

Quebec Hall Limited

Quebec Hall Limited

Inspection report

Quebec Hall
Quebec Road
Dereham
Norfolk
NR19 2QY

Tel: 01362692504

Website: www.quebechall.co.uk

Date of inspection visit:

04 July 2019

05 July 2019

Date of publication:

26 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Quebec Hall is a residential care home and was providing accommodation and personal care to 21 people at the time of the inspection. The service can support up to 22 adults.

Quebec Hall accommodates people in a large listed building and has some additional rooms which have been added more recently. There are spacious grounds for people to enjoy which also contain a number of sheltered bungalows which do not form part of the provider's current registration.

People's experience of using this service and what we found

People who used the service, and relatives, were very happy with the care and support provided.

Staff showed a good understanding of consent issues but some paperwork relating to consent needed to be reviewed to ensure it always reflected best practice. We have made a recommendation related to reviewing elements of the service's consent procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were skilled and well trained. People's healthcare and dietary needs were met. The environment was homely and suitable for the people who used the service.

Risks were assessed and well managed. The challenges of the building did not place people at any additional risk but would need to be kept under review. Health and safety checks were in place and action followed very promptly when issues were identified. Staffing levels were good and staff had time to meet people's needs. Staff were safely recruited. Medicines were well managed, and staff were clear about safeguarding concerns and how to raise issues.

Staff were kind and caring towards the people who used the service and their relatives. They promoted people's independence and upheld their dignity. The environment was warm, caring and welcoming. The Christian ethos of the service was central to the way care was delivered and people were very positive about this. People who used the service were included in decisions about their care and played an active role in their local community if they wished to.

The service provided people with meaningful occupation and enabled them to follow their own hobbies and interests. Activities were varied, appropriate and inclusive. End of life care was well managed, and staff had received training to enhance their skills in this area. There was a complaints procedure in place, but no complaints had been received.

There was strong leadership from the registered manager who worked closely with the general manager. Trustees of the charity carried out an effective quality assurance role and provided support to the management team. There was very good oversight of health, safety and welfare at all levels. Staff throughout the service were passionate about their role and committed to providing good quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 02 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring..

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Quebec Hall Limited

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.

Inspection team

The inspection was carried out by one inspector and one Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Quebec Hall 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. Being a registered manager 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

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 reviewed all the information we held about the service, including the previous inspection report and notifications of incidents the service is required to tell us about. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and one relative about their experience of the service. We also spoke with two chefs, four care staff (including one senior member of the care staff team), the registered manager and the general manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us easily.

We reviewed a range of records. These included three people's care records and five medicines records. We also reviewed rotas, two staff training and recruitment records and other documents relating to the safety and quality of the service.

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were stored safely, and records were accurate. Stocktaking procedures were robust and recorded stocks of medicines tallied with actual stocks held in the service.
- We observed staff taking their time and administering medicines to people safely. Staff who were responsible for giving people their medicines received suitable training and their competency to carry out this task was checked.
- There was clear information to guide staff when giving people medicines they only needed occasionally (PRN), such as paracetamol for pain relief. The registered manager had checked to make sure homely medicines, such as medicines for constipation, were safe for each person to take.

Staffing and recruitment

- People told us there were enough staff and records confirmed that staffing levels were high. One person who used the service commented, "I do think there are enough staff. I'm told they have nearly as many people working here as people living here which I know isn't the case at other care homes." Another told us, "If I call, they'll answer and check what I want, and if I say it's urgent they'll come straight away."
- The service recruited staff safely, with all appropriate checks in place before people started work. A Disclosure and Barring Service (DBS) check took place alongside checks of references. This aimed to ensure staff were safe and suitable to work in this setting.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and demonstrated a good understanding of how to keep people safe. They were aware of signs and symptoms which might suggest someone was being abused and knew how to raise and escalate concerns appropriately.

Assessing risk, safety monitoring and management

- Risks from equipment and the environment were well managed. Health and safety checks were comprehensive, and any issues were promptly actioned. Oversight of health and safety matters was very good.
- People's care plans contained individual risk assessments and documented how risks could be reduced as much as possible. We noted that upper floors posed some potential risks with regard to low balconies, external fire escapes, low handrail on the main stairwell and unrestricted windows. We discussed this with the registered manager and found that people who had access to these areas were assessed to be at no increased risk. Potential risk had been considered and, as people's health conditions changed or deteriorated, these issues were kept under review.
- Sensor mats were in place for one person living with dementia. This alerted staff when the person was

leaving their bedroom. Their bedroom was on an upper floor. This worked well currently but needed to be kept under close review as and when the person's health condition deteriorated to ensure they remained safe

Preventing and controlling infection

- The service was visibly clean and staff, including kitchen and domestic staff, demonstrated a good understanding of infection control procedures.
- Staff had received training in infection control and food hygiene. Equipment, such as gloves and aprons, was available for staff to use when supporting people with their personal care.
- Daily and weekly cleaning schedules were in place along with a deep clean programme which ensured each area of the service was given a regular thorough clean.

