. We've also had a full fire evacuation." Another member of staff said they were a fire marshal for the service.

Information from the provider showed, and staff confirmed, that they had undertaken training in safeguarding people from harm and were able to explain the types of harm and the process to be followed when incidents of harm occurred. One staff member said, "I have completed the training [in safeguarding people from harm]. I would report anything to the management and they would investigate. If management can't resolve it we have a board of Trustees. I know I can go outside to CQC. We keep people safe. We look out for them because we're small and a close knit team." Staff told us there was information available about protecting people from harm, such as the phone numbers that they could use to report concerns. There was a procedure in place but there had been no concerns raised in relation to safeguarding people from harm.

We saw that there was a sufficient number of staff available to provide care to people in the service on the day of inspection. People, a relative and staff all said there was a sufficient level of staff to meet people's needs. One person told us, "I'm OK with the level of service I get." Staff told us, "We [staff] usually cover sickness. The senior would phone staff." Staff told us there had been no agency staff used in the service and they had all been working in the service for many years.

Good

Is the service effective?

Our findings

At the previous inspection in August 2015 we found that the provider was breaching two legal requirements in this area and was rated as requires improvement. We found at this inspection that the provider had made improvements because best interest decisions were made for people who lacked capacity and people's nutritional and hydration needs were being met.

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 take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked 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.

Improvements had been made because staff had an understanding of the MCA and DoLS. Staff told us, and we saw, that people using the service had capacity and information was in their care plan. We saw that staff understood people's needs well. This was by ensuring that the care provided was only with the person's agreement and in line with the MCA and DoLS codes of practice. One person enjoyed the freedom to leave the service even though there was a likelihood they would not always find their way back. Staff understood the person was able to make some decisions at the moment and tried to minimise the risk of them not returning to the service. No-one in the service was currently being deprived of their liberty, but staff were aware that people would need to be assessed for their capacity should the need arise. This meant people were able to have decisions made in their best interest in line with legislation.

The registered manager said that there was no-one in the service who was at risk of malnutrition or dehydration and that people had not lost weight. The registered manager stated that where people were unable to be weighed they looked at the person, checked their wellbeing together with the meals they ate and fluids they drank and conferred with the district nurse and other health professionals. There was evidence that health professionals had been involved, but the registered manager did not use any other recognised method to monitor a person's body mass index (BMI).

The registered manager said there was no-one in the service who had any pressure sores, but support would be provided from the district nurse or SALT where necessary. There was evidence that this had been the case when pressure sores had been dealt with previously.

People told us there was always a choice of meals and drinks and they could eat their meals in the dining room or in their bedroom. One person said, "There's the main meal and if you don't like that, you have a

choice of having soup, a jacket potato or an omelette." Another person told us, "I'm not a great eater, the chef comes round during the morning so I usually ask for a sandwich. They [staff] always make sure there's more than I want so I don't go hungry." We talked with the chef who was able to tell us about people's dietary needs.

We observed that ten people ate lunch in the dining room. Food was served promptly and vegetables were brought out separately and placed on the tables so that people could take what they wanted. People were passing food to each other on their dining table and helping to dish vegetables and there was a pleasant atmosphere during lunch time.

There was information in staff personnel files that showed new staff had an induction training programme, which provided all the mandatory training expected by the provider. Information in the PIR showed the provider had introduced the Care Certificate, which is a recognised qualification for new staff.

People were supported by staff who had the knowledge and training necessary to meet their needs. Staff told us they received a range of training that supported them with their roles. These included; fire, moving and transferring, health and hygiene and diabetes. Information about staff training was kept on their individual files. We saw that all mandatory training expected by the provider was up to date or had been arranged for staff. One member of staff said, "I've done infection control, SoVA [safeguarding people from abuse], First Aid, dementia and the Mental Capacity Act." The registered manager said that five staff employed in the service were completing the Care Certificate, which replaced the Common Induction Standards (in social care).

Staff told us that they were supported by annual appraisals and staff meetings. One staff member told us, "I have an appraisal every year; I've got it on [date]. I have had supervisions with the head of care in the past but I've not had any this year." Staff we spoke with said they were able to discuss anything with the registered manager or head of care at any time and used those discussions in lieu of supervision. The registered manager said informal supervision would be recorded so that evidence could be provided in the future.

