

Qu'Appelle Residential Care Home Limited

Qu'Appelle Care Home

Inspection report

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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

Qu'Appelle Care Home is registered to provide accommodation and personal care for up to 36 older people, including people living with dementia. The registered provider also operates a day care support service in the same building as the care home although this type of service is not regulated by CQC.

We inspected the home on 18 July 2017. The inspection was unannounced. There were 35 people living in the home on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

At our last inspection in May 2015 we rated the home as Requires Improvement. On this inspection we were pleased to find that provider had addressed the areas for improvement we had identified and the rating is now Good.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had been granted DoLS authorisations for four people living in the home and was waiting for a further five applications to be assessed by the local authority. Staff had a clear understanding of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Decisions that staff had made as being in people's best interests were correctly documented.

The registered manager maintained a high profile within the home and had worked hard to address the areas for improvement identified at our last inspection. The registered manager had a positive and forward-looking approach and was committed to the continuous improvement of the home in the future. A range of auditing and monitoring systems was in place to monitor the quality and safety of service provision.

There was a warm, relaxed atmosphere and staff supported people in a kind and friendly way. Staff knew and respected people as individuals and provided responsive, person-centred care. People were provided with food and drink of good quality, that met their individual needs and preferences. A range of activities and events was organised to provide people with stimulation and occupation.

There were sufficient staff to meet people's needs and staff worked together in a well coordinated and mutually supportive way. There was a varied training programme in place to provide staff with the knowledge and skills they required to meet people's needs effectively. Staff were provided with regular supervision and shift handover meetings were used effectively to ensure staff were aware of any changes in

people's needs.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm.

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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a detailed record of staff training requirements and arranged a variety of courses to meet their needs.

Staff were provided with effective supervision and support.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality that met their needs and preferences.

Is the service caring?

Good 

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's individual care plans were well-organised and kept under close review by senior staff.

Staff knew people as individuals and provided care that was responsive to each person's personal preferences and needs.

A range of communal activities and events was provided to help stimulate and occupy people.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had the respect of everyone connected to the home.

The registered manager had a forward-looking approach and was committed to the continuous improvement of the service.

Staff worked together in a friendly and supportive way.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

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. The inspection was planned to check whether the provider was 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.

We visited Qu'Appelle Care Home on 18 July 2017. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with seven people who lived in the home, three visiting relatives, the registered manager, two members of the care staff team, an activities coordinator and the senior cook. We also spoke with a local healthcare professional who was visiting the home on the day of our inspection.

We looked at a range of documents and written records including two people's care plans and staff recruitment and training records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Is the service safe?

Our findings

People told us that they felt safe living in the home and that staff treated them well. For example, one person said, "It makes me feel safe knowing they know how to look after me. I got afraid at home on my own because my family couldn't be there all the time."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the CQC. Advice to people and their relatives about how to contact these external agencies was available in the reception area of the home.

On our last inspection of the home in May 2016 we found shortfalls in the systems used to assess risks to people's safety and told the provider that improvement was required. On this inspection we were pleased to find that the provider had responded to our report and taken action to address this issue. We looked at people's care records and saw that potential risks to each person's safety and wellbeing had been considered and assessed, for example risks relating to falls and nutrition. Each person's care record also described the measures that had been put in place to address any risks that had been identified. For example, one person as being at high risk of developing skin damage and detailed guidance was in place for staff to follow when supporting the person with personal care. Senior staff reviewed and updated people's risk assessments on a regular basis. For example, one person's 'mobility assessment' had recently been revised to indicate that the person now needed two care staff, rather than one, to support them in particular areas of their life.

People told us that the provider employed sufficient staff to meet their care and support needs and to keep them safe. For example, one person said, "Even if I call in the middle of the night, they are soon there and nothing is too much trouble." Comparing staffing resources in the home with other care services they had worked in, one member of staff said, "It's wonderful! It's so nice to come somewhere with enough staff. Everyone has time to spend with the residents [and] get people up at a relaxed pace. [Where I worked previously] it was a lot more chaotic." The registered manager told us he kept staffing levels under regular review and had recently increased staffing on the morning and afternoon shifts in response to people's need for increased supervision and support. Commenting positively on this initiative, one member of staff said, "The extra person on each shift has made a difference. [For instance] on the evening [shift] an extra person has been freed up to help people with bathing and showers. People [don't have to] wait so long."

Although we were satisfied that the provider's recruitment practice was safe, we found some inconsistencies in the documenting of pre-employment references. We discussed this issue with the registered manager who welcomed our feedback and told us he would review administrative procedures to ensure a consistent approach in future.

We reviewed the arrangements for the storage, administration and disposal of medicines and found that these remained in line with good practice and national guidance. Medication administration record (MAR) sheets came pre-printed from the supplying pharmacy and contained an accurate record of the medicines that people had been prescribed. Staff used the MARs correctly to make a record of any medicines administered, although the registered manager agreed to take action to improve the recording of the use of creams and ointments. Staff conducted regular temperature checks of the medicine storage room and fridge, to ensure medicines were being stored in line with the manufacturers' instructions. The procedures for the use of 'controlled drugs' (medicines which are subject to special storage requirements) were also managed safely, in line with legal requirements.

Is the service effective?

Our findings

People and their relatives told us that staff had the knowledge and skills to carry out their roles effectively. For example, one person's relative told us, "Mum has blossomed since she came here. In November, she looked so ill, but now look at her!"

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their own induction, one recently recruited member of staff told us, "I shadowed an experienced member of staff for about three shifts. I was then rostered on for regular shifts after a chat with [the registered manager]. I am a confident carer [but] some less confident ones can observe for longer." The provider had adopted the National Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for all newly recruited care staff.

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs including falls prevention, infection control and moving and handling. Commenting positively on their personal experience of training provision in the home, one member of staff told us, "[The] training is superb. A lot of [it] goes on which is good. [We] have just [had refresher training in] everything. [I] had done most of the training previously but [it is] nice to refresh the details." The provider also encouraged staff to study for nationally recognised qualifications, including NVQs. One member of staff said, "I am quite happy as I am. I've got my NVQ2. [But] I think [the registered manager] would support me if I wanted to do more." Looking ahead, the registered manager told us of his plans to further enhance training provision by creating internal opportunities for staff to take the lead role in delivering some training courses, including moving and handling. The registered manager was also in the process of sourcing additional external training in areas including end-of-life care.

As at our last inspection, staff continued to receive regular one-to-one supervision from the registered manager personally. Staff told us that they found this helpful to them in their work. For example, one member of staff said, "In the last year I've had an appraisal and a supervision [with the registered manager]. They are done regularly [and] he does a write up. He helps you progress the best he can. [And] any problems, you get off your chest." Talking of the day-to-day supervision and support she received from the deputy manager, another member of staff told us, "[Name] is very approachable, very knowledgeable. If [there is] anything I need to know on the care side, I can go to her."

Staff had received training in the Mental Capacity Act 2005 (MCA) and knew how to reflect this in their practice. The 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. Staff understood the importance of supporting people, including people living with dementia, to exercise as much choice and control over their lives as possible. As one staff member explained, "If they can [still] make a decision, they have a right to. A lot of people can [still] make decisions [about] the simple things. Like

[whether they prefer] tea or coffee. It's what they want, not what I want."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the provider had been granted DoLS authorisations for four people living in the home and was waiting for a further five applications to be assessed by the local authority.

The registered manager and other senior staff made regular use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. We found that any best interests decisions that had been taken were well-documented and provided clear evidence of the process that had been followed. For example, one person was receiving some of their prescription medicines 'covertly', without their knowledge. We saw that this decision had been taken as being in the person's best interests following discussion with all relevant parties.

As they had on our last inspection of the home, people told us they were satisfied with the catering arrangements in the home. For example, one person said, "I don't think I have ever gone hungry here." Another person who liked to have their meals in their bedroom commented, "It is always nice and hot when it gets to [my room]." People had the choice of either a cooked or continental breakfast. Discussing their particular preference, one person told us, "I like fresh fruit for breakfast. It's my favourite." There was also a variety of hot and cold choices available at teatime, including homemade cakes. On the day of our inspection the senior cook was making a cherry sponge which smelled delicious. For lunch, people had a choice of two main course options although the senior cook told us that kitchen staff were always happy to make an alternative if requested.

