

## Quebec Hall Limited

# Quebec Hall Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Quebec Hall Limited is a care home providing accommodation and personal care for up to 22 older people who are Christians, some of whom are living with dementia. There were 21 people living at the home during our inspection. The provider is a registered charity operating under a deed of Trust and operated by a Board of Trustees. The home is a listed building with en-suite bedrooms over three floors, communal areas over two floors and communal gardens.

This unannounced inspection took place on 24 August 2015.

Our last inspection took place on 7 April 2014 and as a result of our findings we asked the provider to make

improvements to staffing checks. We received confirmation from the registered manager that improvements had been made. During this inspection we found that the necessary improvements had been made and staff were only employed after satisfactory pre-employment checks had been obtained.

The service had a registered manager in place. 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.

# Summary of findings

Staff were aware of the procedures for reporting concerns in order to protect people from harm. However, although policies were in place to ensure people's safety was assessed and effectively managed, these were not always followed and not all risks were assessed. In addition, people could not be assured that their nutritional and hydration needs would be met.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. People's rights to make decisions about their care were respected. However, staff were not aware of their responsibilities under the MCA and DoLS to support people who did not have the mental capacity to make decisions.

Care records did not provide staff with sufficient guidance to enable them to consistently provide care that met each person's needs. People were offered 'event' type activities, such as entertainers and group activities, such as quizzes. In addition friendships and individualised activities that focused on people's interests or hobbies were encouraged. People were supported to manage their prescribed medicines safely and medicines were stored in a safe way.

People received care and support from staff who were kind, friendly, caring and respectful. Staff respected people's privacy and dignity. People's religious beliefs were respected. There were sufficient staff to ensure people's needs were met safely. Staff were trained and well supported by their managers.

The registered manager was supported by senior staff, care workers and ancillary staff. The registered and general manager's, were approachable. People's views were listened to and acted on. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. However, there was a lack of quality assurance which meant that areas that needed improving had not all been identified.

We found a number of breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Although policies were in place to ensure people's safety was assessed and effectively managed, these were not always followed and not all risks were assessed, meaning people and staff could be at risk of harm.

People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

**Requires improvement**



### Is the service effective?

The service was not always effective.

People could not be assured that their nutritional and hydration needs would be met.

People's rights to make decisions about their care were respected. However, people who lacked the mental capacity to make their own decisions could not be assured that decisions were made in their best interest.

People received care from staff who were trained and well supported.

**Requires improvement**



### Is the service caring?

The service was caring.

People received care and support from staff who were kind, friendly, caring and respectful.

People had opportunities to express their Christian beliefs and take part in regular worship.

**Good**



### Is the service responsive?

The service was not always responsive.

People's care records did not provide staff with sufficient guidance to provide consistent care to each person. This put people at risk of receiving care that was unsafe or inappropriate.

A range of social activities and hobbies were available for people to access.

People's views were listened to and acted on.

**Requires improvement**



### Is the service well-led?

The service was not always well led.

**Requires improvement**



# Summary of findings

The service did not have an effective quality assurance system which was used to drive and sustain improvement. This limited the provider's ability to effectively improve the service.

People and staff told us the service was well run and that they were encouraged to provide feedback on the service in various ways.

The provider took account of long term planning and had plans in place for development over the next 12 months.

# 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 unannounced inspection took place on 24 August 2015. It was undertaken by two inspectors 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.

Before our inspection we looked at all the information we held about the service. This included the 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 any improvements they plan to make.

We looked at other information that 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.

We asked for feedback from Norfolk County Council and Wolverhampton City Council, both of whom commission services at this service. We also requested feedback from Healthwatch Norfolk.

We spoke with seven people who used the service. We also spoke with the registered manager, the general manager, the chair of the board of trustees who are responsible for the service, and three staff who work at the service. These staff included the deputy care manager, a care workers and another member of staff who works as a care worker and chef. We observed how the staff interacted with people who lived in the service.

Following our visit we received feedback about the service from a hearing specialists who visits the home regularly.

We looked at four people's care records, staff training records and two staff recruitment records. We also looked at records relating to the management of the service including audits, meeting minutes and records relating to compliments and complaints.

# Is the service safe?

## Our findings

Our previous inspection took place on 7 April 2014 and as a result of our findings we asked the provider to make improvements to staffing checks. We received confirmation from the registered manager that improvements had been made on 30 April 2014.

