Qu'Appelle Residential Care Home Limited

Qu'Appelle Care Home

Inspection report

Harrington Street
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Lincolnshire
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Tel: 01778422932

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17 May 2016

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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 responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Qu'Appelle Care Home is registered to provide accommodation for up to 36 older people requiring nursing or personal care, including people living with dementia.

We inspected the home on 17 May 2016. The inspection was unannounced. There were 35 people living in the home on the day of our inspection.

The home had a registered manager (the 'manager') in post. A 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.

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 submitted DoLS applications for 10 people living in the home which had been assessed and authorised by the local authority.

During our inspection we found a breach of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to notify us of significant incidents relating to the service. You can see what action we told the provider to take on this issue at the back of the full version of this report.

We also found other areas in which where improvement was needed to ensure people were provided with safe, effective care that met their needs. The provider's approach to risk assessment was inconsistent, increasing the risk to people's safety and welfare. Audit and quality monitoring systems were also not consistently effective.

In other areas the provider was meeting people's needs effectively.

Staff knew how to recognise signs of potential abuse and how to report any concerns. Staff also had a good understanding of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people.

Staff worked closely with local healthcare services to ensure people had access to specialist support when this was required. People's medicines were well-managed.

There was a warm and welcoming atmosphere in the home and a range of activities and events was on offer to provide people with stimulation and occupation. People were provided with food and drink of good quality.

Staff knew people as individuals and provided kind, person-centred care. There were sufficient staff to meet people's care needs and staff worked together in a friendly and supportive way. The provider supported staff to undertake their core training requirements and encouraged staff to study for advanced qualifications.

The manager demonstrated an extremely open and responsive management style, providing a positive role model for other staff.

The provider conducted regular customer satisfaction surveys and the manager encouraged people to come directly to him with any concerns. Formal complaints were managed well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some people's risk assessments were not reviewed and updated to take account of changes in their needs.

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

The provider had sound systems for the recruitment of new staff.

Medicines were well-managed.

Is the service effective?

Good

The service was effective.

The provider maintained a detailed record of staff training requirements and encouraged staff to study for advanced qualifications.

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

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.

Is the service caring?

Good

The service was caring.

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

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff knew and respected people as individuals.

There was a varied programme of activities and events to meet people's needs and wishes.

The manager encouraged people to raise any concerns and formal complaints were managed well.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had failed to notify CQC of significant incidents.

Audit and quality monitoring systems were not consistently effective.

The manager's open leadership style provided a positive role model for other staff.

Staff worked together in a friendly and supportive way.

The provider met regularly with people and their relatives to seek their feedback on the service provided.

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 17 May 2016. 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 service, what the service 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 service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority.

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 six people who lived in the home, three visiting family members, the manager, the deputy manager, two members of the care staff team, the activities coordinator, a cook and one of the directors of the registered provider. We also spoke with three local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including four people's care records and staff training and supervision records. We also looked at information relating to the administration of medicines, the management of complaints and the auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said their loved ones were safe living in Qu'Appelle Care Home. One visitor told us, "I have absolutely no worries about [my relative's] safety."

Staff 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 said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Advice to people and their relatives about how to raise any concerns was provided on a noticeboard in the reception area of the home and also in the information pack given to people when they first moved into the home.

We looked at people's care records and saw that a range of possible risks to each person's safety and wellbeing had been considered and assessed, for example skin care, mobility and nutrition. However, some of these assessments were not reviewed or updated on a regular basis to take account of changes in people's needs. For example, the provider had assessed one person as being at 'high risk' of falling. When we reviewed this person's care record we saw that, in the period August 2015 to May 2016, they had fallen 14 times, injuring themselves on at least one occasion. Although staff had reviewed the person's 'falls risk assessment' on a regular basis during this period, there was no evidence that they had considered any additional measures to prevent the risk of further falls. When we raised this issue with the manager he told us he had been monitoring the overall incidence of falls in the home in recent months. However, he readily acknowledged the shortfalls in the risk assessment process we had identified and agreed that further work was needed to ensure a full range of preventive measures was considered and implemented to fully protect people from the risk of further falls.

Additionally, in the period November 2015 to April 2016, the same person had lost almost 7% of their body weight. The provider used a screening tool to identify people who were at risk of malnutrition. However, although guidance for staff stated the use of the tool was, "mandatory for all residents on a monthly basis", there was no evidence that staff had used the tool to monitor this person's nutritional health at any point in the previous two years, including during the recent period of significant weight loss. Although there was no evidence that the person concerned had come to serious harm as a result of the failure by staff to follow the provider's policy requirements, this further inconsistency in the use of the risk assessment process created an increased risk to the safety and welfare of the people living in the home.

Other risks were managed more effectively. For example, we saw that some people had been assessed as being at risk of developing skin damage. The provider had sought specialist advice and a range of preventive measures had been put in place which were understood and followed by staff. The provider had also assessed the risks to each person if there was a fire or the building needed to be evacuated. This information was recorded in a 'traffic light' format to make it easier for staff to identify quickly which people needed the highest level of support in an emergency.

During our inspection visit we saw the provider employed sufficient staff to meet people's care and support needs. One person told us, "If I want something they always come. I don't have to wait for long." The manager told us he kept staffing levels under regular review and had recently recruited additional staff to work at weekends to ensure people received the support they needed. He said he was also in discussion with the director of the registered provider about introducing an additional activities coordinator at weekends, to provide a full seven-day service in this area.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and saw that references had been obtained. Security checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home.

We reviewed the arrangements for the storage, administration and disposal of medicines and found that these were in line with good practice and national guidance. We observed one member of staff administering people's medicines and saw that they did this patiently and attentively in a way that took account of each person's individual needs. Regular audits of medicines management were conducted by both the provider and the local pharmacy and we saw that issues identified in these audits had been followed up by staff and changes made as a result. For example, following a recent audit, steps had been taken to amend the way staff signatures were recorded on people's medicine administration sheets.

Good

Is the service effective?

Our findings

People told us that the care provided by staff was effective in meeting their needs. One person's relative said, "When [my relative] first came here they were bedbound but [the staff] worked with them and now they spend all day downstairs." Commenting on the quality of care and support provided to people living in Qu'Appelle Care Home, a local healthcare professional told us, "It's one of the best care homes locally."

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA). This 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 demonstrated they understood the importance of obtaining consent before providing care or support. One staff member told us, "It's important to give people choice. For instance, when to get up in the morning. If they don't want to get up, we have to respect their rights." The manager and other senior staff also made regular use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. For example, two people were receiving some of their medicines mixed in their food, without their knowledge. We saw that this decision had been taken as being in each person's best interests following a careful consultation with healthcare professionals and relatives.

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 10 people living in the home, to enable them to receive the care and support they needed whilst ensuring that their legal rights were protected.

New members of staff participated in a structured induction programme followed by a period of shadowing experienced colleagues before they started to work as a full member of the team. One recently recruited member of staff told us, "Even though I had previous experience [in the care sector] I found the induction helpful." The manager was aware of the new Care Certificate which sets out common induction standards for social care staff and told us that work was in hand to build it fully into the induction of new staff in the future.

The provider maintained a detailed record of staff training requirements and arranged a variety of internal and external training courses including food hygiene and moving and handling. One member of staff said, "The training is good here. The refreshers are very helpful. They stop me becoming lax." Another member of staff who had recently received first aid training told us this had given them greater confidence in using certain techniques, should they be required in an emergency situation. Several members of staff had been supported to study for nationally recognised qualifications and the manager told us this was something that was actively encouraged by the provider.

Staff received one-to-one supervision from the manager who said, "I like to do all the supervisions myself.

The home is small enough to enable me to do that." He told us that, following his appointment, he had conducted supervision with each member of staff and was now planning a further round of individual meetings. Staff told us that they found the supervision process helpful. One member of staff said, "It was useful. I was quite pleased with the feedback!"

The provider ensured people had the support of local healthcare services when 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 and physiotherapists. For example, care staff had identified a red mark on one person's skin. They had contacted the district nurse who visited the person the next day and organised the supply of some specialist equipment to prevent the red mark from developing into a pressure ulcer. Describing their relationship with the care staff team, one local healthcare professional told us, "They are really on the ball and refer any issues to us very quickly."

People told us that they enjoyed the food provided in the home. One person said, "The food is very good. They've got a good cook." Another person told us, "There's always plenty." People were offered a wide range of hot and cold choices at breakfast and teatime. For lunch people had a choice of two main course options although the cook told us that kitchen staff were always happy to make an alternative if requested. For example, on the day of our inspection the cook had prepared sausages for someone who didn't want either of the choices available on the lunch menu.

Staff had a good understanding of people's nutritional requirements, for example people who followed a reduced sugar or vegetarian diet. Staff were also aware of which people's food needed to be pureed to prevent the risk of choking and a range of drinks was available throughout the day to combat the risk of dehydration. One person told us, "They are always telling me I must drink."

Good

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring. One person told us, "They are always there for you." One person's relative said, "I can't fault them. They are so attentive and caring."

Throughout our inspection visit we saw that staff respected people as individuals and supported them in a kind and helpful way. For example, on one occasion we watched two members of staff gently wake someone who had fallen asleep in an awkward position in their chair. The staff supported the person attentively and patiently as they woke up and then asked if they would like to move to a more comfortable chair. On another occasion, we saw a member of staff taking time to chat with a person who had just returned from the hairdresser, complimenting then on their new hairstyle. When we were in the kitchen, we noticed the cook was making a custard tart. They told us, "[Name] loves egg custard so I am making it especially for them." One person was no longer able to go to church due to their deteriorating health and staff had arranged for a local priest to give the person communion at their bedside. One staff member told us, "These residents deserve the best of everything. I treat them as if they were my grandparents. Nothing less than that."

Staff also demonstrated their commitment to person-centred care and to giving people choice and control over their lives. For example, one person told us that they liked to get up early and so staff supported them to be up and ready for breakfast at around 7.30am. In contrast, another person told us they liked a lie in and so staff didn't support them to get up until about 9.00am. One member of staff told us, "I always try to encourage choice and independence. For instance, I'll open the wardrobe and encourage the person to choose what to wear." Another staff member said, "One person I work with is a bit shaky and it would be easy to take the short cut and use a wheelchair all the time. But we try to use two carers to help them walk on their own, as it's important to encourage people to maintain their independence for as long as possible."

The staff team supported people in ways that took account of their individual needs and 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. One staff member said, "Whenever I am providing people with personal care I always make sure the door is closed and the curtains are drawn." People's personal care records were stored securely and computers were password protected to maintain confidentiality.

The manager was aware of local advocacy services and said he would not hesitate to contact them if someone living in the home needed this type of support. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

If someone was thinking of moving into Qu'Appelle Care Home a senior member of staff normally visited them to carry out a pre-admission assessment. People were also offered an opportunity to visit the home to help them decide if it was right for them. The deputy manager said, "I always tell people they don't need to make an appointment. Just come and find us as we are." Once it was agreed that someone would move into the home, staff prepared an initial care plan in discussion with the person and their family. Over time, this was developed into a full care plan detailing the person's personal preferences and care requirements. People and their relatives were involved in reviews of their care plan although, reflecting feedback from our inspector, the manager agreed to take action to ensure this was documented consistently.

We looked at people's care plans and saw that these were written in the first person and addressed a wide range of needs and wishes which were understood and followed by staff. For example, one person's plan stated they liked to read the daily paper in bed and on the day of our inspection we saw the person was doing just that. Another person's plan detailed their love of 'Strictly Come Dancing' and stated, "I like to do things in my own time and to be as independent as I can."
Staff knew and respected people as individuals. One staff member told us, "It's important to get to know each resident individually, by talking to them and spending as much time with them as you can. We can learn so much from them and it helps bring people out of themselves." Another staff member said, "Some people don't like too much touching and I respect that. But one person really likes a cuddle. When they tell me that they haven't had a cuddle for a while, I say that I haven't one either and we share a cuddle together!" One person's relative told us, "They are really responsive to people."

The provider employed an activities coordinator who worked five days a week, Monday to Friday. In discussion with the people who lived in the home, the activities coordinator had prepared a varied programme of daily activities including movement to music, board games and craft activities. This changed on a seasonal basis, for instance gardening was substituted with other activities in the winter months. On the morning of our inspection, we saw several people take part in a game of skittles which they clearly enjoyed. The activities coordinator also organised a programme of special events including visits from local singers and entertainers. On the afternoon of our visit, a group of around 12 people was supported by staff and volunteers to attend an event in the town hall to celebrate The Queen's 90th birthday. These activities and events were also a source of stimulation and enjoyment to people. Talking of their trip to the town hall, one person told us, "It's good to get out." Photos taken at some of these events were on display in the home, allowing people to share their memories with each other and with visitors.