Kitchen staff had a good knowledge of people's preferences and used this to guide them in their menu planning and meal preparation. For example, the senior cook told us, "[People] said they wanted green Savoy cabbage [so that's what we serve now]. [People] have also said they are not keen on faggots [so] we are going to take them off [the menu]." Describing the monthly 'residents' meeting' organised by the registered manager, the senior cook said, "They always talk about the menu [in the meeting]. I don't go so they don't feel they can't say anything [about the food]." Staff also had a good understanding of people's nutritional requirements, for example people who had allergies or who followed a gluten-free diet. On the morning of our inspection we saw the senior cook making a reduced sugar trifle as an alternative pudding for people living with diabetes.

The provider continued to ensure people had the support of local health and social care services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses. Describing their experience of working with the care staff team, a local healthcare professional told us, "The staff are very keen, enthusiastic and proactive. They follow my advice [and] any recommendations." Talking positively of the specialist support they received, one person told us, "I see the chiropodist every four weeks. I feel like I am walking on air after."

Staff told us of the particular care they took to prevent people developing skin damage, particularly people who remained in bed for extended periods. Describing the staff team's approach in this area, one recently recruited staff member told us, "In all my years of caring I have never known anything like it, the lack of pressure sores. We have people in bed 24 hours a day [but] no issues of pressure sores. We are constantly [doing] skin checks [and] repositioning [people] every two hours. Everyone works the same way and has the goal of keeping people safe from harm."

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring and kind. For example, one person said, "The staff are so nice. And they are so patient, even when they are busy." Another person's relative commented, "They ... really do go the extra mile for people."

There was a warm, relaxed atmosphere in the home and throughout our inspection we saw staff interacting with people in kind and caring ways. For example, we watched one staff member asking someone if they wanted a drink of squash. The person was having difficulty identifying which flavour they wanted so the staff member took the time to describe the colours of the three types of squash available. This additional information helped the person make their choice. On another occasion, we saw two members of staff patiently assisting a person make their way to the toilet, gently encouraging them throughout. Describing the commitment of staff to making sure they had whatever they needed, one person told us, "I sometimes can't get back to sleep at night, but if I call the night staff, they will get me a cup of tea if I want one, or maybe a glass of hot milk."

We found other examples of the staff team's caring approach. For example, one person told us, "You get a cake on your birthday and everyone gets to share it." Another person said, "When I was off my food a little bit, they brought me up a basket of nice things to try and encourage me. I liked the fresh fruit." One person's relative told us, "I was away for a few days and Mum was fretting because she needed a birthday card for a friend. One of the staff offered to get it for her and it turned up the next day." Talking positively of the last Christmas celebration in the home, another relative said, "We had a three course Christmas meal. It was lovely and all the residents had been given a gift from the owners. Perfume, nice chocolates. A really nice touch." In the reception area of the home we saw a cardboard silhouette of a tree had been placed on one of the noticeboards. Underneath was written, "If you could wish for one thing that Qu'Appelle could make a reality, what would it be?" People were encouraged to put their wishes on this 'wishing tree' and we saw that staff had recently helped one person to fulfil their wish to ride on a swing again.

Staff were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. For example, one member of staff said, "[We] encourage independence wherever possible. For example [encouraging] people to wash themselves [and] to choose their own clothes. Yesterday [at lunchtime], I put a spoon in someone's hand, rather than taking over. She started to use it for herself." Confirming the approach of staff in this area, one person commented, "They always let me do as much as I can." Another person's relative said, "The staff here are very caring without being overpowering."