During this inspection of 24 August 2015 records showed that the registered manager carried out and obtained appropriate checks about employees before they started work at the service. The checks included evidence of prospective staff member's experience, good character and health. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

We saw that risk assessments had been carried out in some areas and actions had been put in place to reduce the risk of harm occurring. For example assessments and actions were in place regarding the risk from the low banister height on the stairs. However, we found the provider's policies had not been followed in that we identified areas of risk during our inspection where the registered manager told us that risk assessments had not been carried out and documented for these areas. These included staff using equipment to assist people to move; a person having experienced seven falls in nine weeks; the use of bedrails with an unprotected gap between the rails. In all cases the registered manager confirmed that no risk assessments had been completed. In addition there were no risk assessments regarding people's skin care and nutritional needs. This meant that the provider did not take steps to assess, and where possible reduce, the risk of harm while providing care to people.

This was a breach of Regulation 12 (1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people who used the service that we spoke with had no hesitation in telling us they felt safe and did not have any concerns about the way staff treated them. One person told us, "I feel perfectly safe here". Another person told us, "There's no one here I wouldn't trust or can't get on with".

Staff told us they had received safeguarding training and, where appropriate, refresher training within the last 12 months. Staff showed a good understanding and

knowledge of how to recognise and how to report and escalate any concerns to protect people from harm. Staff said they would report their concerns to a senior member of staff, a manager or a Trustee. The registered manager was aware of local safeguarding protocols and of how to report any concerns to the local authority.

People who used the service told us they thought that there were generally enough staff although some people said there were times when they seemed a little short staffed and rushed. No-one felt that this had any significant impact on their care. One person said "There are occasions when there are less staff but it never affects my care". Everyone said they liked the staff and felt that they understood their needs. One person said, "The staff are friendly and they will always stop for a chat although they are very busy."

People had access to a call bell to request the assistance of staff. The initial response was via an intercom which enabled the staff to prioritise the call. Everyone told us they could hear the person speaking through the intercom. People who used the service told us the initial response was usually quite quick but the follow-up time depended on the nature of the call and on the person calling. One person said, "The response is very good." Another told us, "They don't come at the drop of a hat but they are quite reasonable".

We found there were sufficient staff on duty to safely meet people's needs. The registered manager told us they did not use any formal tool to measure the level of staff needed at the service. However, they said they used observation and feedback from the people who use the service and staff to assess how many staff were needed throughout the day and night. Rotas showed that staff on duty matched the numbers the registered manager described to us. They also showed that shift start and end times overlapped to provide additional support at mealtimes. We noted there was one waking night staff and another member of staff on call, sleeping at the service. Although there were three people who used the service who staff told us would need two members of staff to move safely, they told us these people rarely required assistance during the night. On those occasions when they did, the person on call was woken and assisted the waking member of staff.

People were safely supported with their medicines. Three people who used the service told us they chose to manage

## Is the service safe?

their own medicines. Other people who used the service said that staff managed their medicines and supervised them while they took it. One person said, “I don’t have to remember what they are or what they are for.”

We found medicines were stored securely and at the correct temperature. Staff told us, they had been trained to administer medicines and their competency checked. A senior member of staff audited the medicines each month to check for and resolve any discrepancies.

Clear procedures were in place where medicines had particular instructions for administration. For example, variable dose and administration prior to eating. We saw that prescribed creams and eye-drops were marked with the date they were opened so staff knew when to discard them. Body maps were clearly marked for each person and prescribed cream, showing where on the person’s body it should be applied, with guidance to staff on the circumstances and frequency of application.

# Is the service effective?

## Our findings

People's rights to make decisions were respected. People who used the service told us that, where they want this, staff consulted them about how and when their care was delivered. We saw that information about the service's terms and conditions were signed prior to care being provided. However, there was a risk that staff may not recognise when people lacked the mental capacity to make decisions. This was because they had not received training on the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). We saw that staff were aware of whether people had a "Do not attempt cardio pulmonary resuscitation (DNACPR)" order in place and were clear about the action to take if a person collapsed. Care plans did contain information about each person's mental capacity to make decisions. However this was not supported by mental capacity or assessments and it was not decision specific. The registered manager told us she had received training in the MCA but that this was "not recently." She confirmed she was not aware of the Supreme Court judgement made in March 2014 and the impact this could have on people using the service. Care workers told us they had not received training about the MCA or DoLS and they lacked awareness in these areas. This put people at risk of having decisions made which were not lawful or in their best interests.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no process in place for assessing people's nutritional risks such as choking and malnutrition and people could be at risk of not receiving the appropriate nutritional support. The registered manager confirmed that staff had received training in general nutrition, but that no staff had been trained to carry out nutritional assessments. Where people were able to sit on scales, they were weighed regularly and their weight monitored. However, this was not the case for those people who were unable to sit on the scales to be weighed and their body mass index (BMI) was not monitored. This put people at risk of receiving care that was not appropriate to their needs.

Staff were aware of those people who had special diets and these were catered for. However, it was unclear when the decision to introduce one person to a pureed diet had been made or who had made this decision. The person's GP had seen them regularly, but there was no evidence that

consideration had been given to referring this person to a speech and language therapist or dietician. Staff told us they were also monitoring this person's fluid intake. However there was no information to indicate what the person's target fluid intake each day was. A senior member of staff told us the target intake for everybody, regardless of their height or weight, was "900mls." This meant we could not be confident that people's nutritional and hydration needs were consistently met.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service spoke favourably about the quality, quantity and choice of food and drinks that were provided. One person said, "Meals are very good and very varied. They are served nicely and they will offer me an alternative if there is anything I really don't like." Another person said, "There's plenty of it [food and drink] and they respect what you want and what you don't want." People said they could choose where they sat to eat their meal. One person told us, "I have meals in the dining room but if I'm not well I have them on a tray in my room and they are always well presented."

People who used the service told us that their, and their family member's, care needs were met and that the staff were competent. They told us that they saw training take place and good practice being shared. For example, one person said, "I sometimes see the younger and newer ones [staff members] gathered round one of the seniors in a training session."

Staff members told us they enjoyed their work. One member of staff said, "It's a privilege to get paid for something I love to do." Staff members were knowledgeable about people's individual needs and preferences and how to meet these.

Staff told us that they had undertaken regular training in topics relevant to the work they performed. This included moving and handling, safeguarding people from harm, food hygiene dementia awareness. One member of staff told us they had completed a nine month dementia course which had helped them better understand and meet the needs of people living with dementia.



## Is the service effective?

Staff told us they were also supported to gain qualifications to increase their knowledge. This included National Vocational Qualifications (NVQ) in health and social care. The registered manager told us that staff would be starting on the Care Certificate shortly.

Staff members told us they received regular supervision from a senior member of staff and annual appraisal. Staff said their managers were approachable and that they could ask for additional supervision if they felt the need.

People who used the service told us that staff made arrangements for them to visit their GP and other

healthcare workers, such as audiologists and opticians. Where people were unable to travel to the appointments, staff made arrangements for these healthcare professionals to visit people at the service. A healthcare worker who visited the service regularly told us that that they were “very impressed” with the care provided at Quebec Hall Limited. They said the staff were, “efficient” and, “helpful” when they visited the service. A GP also commented on the “good care” they saw being provided at the service and referred to the “good working relationship” with the staff. This meant that people’s healthcare needs were effectively met.

# Is the service caring?

## Our findings

We saw that staff had warm, friendly relationships with the people who lived at the home. People were very comfortable with the staff. They told us they liked the staff and felt that staff understood their needs. One person said, “The staff understand my needs and are certainly willing to listen if they don’t.” Another person told us, “I get on with them [staff] very well, they’re all very caring and willing and kind.” A third person said, “I love them all, they really are such nice girls and boys...I feel comfortable with them, they always look in and wave.”

Involvement in decisions on everyday matters depended on each person’s preferences. Everyone we spoke with said they had not been involved in writing their care plan. However, we noted that no-one said they would like to be involved with this. People who used the service told us their wishes were respected. Some people told us that staff gave them opportunities to make choices about the way they led their lives. Other people who used the service told us they conformed to the directions of the staff and were happy with the day to day routines in place. One person said, “The staff come and tell me when it’s time to get up.” Another person said, “There’s a reasonable choice; if you’re not ready to go to bed they’ll go to see to someone else and then come back later.” A third person said, “When I get up and retire [to bed] is my choice.”

One health care professional told us they felt, “People are really cared about” by the staff at the service. Another referred to the “very professional” relationship between staff and the people who received a service.

People who used the service told us that staff treated them with respect and that their privacy and dignity was maintained. We saw that staff knocked on people’s doors

and waited to be invited in. People’s clothes were clean and tidy and assistance with personal care was offered discretely. At lunchtime people were given the support they needed to enable them to remain as independent as possible.

Staff told us, and our observations confirmed that staff enjoyed working at the service. The staff we spoke with told us that they thought the care provided was good. One staff member commented that, “The carer’s here really care [about the people]”. Staff told us that they would be happy for their family members to be cared for at Quebec Hall Limited.

People who used the service told us that their relatives could visit at any time and that staff made them welcome. Information on advocacy was available should this be required. Advocacy is for people who cannot always speak up for themselves and provides a voice for them. The provider produced a regular newsletter to help keep people and their relatives up to date with news within the service and advertise forthcoming events. People from nearby bungalows, also owned by the provider, were encouraged to visit people at the service and build friendships with them. The staff encouraged and enabled to people to visit facilities in the nearby town, for example, hairdressers, shops and places of worship. This helped people to feel part of the local community.

Staff were clear about, and respected, people’s religious beliefs. The provider’s statement of purpose was clear that it provided care to people who are Christian. It went on to say that, “The spiritual needs of our residents are of utmost importance.” The registered manager told us they arranged transport for people who wished to attend local places of worship. In addition there was a programme of services and hymn singing held regularly within the service.

