

# Qu'Appelle Residential Care Home Limited

## Qu'Appelle Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Qu'Appelle Care Home is registered to provide accommodation and support for up to 36 people, including people living with dementia. There were 24 people living in the home on the first day of our inspection.

People's experience of using this service:

We found service quality had improved since our last inspection, although some further action was still required to ensure a consistently safe and well-led service.

There were shortfalls in the systems used to monitor service quality and action was required to ensure people's individual risk assessments were updated to take account of changes in their needs.

The provider had failed to comply with an additional condition of registration and had failed to notify us of a significant issue involving a person living in the home.

More positively, the provider now employed sufficient staff to meet people's individual needs and preferences. Staff recruitment practice was safe.

Staff worked in a non-discriminatory way and supported people with kindness and care. Staff promoted people's dignity, privacy and independence.

The provider worked collaboratively with local health and social care services to ensure people had access to support as required. Systems were in place to ensure effective infection prevention and control. People's medicines were managed safely.

People were provided with food and drink of their choice which met their nutritional requirements.

Staff worked together in a mutually supportive way and communicated effectively with a range of other organisations. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The registered manager continued to provide exceptionally candid, reflective leadership and was liked and respected by everyone connected to the home. Lines of internal communication and control were now more robust and there was organisational learning from significant incidents. The provider was committed to the continuous improvement of the service in the future.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection and update

We carried out an unannounced comprehensive inspection of this service on 13 November 2019. We found several continued breaches of legal requirements. The rating remained Inadequate and the service remained in Special Measures.

Following this inspection, the provider completed an action plan to show what they would do and by when to address the shortfalls we found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Qu'Appelle Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected:

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective, Caring and Well-led which contain those requirements.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection together with the rating from the previous comprehensive inspection for the key question Responsive, which was not looked at on this occasion.

As the service is no longer rated as Inadequate overall or in any of the key questions, the service is no longer in Special Measures.

#### 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 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Qu'Appelle Care Home

## 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 checked 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.

#### Inspection team:

Our inspection was conducted by an inspector, an inspection manager 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.

#### Service and service type:

Qu'Appelle Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 (CQC). 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:

This inspection was unannounced.

#### What we did before the inspection:

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included information shared with us by other agencies and any notifications (events which happened in the service that the provider is required to tell us about). We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make.

During the inspection:

During our inspection we spoke with four people to ask about their experience of the care provided. We also spoke with three family members, one member of the kitchen team, two care staff, the registered manager and the quality assurance manager.

We reviewed a range of written records including seven people's care plan, five staff recruitment files and information relating to staff training and the auditing and monitoring of service provision.

# 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 of this key question it was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant further action was required to ensure service provision was consistently safe in all areas.

### Staffing and recruitment

At our last inspection in November 2019, we found the provider was still failing to ensure sufficient staffing to care for people safely and to meet their needs in a timely way. This was a continued breach of Regulation 18(1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the "2014 Regulations").

At this inspection, we found enough improvement had been made in this area and the provider was no longer in breach of Regulation 18(1).

- The registered manager said he now had full control of day-to-day staffing resources and that the owners were no longer involved in this area. He told us he assessed the dependency levels of the people living in the home and ensured sufficient staff were deployed to meet their needs.
- This was confirmed by people we spoke with. For example, one person commented, "They always come quickly. The fact that there are [staff] about makes me feel confident." A relative said, "The staff always seem to be in the right place. Whenever you hear a call bell, it seems to be answered quickly."
- Throughout our inspection we observed there were enough staff to meet people's care and support needs without rushing. For example, on the first day of our inspection we observed one person call out, "Help me!" A member of staff went to their side immediately to offer support. One staff member said, "It's got a lot better since the November inspection. We have more staff. It's definitely more reliable with [at least] six on [each] morning shift. We've got seven on today."
- We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who lived in the home.

### Using medicines safely; Preventing and controlling infection

At our November 2019 inspection, we also found continuing shortfalls in the provider's approach to the management of people's medicines and the prevention and control of infection. These contributed to a continued breach of Regulation 12 Safe care and treatment of the 2014 Regulations.

At this inspection, we found enough improvement had been made in both areas and the provider was no longer in breach of Regulation 12.

- We reviewed the arrangements for the storage, administration and disposal of people's medicines and

found these were managed safely in line with good practice and national guidance. Staff had received medicines training and competency checks were conducted to ensure their knowledge and practice remained up to date.

- Staff maintained an accurate record of the medicines they administered, including a stock control check conducted as part of every medicines round. Commenting positively on the support they received in this area, one person said, "They bring your tablets to you [and] make sure you take them. I don't have to worry about it [now] because they look after everything."
- The provider also now maintained effective systems of infection prevention and control. For example, protective aprons and gloves were stored in various locations around the home to make it easy for staff to access them as required. One person told us, "They keep the cutlery and cups nice and clean and shiny. They seem to keep everywhere clean."
- In response to a concern we identified at our last inspection, action had been taken to ensure protective food covers were now used whenever necessary. Commenting on this issue, one staff member told us, "I can't understand why [colleagues] weren't using them before. They are definitely used now. We were told!"

