Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Quebec Hall Limited

Quebec Hall, Quebec Road, Dereham, NR19 2QY

Tel: 01362692504

Date of Inspection: 16 May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Quebec Hall Limited
Registered Manager	Mrs. Karen Vertigan
Overview of the service	Quebec Hall is a residential home providing care and support to a maximum of 20 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with four people using the service and they told us that they received care and support in line with their wishes. One person commented "Sometimes I choose to take part in events but sometimes I'm too tired so I stay in my room…I am never forced to do anything." Another person said "I am supported to maintain my independence; staff only provide assistance where it is needed."

We observed lunch time during our inspection and found that staff offered encouragement and assisted people as necessary. People were provided with lunch of their liking and staff were aware of people's preferences in relation to portion sizes. One person we observed liked to take a long time over their meals and we saw that this was appropriately referenced in their care plan. Staff were patient with this person and allowed them to eat at their own pace.

There were appropriate arrangements in place to safely manage people's medications.

We spoke with three members of staff who confirmed that they felt appropriately trained and supported to carry out their role. Our review of records confirmed that appropriate training courses were provided to staff and that they benefitted from a regular system of supervision and appraisal.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We saw that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We found that people using this service had been asked to agree to terms and conditions before they were admitted to the service. This included detail about the level of care that would be provided and what services would not be included within the agreement. We noted that details about fees and how personal information would be handled were also included in this agreement.

We found that reference to people's capacity had been made in their care plans. We found that where a person had a known impairment of the brain this was referenced and the need to consider making long term decisions in the person's best interests noted.

We spoke with three members of staff at this service about the Mental Capacity Act (MCA). They demonstrated a basic understanding of the requirements of the act and the actions to be taken should a decision need to be made about the care and support provided to the people at Quebec Hall. This included the need to assume capacity and support people with their own decisions. However, the provider may find it useful to note that none of the members of staff spoken with were aware of the Deprivation of Liberty Safeguards (DoLS).

During our inspection we observed staff interacting positively with the people using this service. The staff gave people time to agree to specific tasks and provided choices where this was appropriate.

We spoke with four people using the service and they told us that they received care and support in line with their wishes. One person commented "Sometimes I choose to take part in events but sometimes I'm too tired so I stay in my room…I am never forced to do anything." Another person said "I am supported to maintain my independence; staff only provide assistance where it is needed."

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we reviewed five care files and saw that they had sections to include assessments and a care plan. We saw that personal information such as peoples' next of kin and GP information was kept separately in a locked cabinet. .

Upon reviewing these care files we found that there was detailed information about people's current and past medical history and that care plans referenced this information throughout. We also found that individual assessments had been carried out and these were used to develop people's individual care plans. We found that care plans were reviewed regularly. We asked staff how they kept up to date with people's changing needs and were told that they regularly reviewed care plans and senior staff members communicated any changes to people's needs. We also saw that where a change in a person's needs had occurred updates were made to their care plan. For example, when a person had been having falls details of the preventative equipment in use had been noted. However, the provider may find it useful to note that care plans were not always person centred. For example, on one occasion we noted that in a person's communication plan it stated "[PERSON] does have problems with [their] speech and cannot usually manage even one word now". This person's plan did not detail how they should be communicated with.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We noted from our review of care plans that risks relating to individual people's care needs had been assessed. These assessments took into account risks relating to people's needs such as the risk of falling or suffering from malnutrition. We saw that other individual risks had been identified such as for a person who chose to keep a "cluttered" living space and for a person who kept prescribed creams within their room.

We observed lunch time during our inspection and found that staff offered encouragement and assisted people as necessary. People were provided with lunch of their liking and staff were aware of people's preferences in relation to portion sizes. One person we observed liked to take a long time over their meals and we saw that this was appropriately reference in their care plan. Staff were patient with this person and allowed them to eat at their own pace.

We saw that meals for two people who shared a room and required assistance with eating were provided before lunch was served in the main dining area. The members of staff observed were seen engaging with the people they were assisting, sitting at their level and taking their time to allow the person being assisted time to eat their meal.

We spoke with six people using this service and each person expressed satisfaction with living at Quebec Hall. One person told us "I am happy here, the staff are all good, it's very nice". A second person commented "You are spoken to and treated kindly, you're not here just to be fed and watered and you're not treated as a spare part". A third person told us that they though the home was "Lovely" and that it was "Exactly" what they wanted from a care home.

Another person who had not been at the home very long told us "I have settled in well and I am very happy, all the staff are very good". They further commented "There are no improvements that I can think of that need to be made".

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining people's medication. We spoke with a member of staff, responsible for administering medication, who told us that medication for people living at the home was received on a regular basis from their nominated pharmacy. We were told that, upon receipt of the medication stock, it was checked and recorded appropriately on people's medication administration records.

Medicines were prescribed and given to people appropriately. We reviewed six people's medication administration records. We saw that medication was appropriately documented and each dose signed for by a responsible member of staff. There were no gaps or errors in any of the records we reviewed. We did not observe a medication round during our inspection however the member of staff spoken with was able to outline how they would ensure medications were safely administered. This included making sure they knew they were giving the medications to the right person. We saw that photographs were kept with people's medication records to assist with this process. The member of staff also told us that they would check each dose of the medication before it was given and observe that the medications had been taken before updating people's records.

Medicines were kept safely. We saw that medicines were kept in a locked medication trolley within the staff office. We also saw that controlled drugs were kept in a double locked cupboard. We reviewed the recording processes for controlled drugs and saw that all records were up to date. No controlled drugs were currently being kept at the location and the records we reviewed confirmed this.

The provider may find it useful to note that when we asked to be provided with internal medication audits we were told that these were not being carried out.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff were able, from time to time, to obtain further relevant qualifications. We found that Quebec Hall had in place a mandatory training programme. We reviewed the training records of all members of staff employed at this home and saw that the majority had completed their mandatory training. Courses included manual handling, safeguarding vulnerable adults, infection control and fire training. Staff were also enabled and supported to undertake national vocational qualifications in health and social care.

We spoke with three members of staff who confirmed that they felt appropriately trained to carry out their role. They confirmed that, if they lacked training in a particular area, this could be discussed with their manager.

We also saw that other courses to help meet people's specific needs had been provided to staff. These included pressure ulcer prevention, dementia and end of life care.

We spoke with three members of staff who told us that they liked working at Quebec Hall, felt completely supported by their manager and felt confident in raising concerns should they need to. We were told that staff were supported with a regular supervision and appraisal system and that staff meetings took place for peer support. We saw records of two members of staff which confirmed that they had received supervision on a regular basis. We asked each member of staff we spoke with whether they felt they were appropriately supported to meet the needs of the people living at the home and they all confirmed they did.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk