Qu'Appelle Residential Care Home Limited

Qu'Appelle Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Qu'Appelle is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

People's experience of using this service and what we found
Medicines were not managed safely and in line with best practice guidance. People did not always receive their prescribed medicines. Staff did not always receive medicine training in line with best practice guidance and staff competence was not clearly assessed.

Environmental risks were not managed effectively which increased the likelihood of people tripping and falling. There were no formal themes and trends analysis of accidents and incidents which took place in the service.

Staff did not always wear their personal protective equipment (PPE) correctly which posed a risk of infection. Risks associated with COVID-19 had not always been identified, assessed and mitigated.

The provider failed to ensure a quality assurance or governance policy was in place. Quality assurance audits were not always carried out. Audits which were conducted were not effective in identifying shortfalls or areas for improvement. Some areas of the quality assurance audits were not completed accurately.

People's needs were not reviewed regularly, which meant safe staffing levels were not calculated accurately.

Training data did not assure us staff were adequately trained.

There was a lack of formal oversight from the provider, who had failed to identify the concerns found during our inspection.

Other risks relating to people's health conditions had been assessed and information was available to staff. Staff understood safeguarding and how to keep people safe.

Staff felt supported by the service's internal management team.

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 10 March 2020)

Why we inspected
We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to aspects of people's safety and the governance, and oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Qu'Appelle Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Qu'Appelle Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was to ensure risks related to COVID-19 could be identified and mitigated.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of

this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, heads of care, senior care workers, care workers and a chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

● People did not always receive their prescribed medicines and action was not taken in a timely way to ensure people were not exposed to the risk of experiencing avoidable pain or discomfort.

● One person was prescribed pain relief and a medicine to aid bowel movements. MAR (Medicine Administration Records) showed the pain relief was not available to the person for 17 days and the medicine to aid bowel movements was not available to them for 18 days due to not being in stock. Medical professional records showed staff did not follow this up with a GP or pharmacy during this time. This meant the person was exposed to the risk of avoidable pain and discomfort.

● Information was not always available to staff to inform and guide them on the circumstances when 'as needed' (PRN) medicines may be required. Two people were prescribed pain relief, there was no protocol in place to support staff with the administration of this medicines. This meant there was a risk of medicines not being administered to people when they needed them.

● Some people required staff to put their medicines in food and drink to enable them to receive their medicines as prescribed. Care plans did not always reflect the GP and pharmacy instruction and advice. For example; one person's care plan stated their medicines should be crushed and mixed with food. However, the GP and pharmacy stated how the medicine should be crushed into specific food and drink, and not to crush one medicine as it needed to be given as a whole tablet. This meant staff were at risk of administering the medicine in an unsafe way.

● Staff did not receive medicines training in line with best practice guidelines. Staff received medicines training every two years. However, best practice guidelines recommend staff should be trained annually. There was no formal competency assessment for staff who administer medicines to people. This meant there was a lack of assurance around the competency of staff.

Preventing and controlling infection

● Risks in relation to COVID-19 were not always identified and mitigated. Some staff were not wearing face masks in line with national guidance. The registered manager told us the staff were exempt from wearing masks due to health conditions. However, the provider and registered manager had failed to ensure risk assessments were carried out to ensure people and staff were protected from the risk of transmitting COVID-19.

● Some staff did not use Personal Protective Equipment (PPE) in line with national guidance. One staff member was not wearing a face mask and another wore it below their nose, pulling it down when talking. Although this was addressed by the registered manager, this meant there was an increased risk of an infection transmitting to others.

● Some parts of the environment were unclean with food debris and a communal toilet had a large area on

the wall where the paint was damaged. This meant where the paint was damaged on the wall, cleaning was compromised and there was a risk this would still be contaminated.
● The infection control policy was not up to date and did not reflect the COVID-19 pandemic.
● There was a regular testing programme in place for staff and the service were supporting people to receive visits from their loved ones, in line with national guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Not all risks relating to the environment were mitigated and resolved in a timely way. In one of the corridors of the service, there were three firm ripples' in the carpet. This increased the risk of trips and falls for both people and staff. The provider told us, they had a quote to resolve this but there were delays due to COVID-19 restrictions. The provider assured us they would provide us with a date this would be completed. However, we did not receive this information following the inspection.
● There was no formal record of how accidents and incidents were reviewed for themes and trends, and what measures had been implemented to reduce the risk of recurrence.
● Risks associated with prescribed fortified drinks were not always considered and they were not always available to people. Fortified drinks are used for people unable to maintain a healthy weight or recommended calories. Records showed one person had declined their drink on 15 occasions. However, staff had not considered seeking advice regarding this. On 11 occasions, the drink was not available to the person as it was not in stock. This meant there was a risk of deterioration relating to skin integrity, weight and general wellbeing.
● Other risks associated with people's health had been identified, assessed and there was information available to enable staff to support people with their condition.