#### Assessing risk, safety monitoring and management

- The provider maintained systems to ensure potential risks to people's safety and welfare had been assessed. For example, several people had been identified as being at risk of losing weight and a range of preventative measures had been implemented. Similarly, systems were in place to monitor people at risk of skin damage and staff took steps to address any increased risks identified.
- However, further action was required to ensure people's individual risk assessments were updated to reflect changes in their needs. For example, one person had had a series of falls in November 2019. Staff had implemented a range of measures to reduce the risk of the person falling again. But these were not reflected in the person's individual risk assessment, which was unchanged since July 2019. Acknowledging this potential risk to people's safety and welfare, the quality assurance manager told us she would take action to improve the provider's approach in this area.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of avoidable harm. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC. One person told us, "I feel totally safe here. There are people around me looking out for me."

#### Learning lessons when things go wrong

- Since our last inspection, senior staff had taken action to strengthen the provider's approach to organisational learning. Under the leadership of the quality assurance manager, a regular 'Improving Practice and Lessons Learnt' meeting had been introduced to review significant issues and identify opportunities to improve practice in the future.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection of this key question it was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we found the provider was still failing to ensure all staff had the necessary support and supervision to care for people in a consistently safe and effective way. This was a continued breach of Regulation 18(2) Staffing of the 2014 Regulations.

At this inspection, we found enough improvement had been made in this area and the provider was no longer in breach of Regulation 18(2).

- The provider maintained a comprehensive training programme to ensure staff had the right knowledge and skills to meet people's needs effectively. Recent internal training courses offered to staff included end of life care; equality, diversity and human rights and diabetes care. Expressing their confidence in the expertise of the staff team, a relative said, "I think the care is very good. Mother ... can be argumentative at times and they cope with it very well."
- In response to one of the concerns we had identified at our last inspection, action had been taken to ensure staff now reflected their training in their hands-on practice, especially when using moving and handling techniques.
- A new fortnightly staff meeting had been introduced to provide an additional opportunity for the registered manager and other senior staff to set out their expectations and provide direction to their team. Talking positively of this initiative, one staff member told us, "There is more direction now. Telling us what we need to do, setting it out. The [unsafe] moving and handling practice definitely has been tackled. I have not seen it since you came ... in November."
- Staff received regular one-to-one supervision and said they felt well supported by the registered manager and other senior staff. For example, talking of the quality assurance manager, one staff member said, "[Name] is wonderful. She's good with residents and staff. And she can be strict when she needs to be!"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan.
- The provider continued to use a variety of online and other information sources to ensure staff were aware of any changes to good practice guidance and legislation. For the future, the registered manager told us he hoped the provider would apply for membership of the local care providers' association. He said he thought this would be a helpful additional source of information and guidance for him and his team.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and were satisfied that appropriate legal authority had been obtained in situations where it was necessary to deprive people of their liberty.

- The provider was still in the process of reviewing people who had lost capacity to make significant decisions for themselves. This review had been initiated shortly before our last inspection and the registered manager told us it would be completed by 31 March 2020. Where decisions had been taken in people's best interests, they were documented in people's care records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff continued to maintain effective working relationships with a range of external individuals and organisations, including GPs, district nurses and other health and social care professionals. Commenting positively on the proactive approach of staff in this area, one person said, "They will soon have a doctor out to see you if you don't feel well." Another person's relative told us, "The district nurses come in twice a week to change [name]'s dressings and that's fine."
- The quality assurance manager told us work was in hand to provide staff with additional training in oral care.

Supporting people to eat and drink enough to maintain a balanced diet

- Everyone we spoke with told us they were satisfied with food and drink provision in the home. For example, one person said, "I ... enjoy the mealtimes. We have a chat and get good food. If we don't like something, they will get you something else."
- Staff were aware of people's individual nutritional requirements. For example, if people needed to have their food pureed to reduce the risk of choking. Commenting positively on the flexible, responsive approach of staff, one person told us, "I have numerous health issues and I can speak to the chef to discuss what I can have to eat. They are very accommodating."

Adapting service, design, decoration to meet people's needs

- Since our last inspection, the provider had repainted the stairwell and other communal areas of the home. Work had also been undertaken to address a potential infection hazard in one of the bathrooms. Looking ahead, staff continued to develop plans for a new sensory garden. The registered manager told us he hoped this would be ready for people to enjoy in the summer.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection of this key question it was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

At our last inspection we found the provider was still failing to treat people with dignity and respect and to uphold their right to privacy. This was a continued breach of Regulation 10 Dignity and respect of the 2014 Regulations.

At this inspection, we found enough improvement had been made in this area and the provider was no longer in breach of Regulation 10.

- The provider had taken action to ensure people's care plans and other confidential personal information were now stored securely.
- Since our last inspection, staff had been provided with additional training in 'equality, diversity and human rights'. Action had also been taken to end the use by staff of undignified terms to refer to the people in their care. One staff member told us, "We don't [describe people] as 'feeds or 'purees' now. It was highlighted by managers." Throughout our inspection we heard no one described by staff in these terms. One person told us, "Oh my goodness, I definitely think the staff respect your ... dignity. I don't feel concerned about it."
- People also told us staff encouraged them to retain their independence for as long as possible. For example, one person said, "When I have a shower, they let me wash as much as I can." Another person told us, "I ... get myself up and about [and] choose what to do for the day."