Learning lessons when things go wrong

- There were systems to learn lessons and drive improvement. The manager had good oversight of incidents and accidents and used staff meetings to discuss them. This aimed to reduce the likelihood of a repeat event.

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 this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out an assessment of people's needs before they moved in, to make sure the service could meet them. The assessment was used to provide a framework for people's care plans.
- Assessments included input from relevant family members and professionals, where appropriate, in order to provide a holistic picture of people's needs.

Staff support: induction, training, skills and experience

- Staff received the training they needed to carry out their roles. Training was often provided in face to face sessions. This gave staff the opportunity to ask questions and gain a more detailed understanding of the subject. Staff told us that they could ask for additional training and this was provided.
- New staff received a structured induction and had the opportunity to shadow more experienced staff. The registered manager and the new staff member determined when they were confident in their skills and could be left to work unsupervised.
- Staff were supported to undertake the Care Certificate, which is a national programme which sets out standards care staff should be working to.

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

- People were very positive about the food and told us they had a choice of meals. Food was of good quality and freshly prepared. Kitchen staff had a detailed knowledge of people's dietary needs.
- People at risk of losing or gaining too much weight had their weight kept under review and dieticians provided support and guidance when needed. Staff kept food and fluid records for those at risk of not eating or drinking enough. Staff were very patient and sensitive when supporting people to eat and drink.

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

- People's healthcare needs were well managed. Staff made appropriate and prompt referrals to other healthcare professionals such as GPs, dentists, dieticians and the falls team when needed. Where people were thought to be at possible risk of choking we saw staff referred them to the speech and language therapists for a swallowing assessment. Any advice and guidance other professionals gave was clearly documented in care plans and understood by staff.
- Staff understood the importance of people cared for in bed having the opportunity to change position. This reduces the potential risk of a pressure ulcer developing. Staff encouraged people to reposition themselves and this worked well.
- Effective systems were in place to support communication between the service and other healthcare

professionals.

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

- The environment was suitable for the needs of the people who used the service. Lifts and stairlifts enabled people to reach the upper floors safely and people had good access to the gardens and grounds. There were notice boards with large displays telling people about activities that were planned and also photographs of recent events.
- Many rooms had ensuite shower rooms but the service only had one accessible bath. However, there was a schedule for people having a bath and we saw that people were supported to have regular baths, at least weekly and could request additional ones if they wanted.
- There were two shared rooms. The only method of ensuring privacy was an old style portable screen. This had been recognised as requiring improvement by the provider and a partition was due to be built in one room where two people shared. The other room was occupied by a couple.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People consented to their care and treatment. Staff asked people before they began to offer care and support and people's wishes were respected.
- Care records included information about people's capacity to make decisions. Some plans documented specific decisions which had been taken in people's best interests.
- The processes relating to the two shared rooms needed reviewing in terms of MCA. A person living with dementia was sharing a room and there was no specific capacity assessment and decision related to this on file. A meeting had been held with a family member with lasting power of attorney (LPA) but there was no record of this. Having LPA means that a person is legally able to make decisions in someone's best interests if they are unable to do so for themselves. Following our inspection the registered manager documented the decision and forwarded this to us.

We recommend that the service follow best practice in implementing the MCA when taking all decisions in people's best interests.

- DoLS applications had been made appropriately and were kept under review to ensure people continued to be supported and cared for in the least restrictive way. Staff understanding of DoLS was good.

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 this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the staff and told us they treated them with kindness and compassion. One person praised the chattiness and friendliness of the staff, commenting, "They're all good girls; exceptionally good and very friendly. Always chatty and ready for a laugh. I'm extremely well looked after by them. It really is a home from home here."
- A relative commented, "When it comes to responsibility and caring they're as good as it gets. They're a dedicated bunch of people and give [my family member] a lot of attention and they seem to love [them]. I live [close by] and every night they get [my family member] ready for bed ...and then ring me to tell me [they're] ready so I can pop in and say good night."
- Care plans outlined any particular preferences people might have related to their gender, religion, culture or ethnicity.
- We observed staff being endlessly patient with people. There was an inclusive atmosphere and it was clear staff knew people well and relationships were seen as equal and positive.