The staff team also supported people in ways that helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. For example, one member of staff said, "We always keep [people] covered up. [And] explain what's going on [and] what we need them to do." Talking positively of the staff approach in this area, one person told us, "The carers are very good. I don't like having to have help at all, but they make it a painless experience." During our inspection, we noted that the lock on one of the communal toilets was

broken which meant people were unable to lock it when they were inside. We alerted the registered manager who took immediate steps to organise a repair, to ensure people's privacy and dignity when they were using this toilet.

The registered manager was aware of local lay advocacy services. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager said he would not hesitate to help someone obtain the support of an advocate, should this be required.

Is the service responsive?

Our findings

If someone was thinking of moving into the home, the registered manager told us he invited the person and their family to visit and look round. Outlining his approach to this process, the registered manager said, "We are not here to sell the home. [It is] the most difficult decision to take. [I] don't follow [up the visit] unless they ask me to. No hard sell, they either like it or they don't." If the person was interested in moving in, the deputy manager normally visited them to carry out a pre-admission assessment to identify the person's key needs and preferences and make sure they could be met. If it was then agreed that the person was moving in to the home, this initial assessment was developed into a full individual care plan.

We reviewed people's care plans and saw that they were written in a detailed way, enabling staff to respond effectively to each person's individual wishes and requirements. For example, one person's plan stated, 'I do enjoy spending time on my own in my bedroom'. Staff told us that they found the care plans helpful when providing people with care and support. For example, one member of staff said, "[We] use them as reference. Especially with new people coming in they are essential [to ensure] we are not flying blind." Senior staff reviewed each person's plan on a monthly basis to make sure it remained up to date and accurate. For example, we saw that one person's plan had been updated to take account of changes made following a recent review of their medicines. In addition to these monthly care plans reviews, every six months the registered manager personally organised a further full review of each person's care plan, in discussion with the person and their family, should they wish to be involved. Commenting positively on this approach, one relative said, "The manager goes through mum's care plan with me regularly and tells me about any changes when I visit or phones me at home. I have no worries about her treatment – unlike the care home where she was on respite before she came here."

Staff clearly knew and respected people as individuals. One member of staff told us, "We ... sit and talk to them. We find out about their lives, pick up on [their] photographs [and] build that relationship. You [get to] know people's preferences [and the] routines they like to follow." Confirming this flexible, person-centred approach, one person said, "Oh they are really good at going through what they are going to do. My pills have changed a couple of times and they always explain why." Commenting on the responsiveness of staff, another person's relative said, "They know Mum likes music and when they put it on. They get her up and dancing. She loves it." Talking about the provider's approach when her loved one first moved into the home another relative told us, "They went to great lengths to sort out her furniture. Whether she wanted the bed moved, where she wanted to sit in her chair, pictures that needed hanging. It was all achieved with the minimum of fuss."

The provider employed two part-time activities coordinators to take the lead in providing people with stimulation and occupation. Between them, they worked Monday to Friday to facilitate communal activities, although the registered manager told us he was working on an initiative to introduce additional activities provision at the weekend. We spoke to one of the activities coordinators who had recently come into post. She told us she was just about to launch a new activities programme, having spoken to people individually about their preferences. Discussing the suggestions people had made she told us, "We've added on cooking and days out. More arts and crafts were also suggested." Pending the introduction of the new approach, the

activities coordinators facilitated the delivery of the existing programme which was on display in the home. For example on the morning of our inspection, one of the activities coordinators led a game of bingo and in the afternoon several people enjoyed participating in a biscuit decorating activity. The provider also arranged for professional singers and other entertainers to come to the home on a regular basis.

Some people told us that they enjoyed these communal activities and entertainments. For example, one person said, "I enjoy the movement stuff in chairs – I get so stiff otherwise." Others however, appeared equally happy to pursue their own individual interests. For example, one person told us, "I like to read and knit, so that keeps me occupied." Another person's relative said, "Mum likes to stay in her room but she is encouraged to take a walk with her frame each day. And they always ask if she would like to join in what is going on downstairs."