Ensuring people are well treated and supported

- Everyone we spoke with told us staff were caring, attentive and kind. For example, one person said, "One of the staff ... comes in and gives me a cuddle and a kiss. I think she does that because I have helped her with some advice [on a personal issue]." Another person told us, "When I had a cold they made me honey and lemon, which was nice." A staff member says, "Because we have more staff, we can [now] provide person-centred care."
- We were also told how some staff members 'went the extra mile' to care for people with sensitivity and compassion. For example, a relative said, "I came in two weeks ago and a carer was chatting with [name]. She said [name] had been unsettled the night before and she was concerned about them. So she had come in on her day off to check how they were. She had also brought in a record player and some LPs they liked, to cheer them up."
- Similarly, a staff member told us, "[Name] had a little budgie but had to let him go. So I took him home and look after him now. I took a photograph of him and put it in [name]'s room. I also bought a little fluffy toy,

just like him. [Name] has it next to them in bed. [Name] says, 'I can sleep with Jimmy.'."

Supporting people to express their views and be involved in making decisions about their care

- People told us that staff encouraged them to express their views and make decisions about how they lived their life. For example, one person said, "You can eat in your room or the dining room. It's up to you." Another person told us, "This morning I had porridge, prunes and honey. I love my porridge and the honey makes it really nice."
- Senior staff were aware of local advocacy services and told us they would help people obtain this type of support if it was required or requested. Advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

# 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 of this key question it was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant further action was required to ensure a consistently well-led service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we identified a number of ongoing shortfalls in organisational governance. This was a continued breach of Regulation 17 Good governance of the 2014 Regulations.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- As described in the Safe and Effective sections of this report, action had been taken to establish effective lines of communication and decision-making. For instance, the registered manager now had full control over the deployment of staffing resources and had addressed the issue of short-staffing we found at our last inspection. Additionally, the new fortnightly staff meeting had resulted in staff receiving clearer direction and greater support.
- Describing the positive changes in organisational governance since our last inspection, one member of staff told us, "It is better. The owners have backed off ... which is a good thing. [The managers] are more in control [and] more aware of what is [happening] on the floor. There's more direction and we are all working together. All the things you said were not right, have been rectified." A person who lived in the home said, "I think they run the home well." A relative commented, "If we need a care home this is where we want to be. We have put it in our wills."
- Although we were satisfied the breach of Regulation 17 had been addressed, further action was required to ensure the monitoring of service quality was consistently effective. For example, the quality assurance manager was responsible for auditing each person's care plan to ensure it remained up to date and accurate. However, she told us she only did "a couple a month". This meant, if the home was full, each care plan would only be audited once in 18 months, increasing risks to people's safety and welfare.
- Similarly, as described in the Safe section of this report, further action was required to ensure people's individual risk assessments were reviewed and updated regularly.
- As required by the law, the rating from our last inspection was on display in the home and on the provider's website. However, the provider had failed to comply fully with an additional condition of registration imposed by CQC following a previous inspection. This required the provider to send CQC a fortnightly update on staffing levels. This had not been sent for nearly two months preceding our inspection. When we asked one of the directors of the registered provider why she had stopped sending the update, she told us she had "just presumed" it was no longer necessary.

- Additionally, we found that the provider had failed to comply with the legal requirement to notify CQC of an allegation of abuse concerning a person living in the home. When we raised this further shortfall in organisational governance with the registered manager, he accepted personal responsibility for the oversight and told us he would take action to avoid it happening again.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager continued to display an exceptionally candid approach. For example, commenting on the findings of our last inspection, he told us, "I think your last inspection was crucial. It seems to have got home to the owners. [Since then] they have allowed senior managers to manage. That's had an immediate benefit on staff morale. There's now a feeling of empowerment. And this appears to be encouraging the owners to leave more issues to senior management. It's a virtuous cycle."
- Everyone we spoke with, told us how highly they thought of the registered manager. For example, one person said, "I love him. He is a star. He is so polite, a gentleman. He seems so reliable." Similarly, a staff member commented, "[Name] is a good manager. He is a person you can go to, and rely on."
- Reflecting the registered manager's open, supportive leadership style and the positive organisational culture he had created, staff told us they were now proud to work for the provider. For example, one staff member said, "They have succeeded in improving the staffing [and] we get more training. I am happy with that [and] feel respected. I enjoy coming to work. I was off for eight days recently and I really missed it! I'd recommend it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others;

- People and their relatives told us the registered manager encouraged feedback on the service and took action in response. For example, one person said, "I can always ask [the registered manager] for help." A family member told us, "The [registered manager] seems to want input from friends and relatives. I [told] him that [name] wanted to go to the pub and the staff arranged that for him. I can't fault the place."
- The provider was committed to the ongoing improvement of the service in the future. For example, the plan to create a new sensory garden.
- The provider had also created positive links with the local community. For example, there were regular visits from local school children and the Salvation Army came to sing.