Staff also supported people to maintain their personal interests, including those who chose not to participate in the communal activities on offer. For example, one person told us, "I love being in my own room. I have a newspaper every day." Staff supported other people to knit, to bake or to walk round to the local shops. A local vicar conducted a Church of England communion service in the home on a monthly basis which staff told us was valued by all those who took part. Staff also said that they would make contact with other local priests should any one need spiritual support from a different church.

Information on how to raise a concern or complaint was provided on a noticeboard in the reception area and in the information pack people received when they first moved into the home. The manager told us that formal complaints were relatively rare as he encouraged people and their relatives to come and talk to him with any concerns. This approach was confirmed by one relative who told us that, on a recent visit to the home, they had been unhappy with the cleanliness of their loved one's room. They said they had brought their concerns to the attention of a member of staff who immediately stopped what they were doing and took action to resolve the problem. The provider kept a log of any formal complaints that had been received and we could see that these had been handled correctly in line with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

There was a warm and welcoming atmosphere in the home and everyone we spoke with told us how highly they thought of the home. One person said, "They are all very good to us here. Very friendly." Another person's relative told us, "I'd give them 10 out of 10." A local healthcare professional said, "They're very good. If I had a family member who needed a care home, I would be happy for them to live here."

The provider maintained a log of any untoward incidents or events within the home which had been notified to CQC or other agencies. However, in preparing for our inspection visit we noted that in the previous 12 months there had been two cases involving people living in the home which had been considered by the local authority under its adult safeguarding procedures but which the provider had not notified to CQC. During our visit we also found that the provider had failed to notify us of 10 DoLS applications that had been authorised by the local authority. The manager apologised for the failure to submit the necessary notifications and told us he would ensure that these were submitted as required in future.

The provider's failure to notify CQC of these significant issues relating to people living in the home was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had a number of audits in place to monitor the quality of the care provided to people. However, these were not consistently effective. For example, monthly audits of care plans were conducted but these had not picked up the shortfalls in risk assessments or the lack of people's involvement in the review process that we identified in our inspection. Other audits were more effective. For example, the manager undertook a regular environmental audit of premises and equipment. Following a recent audit he had noted that several wheelchairs were in poor repair and replacements had been ordered.

Although he had only been in post for eight months, the manager was clearly well known to, and respected by, everyone connected to the home. One relative told us, "He's very caring and reassuring. He's always got time to talk." A member of staff said, "I like him a lot. He's good for the home." Throughout our inspection visit we saw that the manager regularly spent time out of his office, engaging with people and their visitors and providing support to staff if required. The manager told us he started work at 7am as this enabled him to attend the first staff handover meeting of the day. He said, "It's important that the manager gets to at least one handover a day. And this way I can spend time with the night staff before they go off shift."

Throughout our visit, the manager demonstrated an extremely open and responsive management style. He was also quick to acknowledge and take responsibility for the shortfalls we identified in areas including risk assessment, care planning and CQC notifications. The manager provided a positive role model for other staff and set the cultural tone within the home. One member of staff told us, "He's very approachable. He will sit and listen to our suggestions."

We saw that staff worked together in a friendly and supportive way. One member of staff said, "There's a good atmosphere in the staff team. We all work together very well. I'd recommend it to others." There were regular staff meetings and staff told us they could talk openly about any issues. For example, one member of

staff said that they had made a suggestion about a change to the staffing structure in the care team and this had been taken on board by the manager. Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home that could not be addressed internally.

The provider undertook regular surveys of people and their relatives to measure satisfaction with the service provided. The manager reviewed the survey returns carefully to identify any areas for improvement. For example, the weekly activities programme was now displayed in the home following feedback given in a recent survey.

The provider also organised regular group meetings with people and their relatives. We saw from the notes of the most recent meeting that a wide range of topics had been discussed including proposals to redecorate the reception area and to establish a new sensory garden. The manager told us he was looking forward to the next meeting and that, "People and their relatives are also enthused because we are listening to them."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of significant issues relating to people living in the home.