Information on how to raise a concern or complaint was provided in the information pack people received when they first moved into the home. People told us they were confident that any concerns or complaints would be handled properly by the provider. For example, one person told us, "If I wasn't happy I would say so and I know (the registered manager) would sort it out straight away." Similarly, a relative commented, "If I had any concerns, I would speak to (the registered manager) or the owners. They are all very receptive and caring." The registered manager told us that formal complaints were rare as he was well-known to people and their relatives and was able to resolve any issues informally. Confirming this approach, one relative told us, "The manager is always flitting around the home. He's not one to just sit in his office behind closed doors. He knows everyone's name and always makes us feel welcome." The provider kept a record of the small number of formal complaints that were received and the registered manager ensured these were managed correctly in accordance with the provider's policy.

Is the service well-led?

Our findings

People and their relatives told us they thought highly of the home. For example, one person said, "I like living here. [They] can't do enough for you." A relative told us, "I would give the place 10/10."

On our last inspection of the home, we found that the provider had failed to notify us of several significant issues relating to people living in the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. In response to this breach, the provider told us that they had introduced new administrative procedures to ensure notifications were submitted as required. On this inspection, we were pleased to find that all necessary notifications had been submitted and that the provider had taken sufficient action to address the breach. During our inspection we also saw a copy of the report of our last inspection was on display, as required by the law.

At our last inspection we had also identified the need for improvement in the monitoring of service quality. At this inspection we were pleased to find that the provider maintained a comprehensive range of quality monitoring systems, including regular care planning, fire safety and kitchen audits. Senior staff ensured action was taken to address any issues identified in the audits.

The provider also conducted regular surveys of people and their relatives to measure satisfaction with the service provided. We reviewed the results of recent surveys and saw that satisfaction levels were extremely high. Nevertheless, the registered manager told us he reviewed the survey returns carefully to identify any areas for improvement. For example, in response to feedback, he had recently taken steps to recruit a second activities coordinator for the home. Talking positively of the provider's response to their survey return, one relative told us, "I ... filled out a survey ... and one question I had about [name]'s sleep patterns was answered quickly which put my mind at rest." People's satisfaction with the service provided was also reflected in the many letters and cards from family members and friends which were on display in reception. For example, following the recent death of their loved one, one relative had written to say, "Thank you for caring for my mother over many years. Special thanks for the tenderness and kindness you gave us during the final days."

The provider also organised regular meetings of people and their relatives to discuss any issues and invite feedback on the running of the home. Commenting positively on the registered manager's role at these meetings, one relative told us, "[The registered manager] was very open and honest and invited comments and suggestions. We know he listened because he made notes. He is always looking for ways to improve the residents' experience of living here and we appreciate that."

The registered manager was clearly well-known to, and respected by, everyone connected with the home. For example, one person, "Oh he's lovely. If he is up here (on the top floor) he always says hello." Reflecting this feedback, the registered manager told us he had an "open door" policy and worked hard to maintain his visibility within the home. For instance, describing how he varied his working hours to ensure he spent time with as many staff as possible, he told us, "80% of the time I [work] 7am to 4pm. [But] 20% of the time I [work] 11am to 9pm or 10pm, to see the evening changeover. I [also] came in unannounced a couple of

times at 2am." This approach was clearly appreciated by his staff team, one of whom told us, "He's a good person. Always trying to do extra things for the home. [He is] very easy to talk to. I can go straight to him and talk to him ... and he listens."

Throughout our inspection the registered manager demonstrated a positive and forward-looking approach. He had clearly worked hard to address the shortfalls that had been highlighted in our last inspection of the home. He was also focused on further change and improvement for the future. For example, he told us about work he had initiated to strengthen his partnership with a local dementia support organisation, to further develop staff knowledge and expertise in this important area.

Staff worked together in a well-coordinated and mutually supportive way. For example, one member of staff said, "It's a nice team. [We] work well together. It's a pleasure to come to work." Regular team meetings and three shift handover sessions each day were used by the provider to facilitate effective communication. Reflecting on their experience of the handover arrangements, one member of staff said, "If anything has changed in the care plans [it] is always flagged up in handover." Talking positively of their experience of attending staff meetings, another member of staff said, "[It] gives everyone a chance to talk freely. A forum to bounce ideas off everyone. A chance to come together and discuss any issues."