# Is the service responsive?

## Our findings

The registered manager told us that people's care needs were assessed prior to them moving to the service. This helped to ensure staff could meet people's needs. They told us this was then used to draw up the person's care plan which provided guidance to staff on how to meet each person's needs. These were reviewed by the registered manager regularly.

Although staff were aware of people's needs, we found that the care plans had not always been updated to reflect their current needs. In some instances they were not detailed enough to provide sufficient detail to staff. For example, under "communication", one person's care plan stated that they were "showing signs of confusion." However, there was no indication of how staff could help this person with this, or if specific things confused them more. Another person was being cared for on an airflow mattress to help prevent pressure wounds. This had a pump which controlled the air pressure and adjusted the firmness of the mattress. The setting was dependent on the person's weight. However, there were no instructions for staff to follow to know what setting the pump should be set at. This meant that people were at risk of not having their care provided appropriately.

People who used the service said that staff met and responded to their care needs and that they liked living at the home. One person told us, "It's very nice [here], we're well looked after." Another person said, "I'm very happy here and can't imagine being anywhere else quite honestly."

Although there were planned activities for people to join in and pleasant sitting areas, most of the people we spoke

with who used the service preferred their own company and spent most of the time in their bedrooms. We did see people getting involved in short activities throughout the day. These included reading and folding laundry. The registered manager told us that wifi was provided for those who wished to use it.

Planned activities included a regular exercise session. One person said, "We do exercises and it's light-hearted and great fun. You go and do as much as you feel you can." Other events included a family day, where activities to encourage children and people's families were provided, a theme Thai meal, coffee mornings, quiz nights and a summer barbeque. We also noted that outside groups were also regularly invited to perform at the service, such as hand bell ringers and singers.

There were regular Christian services and, for those who could not easily be taken to the service, communion was given in their bedrooms.

People who used the service said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager would listen to them and address any issues they raised. One person said, "I would first speak to the person involved and then to the manager if I was not satisfied with the response." Another person said, "I'd be happy to complain and wouldn't expect any repercussions."

The complaints procedure was available and staff had a good working knowledge and understanding of how to refer complaints to senior managers for them to address.

# Is the service well-led?

## Our findings

The Chair of the Trustees visited the service and spoke with people who used the service, staff, and the managers weekly. We saw them chatting with people who used the service in a friendly and relaxed way. Other Trustees also visited the service regularly and two provided monthly reports for the manager on various aspects of the service. These included feedback from people, relatives and staff, inspection of the premises and records. The report reflected action taken on concerns that had been identified. For example, damaged paintwork had been repainted. However, although a number of people falling had been identified, no falls risk assessments had been undertaken. We also noted that these audits, and the registered manager's reviews of people's care records, had failed to identify that other areas of risk had not been assessed. These included the safe moving and handling of people, nutrition and hydration, and skin care. This meant that the provider's quality assurance system was not effective.

People who used the service were all very complimentary about the service, the staff and the way the service was run. No-one could think of any ways the service could be improved. One person told us, "I think it's very good. There's nothing I can see that is not right."

We also received positive comments from health care workers who visited people at the service. One told us they were "very impressed" with the service. The other said they "would not have any problems recommending [the service] as a place for residential care."

The registered manager had been in post for seven years. She held a National Vocational Qualification (NVQ) Level four management qualification. She was supported by senior staff, care workers and ancillary staff. Staff were clear about the reporting structure in the service.

The registered manager and the general manager told us they had an "open-door policy" where they encouraged people to give them feedback on the service and discuss any concerns they may have had at an early stage. The registered manager and general manager told us they kept themselves aware of the day to day culture within the service by ensuring they were visible around the service. People who used the service, and staff, confirmed this was the case and said they found the managers approachable and were confident they would listen to any concerns they raised.

The registered manager also sought feedback from people and their relatives through surveys. We saw the results of the last survey which was issued in May 2015. All responses were "very satisfied" or "quite satisfied." Comments included, from one relative, "The cleanliness is exceptional and the care is personal, not just professional." Another relative responded, "[Quebec Hall Limited] management and staff have given me almost six years of peace of mind knowing that my [family member] is well cared for and happy. Thank you for all you have done and continue to do."

Feedback from staff was obtained through regular staff meetings and staff supervision. Staff also told us their practice was observed and monitored by senior staff.

Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.

We saw that the provider took account of future planning. For example, they had identified that the lift would need to be replaced and were planning to do this in 2016.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Although policies were in place to ensure people's safety was managed effectively, risks were not always assessed, meaning people and staff could be at risk of harm.

Regulation 12 (1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People who used the service who lacked the mental capacity to make their own decisions could not be assured that decisions were made in their best interest.

Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

People could be assured their nutritional or hydration needs would be met.

Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.