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

- Care records documented people had been involved in decisions about their care and treatment. People, or their relatives if appropriate, were involved in ongoing reviews of their care. One person explained how staff tried to ensure that the care met their needs and expectations saying, "If you ask for something they'll say I'll make a note of it and they'll come back to you. They're very caring and concerned that you're happy here."
- People understood they had the power to direct their own care and were given formal and informal opportunities to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and people told us their privacy was protected. Staff knocked on people's bedroom doors and waited to be invited in. People told us their personal care needs were met in private, with staff being very mindful of their dignity.
- Staff supported people to maintain their independence and we observed this throughout the inspection. People were encouraged to do as much for themselves as they could.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans clearly documented people's needs and reflected any changes promptly. They did not always contain a lot of detail about people's choices and preferences. However, a new booklet was being introduced to address this.
- Staff, many of whom had been in post several years, had extremely good knowledge of people's individual needs and preferences. In addition, most people were able to make their choices known to staff, and told us they did this.
- Staff demonstrated a good understanding of how people's health conditions could affect their behaviour. They described the techniques they used when people became distressed or anxious and we observed these being put into action. One staff member described how they had built a relationship over time. They told us, "One person used to just eat soup but over time [they have] come to eat more and usually now [the person] has the main meal."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to follow a variety of hobbies and interests including arts and crafts, exercise classes, hymn singing and accessing the mobile library.
- There was a strong focus on providing daily services of Christian worship. One person told us, "I would say around 14 out of the 22 people living here are actively involved in these services and the other activities." People unable to attend the services in person were able to take part as they were recorded, and people could view them or listen to them in their rooms.
- Neighbours, who lived in the 43 bungalows also on the site of Quebec Hall, were regular visitors and also attended services. People told us they welcomed this additional company which added to the homely atmosphere. One person described this saying, "Everyone knows the residents and it's like a family. There's a real family atmosphere and it's a happy sort of place."
- We observed people being supported to access the local area in taxis or using the service's own vehicle. People told us they used the bank, went shopping or visited friends locally whenever they wanted. There were regular trips out to local events and places of interest, as well as events held at the service itself.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had particular communication needs this was noted in their care plan.
- Information was displayed around the service in pictorial and photographic formats to help people understand. Documents were available for people in plain English to make them easier to understand.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and people knew how to make a complaint if they needed to. There had been no formal complaints since our last inspection.
- People felt confident any informal issues would be responded to promptly. One person said, "I did complain to [general manager] once about damp in the ceiling in my room which he then had fixed. [The general manager] listens to me."

End of life care and support

- People's end of life care wishes were recorded in their care plans. Staff ensured anticipatory medicines were in place, well before people might need them to alleviate any pain or distress.
- Staff had received recent end of life training and follow-up sessions were planned.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had an open and inclusive management style and worked in partnership with their head of care and the general manager. Feedback about the registered manager was very positive and staff appreciated the support they gave.
- Staff had the opportunity to influence the way the service was run. They were encouraged to raise issues in regular staff meetings. For example, several staff told us they had found the recent end of life training was not sufficiently in depth. They requested further sessions, and this had been agreed, and was due to be delivered.
- Once new residents had settled into the service, the general manager carried out a detailed feedback survey. Responses were analysed, and actions followed where people made suggestions about possible improvements. For example, one person had made suggestions about the menus. A complete review of how food was chosen and presented took place. The general manager explained, "Each individual has power."
- People were encouraged to take on meaningful roles within the day to day life of the service. For example one person played the organ at the daily services and another helped compile the newsletter.
- The service was governed by a board of trustees and they carried out a monthly visit to look at all aspects of service delivery. This included speaking, in detail, to people who used the service. Positive and negative feedback was then presented to the registered manager and general manager to action if needed. Responses we viewed, however, were all positive.

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 registered manager had a good understanding of their duty of candour. They were open and transparent with people when there were any issues which needed to be shared.

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

- The manager had been registered with CQC for many years and had an excellent understanding of the role. They were clear about their legal duty to notify CQC of important incidents and had done so when required.
- There was a robust quality assurance system in place which gave the provider and registered manager excellent oversight of the service. There were regular audits of quality and safety and audits always followed up on any actions from the previous month.

- The registered manager carried out observations of staff practice. Staff received an annual appraisal, which led onto a personal development plan. Staff were encouraged and supported to undertake further qualifications in care. When staff succeeded in achieving these qualifications this was celebrated. Staff told us the registered manager supported them to put their learning into practice to help improve people's experience of the service.

Working in partnership with others

- The service worked in partnership with local health and social care professionals to help provide consistent care for people.
- The service had volunteers from local schools on work experience occasionally. Most recently students had been involved in one to one work with people, filling out their 'Who I am' booklets.