People confirmed there were regular visits from the chiropodist and optician and that they were able to request a visit from the GP at any time. One person said, "They are very accommodating, if I ask for the doctor, he will come." Another person told us, "If you are able to travel, the management will arrange transport or take you in their car, but if not they arrange a visit by the dentist." We saw in people's files that there were a number of health professionals who visited the service such as speech and language therapists, GP's, dieticians and physiotherapists. One person told us they had exercises from the physiotherapist to complete and said, "Staff help me." This showed that people would have their healthcare needs responded to.

Another person told us, "I am supposed to have a blood test once a year and it has been more than a year, I have told the staff I'm due a test. They said they'll look into it but I haven't heard anything yet." We spoke with the registered manager who said they would telephone the GP and request he discuss it with the person.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said that when the weather is better, "A carer will take me round the garden in my wheelchair." Another person said staff did more than was required and said, "One carer [member of staff] will adjust clothing to fit, she takes it home and makes the adjustments," and another said, "I asked a member of staff if she could get some buttons for a baby jacket I was making, she did and wouldn't take any money for them, they [staff] are very kind here." Staff said the service was a 'happy place' and there was a 'good atmosphere'.

People said they thought the staff knew a little of their history. One person said, "We do chat a bit but they don't have much time for that" and with a smile "I am a bit cheeky and I get a bit back." One staff member said, "I love looking after them [people in the service]. People are encouraged to do as much as possible." Staff were able to tell us about people living in the service, about their interests and likes and dislikes, but did comment that they would like more information about people, their family and working histories. Information from the provider showed that 'rotas are prepared to ensure staff have the time to give residents – time to listen and ensure maximum support is given'.

People told us they were able to make choices about their care and that they felt the staff respected them. Three people told us they preferred to spend much of their time in their rooms and they appreciated that choice. All said that the staff were respectful and gave examples such as being called by the name they chose and staff asking permission before carrying out certain care tasks.

There was a mixed response in relation to elements of respect such as whether staff asked permission to enter a room. Two people and one relative said that the staff usually knocked on their bedroom door then came straight in. They commented that, "Mostly because they [staff] can't hear if there's a response." Other people said carers knocked and asked if it was alright to enter a room. Our observation showed that most staff did knock on people's bedroom doors and wait for a response from people.

People told us they were encouraged to be as independent as possible. People were mobile and active, some going to the shops to get their own personal items. During the meal at lunchtime we heard how one person was asked by the staff if they needed any help with their meal. This was declined by the person.

Good

Is the service responsive?

Our findings

Records showed, and staff confirmed, that people's care and support needs had been assessed before they came to live in the service. This was to ensure that their care needs could be met by staff. One staff member said, "Beforehand [before coming to live in Quebec Hall] they [management] visit people to assess them [and their needs]. It's all then put into a care plan; including the risks [for a person]. When people had been in hospital we saw that further assessments had been made to check that the care they required could still be provided in the service.

People were aware of the care provided by staff and that they had discussed their care with staff, but did not know about specific records such as care plans or risk assessments. One person told us, "I've been in hospital and was out by [date of when assessments and care plan had been reviewed] and I would have been involved." We saw that people had been involved in their plan of care where possible so that staff had up to date information in how to provide good care for people. People told us they could "discuss anything", for example about their personal care or general wellbeing, with staff as staff were always available.

People's care needs were reviewed regularly and, where there were changes in those needs, the individual plans of care had been updated. For example, where a person had recently been discharged from hospital changes in their ability to walk and transfer had been recorded in their care plan. This meant that people's changing care needs were recognised and that staff had the updated information they needed to provide good care.

People told us, and we saw, that they could, "come and go as we please." For example people could request a taxi to go into Dereham or catch a bus to go shopping. People told us there were a number of religious services they could attend both in Quebec Hall and in the community. One person said, "A member of staff drives some people to two different churches locally, they drop one lady off at the church she prefers then goes on to the church the others like, it works very well." A relative told us they could visit whenever they wished, "But we always phone first to check it's all right, out of courtesy."

There was a calendar for the year showing the organised activities for people living in Quebec Hall, together with a list of the regular religious services, a monthly art club and weekly knitting group. People told us they were also happy to find their own entertainment much of the time. One member of staff said, "It's always buzzing with things to do." Information from the service questionnaire showed that one person had commented, "I have so many hobbies and there is not enough time to do them all."

Staff told us they were aware that one person had difficulties with the stairs. Staff said they helped the person with their mobility when asked, by the person, to assist them. They knew the person wanted a room on the ground floor when a room became available, which would enable them to join in many of the activities they currently chose not to do because of the issue of the stairs. The person told us, "I'm not lonely. The girls [staff] come by and say hello. I read a lot and have a lot of visitors. I don't go downstairs but have asked for a room on the ground floor. I would go there [into the lounge for activities] if I didn't have the stairs."

People were aware of how they could raise a complaint or concern and knew who they should talk to if there was anything which concerned them or was troubling them. There was a policy and procedure in place from the provider on how to deal with concerns/complaints. However, there had been no complaints about the service and therefore we were unable to check if the procedure was effective. Staff told us what they would do if they received a complaint and the procedure that would be followed by the provider.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time and they were supported by a general manager, care manager, senior care staff, care staff and ancillary staff. The general manager said that there were regular visits from the Trustees to ensure the well running of the service. Staff and people in the service were aware of the Trustees and how to contact them should they need to. Staff told us that the general manager was 'upbeat', which was felt to be good for staff morale, and that the registered manager was 'very good'. One staff member said, "It's a lovely home to work for. The day to day running [of the home] is smooth. The priority is the residents. If they're not happy then the home wouldn't be happy."

People were satisfied that Quebec Hall was well run. One person said, "Everything is good, if there was anything wrong, I know it wouldn't be a problem if I spoke to the manager." One relative said that when their family member came out of hospital following a fall, making the necessary arrangements with the service for additional support was well managed. Staff told us that the management was 'all right'.

People said the staff and management were responsive to their specific requests and needs. One person told us, "When drinks come round in the evening I used to get mine at about eight o'clock which was too early. I mentioned it and now I get a drink later which is better for me."

Two people told us there were no resident's meetings although another person said there was a quarterly newsletter that provided information about the service. We found this freely available in the entrance hall. One person said, "I don't really see the need for residents meetings, there's a group of residents who discuss things and we will talk to the manager about such things if we need to." The registered manager said the door to her office was always open and we observed people regularly came in to chat and discuss things with her.

People and their relatives were able to discuss ideas for improvements. The general manager said there had been changes in the décor in the dining room because of comments made by people in the service. As a result the dining room had been redecorated. This had been commented on in the recently received questionnaires and it was seen as a more pleasant dining area for people to use. The general manager said there had been questionnaires sent to people and their relatives asking them to comment on the service. We saw that there were positive comments such as, "I feel I have family support from all staff", "I think the service is very good", "The carers are most helpful; there are some that will go the extra mile. The food is very good. I am enjoying the art classes." However one person said "I had a survey to fill in and I did say I thought communication could be improved but I've heard nothing."

Providers of health and social care are required to inform the Care Quality Commission (CQC) of certain events that happen in or affect the service being provided. The registered manager had an understanding of their role and responsibilities such as supporting people and staff, providing training and notifying the CQC when required. They were aware of when a notification was required to be sent to CQC and had done so.

Staff told us there were team meetings 'every couple of months'. These were used to discuss information

about individual people as well as any issues. Staff said they would be happy to bring up ideas to improve the care for people in the service at those meetings. For example a member of staff said they had provided information to other staff in how to manage one person's behaviour to prepare them for personal care. Staff also said there were handover meetings (times of shift changes) and seniors had a half an hour handover so that current information was provided and shared by staff. The staff said they were encouraged to discuss anything with management at any time. It was evident that staff and management were open and everyone understood their roles and responsibilities in the service.

Staff told us that the service had a policy and procedure in place in relation to 'whistleblowing' so that they could report any poor practice. One staff member said, "If I saw a carer do something wrong I would report it to management. It's confidential."