The provider failed to ensure medicines were managed safely, people's needs had been fully assessed, risks associated with people's care were identified and mitigated, and infection control was effective. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● Information used to determine safe staffing levels was not up to date and did not reflect the needs of people currently using the service. Formal reviews of staffing were not recorded with a rationale to evidence changes in staffing levels.
● Staff consistently told us there was not enough staff. Records showed staffing levels deployed in the service were inconsistent for the morning shifts and the number of staff varied. There were two shortfalls in a period of 6 months which were not addressed. This meant there was a risk people were not met consistently and safely.
● The provider carried out pre-employment checks on staff prior to them commencing employment. This was to ensure staff were suitable to work with the people who lived in the service. However, staff files required further improvement with supporting documentation. Such as; interview records and health questionnaires.

Systems and processes to safeguard people from the risk of abuse
● Staff understood safeguarding and how to protect people from harm and abuse. However, staff told us they would not escalate any concerns to the provider if required, they would approach local authorities instead as the they did not feel the provider was approachable.
● People told us they felt safe using the service.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider failed to ensure a quality assurance or governance policy was in place and that quality audits were carried out regularly. This meant people's care, safety and welfare were not being monitored. For example, there was a period of three months were medicine or care plan audit's had not taken place.
- Quality audits, where completed had not identified the shortfalls found during the inspection. Additionally, audits did not robustly cover all areas of specific topics, such as medicines. Medicines audits did not include the use of 'as needed' medicines, covert medicines or staff competency.
- Training data did not corroborate with training certificates and what staff told us. For example, training records showed two staff had completed their moving and handling training in June 2020. However, both staff had commenced their employment between four and ten months later. It additionally showed one staff member was completing their care certificate. However, the staff member and registered manager confirmed this wasn't the case. Therefore, contemporaneous records had not been kept relating to staff training and this affected the providers oversight of skills and knowledge of staff.
- The provider failed to ensure formal oversight of the service. There were no records provided to us during the inspection to evidence the provider had carried out checks to monitor the quality of care, safety and welfare of people using the service.
- People's needs had not been reviewed regularly to calculate safe staffing levels. The dependency tool had not been updated for eight months. During that period there had been 10 changes to people who used the service. Therefore, information used to calculate staff levels was not fully reflective of people's needs. A staffing review had taken place in November 2020 where staff levels were reduced, the registered manager told us this was due to occupancy. However, there was no formal record of this review to evidence how the reduced staffing levels would meet people's needs.

The provider had failed to ensure there were effective quality monitoring systems and processes in place to monitor quality of the service and maintain oversight. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture in the service did not promote a positive environment. Staff told us they were supported by internal management team but they did not feel supported by the provider. Staff continually told us they

provider did not engage with staff during their visits which led to them feeling the provider was unapproachable.
● Staff told us they didn't always feel listened to by the provider if they raised an issue, this could result in conflict. However, staff felt listened to by the service management team.
● People's care plans had not been reviewed regularly. One person's care plan showed from July 2019 to April 2021, only three reviews had taken place. This meant there was a risk care plans would not be reflective of people's current needs to achieve good, person centred outcomes.
● Staff and relatives spoke highly of the registered manager and both heads of care. Staff told us they were supportive, really cared about people using the service and were doing their best.
● The registered manager understood their legal responsibility to report events which took place in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Care plan reviews which had taken place, did not show how people had been involved with this and how their experience of care had been sought.
● Staff meetings had taken place. However, team meeting notes did not demonstrate how the provider had shared important information and updates with the team.
● Records showed staff received regular supervision. Staff took part in a hand over three times a day to ensure all information about people using the service was communicated fully to each shift change.
● The service received compliments from visiting professionals such as community nurses. One health care professional had stated on a questionnaire, "It's warm and welcoming, always." Another stated, "Staff are very friendly and kind."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks associated to people's care, safety and welfare had been robustly assessed and risks mitigated. The provider failed to ensure people continually received safe care and treatment.

The enforcement action we took:

We served a warning notice on both the provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure a robust quality assurance system was in place to continually monitor people's care, safety and welfare. The provider also failed to have full oversight of the service.

The enforcement action we took:

We served a warning notice on both the provider and registered manager.