

**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

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2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✗ Action needed
<b>Assessing and monitoring the quality of service provision</b>	✓ 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 22 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 April 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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Our inspection team was made up of one inspector who answered our five questions; is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People are treated with respect and dignity by the staff. People told us they felt safe, we saw that staff had received updated safeguarding of vulnerable adults and that the provider had safeguarding procedures in place.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risks to people and helps the service to continually improve.

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk.

We looked at the recruitment of new staff. This showed that some required recruitment checks relating to obtaining references were not in place. This put people at risk of being supported by staff without the appropriate background checks having been carried out.

We have asked the provider to tell us what they are going to do to meet the legal requirements when recruiting staff.

Is the service effective?

People's health and care needs were assessed with them, and they were involved in writing their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required. People said that they had been involved in writing them and they reflected their current needs.

People's needs were taken into account with signage and the layout of the service enabling people to move around freely and safely. The premises had been sensitively adapted to meet the needs of people with physical impairments.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People commented, "The staff are very good". A visiting GP said "The staff were very caring and knowledgeable about people's needs".

People using the service, their relatives, friends involved with the service completed a satisfaction survey. Where shortfalls or concerns were raised these were addressed.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People's needs were assessed before they moved into the service and they were offered the opportunity to visit the service on as many occasions as they wished prior to making any decisions about the suitability of the service.

People's views on the quality of the service provided were regularly sought by the provider. This information was used to identify areas of improvement and identify what was working well.

Records confirmed that information relating to people's preferences and interests were sought and that people regularly had access to a range of activities of their choice in and outside of the service.

People knew how to make a complaint if they were unhappy. People we spoke with told us that they were aware of how to make a complaint and to whom. The service has not received any complaints since the last inspection.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way. A GP told us that they receive appropriate referrals for people who use the service and that the staff were very cooperative.

The service has a quality assurance system, records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. The service is currently reviewing how it conducts customer surveys to ensure that customer feedback is received more frequently.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes were in place. This helped to ensure that people received a good quality service at all times.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 28 May 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

During our inspection we spoke with three people who lived at the home and a visiting GP. People told us they felt staff treated them kindly and with respect. One person told us, "The staff are very helpful." We observed staff respecting people's privacy by knocking on doors, waiting for an answer before they entered and introducing themselves. We saw staff called people by their preferred name.

People who used the service or their representatives were given appropriate information and support regarding their care and treatment. This was in the form of a brochure and welcome pack and discussions before people moved to the service. They or their families were able to visit the service to assess if it was appropriate for their needs.

The general manager told us when people moved to the home, staff worked with them and their families to explore their preferences and choices. These choices formed part of people's care plans. The manager told us people were involved in the regular reviews of their care plans and risk assessments. The people we spoke to told us that staff are respectful of their wishes. A visiting GP told us that staff are very knowledgeable about the needs of the people they cared for and that they treat them with dignity and respect.

We looked at three people's care plans and saw that likes and dislikes were identified and care plans reflected their choices. Important decisions had been recorded, for example, in regards to end of life care. We saw evidence that any issue, such as ill health, was reviewed with the individual and their relatives and that they were involved in making decisions about their care and welfare. It was clear from our discussions with people using the service and our observations that staff knew the needs of the people in their care well.

We saw that staff spoke to people with warmth and empathy. Staff listened to people and responded to their requests for assistance. We noted that people in their bedrooms had call bells within easy reach so they could call for assistance. We observed staff

responding to the call bells promptly. We observed members of staff supporting people to use the chair lifts; they were talking to the person throughout and explaining what they needed to do next.

Staff told us they were aware of the need to maintain people's privacy and dignity. Examples included respecting privacy whilst undertaking personal care, choices for getting up in the morning, what to wear, nutritional choices and providing care at times that suited people.

We saw that staff were polite and professional, as well as demonstrating affection, care and concern for the people in their care. This meant that people's privacy, dignity and independence were respected.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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Some people were not able to tell us directly about their views and experiences. However, we saw that staff spoke to people with warmth and empathy. Staff listened to people and responded to requests for assistance. We saw that people who used the service responded in a positive and relaxed way to the staff's approach.

We looked at the care records of three people who lived at the home. These contained detailed assessments of people's needs that had been carried out prior to them moving to the home and included relevant information from other health care professionals. These formed the basis for the care plans and risk assessments.

We saw that there were current risk assessments in place which identified possible risk factors such as falls, nutritional needs, manual handling and pressure areas. We saw that risk assessments were reviewed monthly or sooner if required due to a change in need.

We saw that there were care plans in place which included people's preferences and dislikes and how they wished to be supported. We saw that information from health care professionals was incorporated into the care plans.

These plans provided an on-going picture of the care and support that individual people required. Some of the areas covered were support with personal care, dietary intake, mobility, medication, health and wellbeing, activities and social interaction.

We saw that the care plans were reviewed monthly with people and updated following any change in the person's needs. Where it had been difficult to obtain people's views, staff had spoken to relatives to ensure people's preferences were respected. We saw that the assessments were reviewed monthly and following an incident or event. Staff told us any changes to people's care were discussed during handover periods and recorded in care plans.

We saw that referrals to other health care professionals had been made by the home to support people's health care requirements. This demonstrated that the provider sought appropriate professional health and care support, to maintain and reduce the risk of

deterioration in people's health. We saw that there was regular monitoring of people's welfare and records showed that when concerns were identified these were passed to the person's GP. A visiting GP told us that the staff are very cooperative and make appropriate referrals to the surgery.

This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and people were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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On the day of the inspection we observed that hand gels, disposable gloves and aprons were readily available throughout the service. We saw staff used these as they went about their work and we observed staff changing them before commencing care with another person.

We observed staff removing soiled linen from people's rooms in a manner that reduced the risk of cross infection. They took the linen straight to the laundry room. The service had a sluice facility in the laundry room as well as two commercial washing machines which both have programmes designed to deal with reducing the risk of cross infection.

There were infection control policies in place which were reviewed by the manager in December 2012. We saw that there were cleaning schedules in place, which included cleaning wheelchairs, walking aids, furniture and carpets.

Observations on the day confirmed that the service was clean and tidy and there were no unpleasant odours. We saw records that confirmed that staff had completed annual infection control training.

This meant that there were effective systems in place to reduce the risk and spread of infection.

**People should be cared for by staff who are properly qualified and able to do their job**

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## **Our judgement**

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The provider was not meeting this standard.

The provider did not always undertake the appropriate background or health checks prior to new care workers taking up employment, to ensure that people who use the service were not placed at risk

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We reviewed three staff recruitment records during our visit. The records did not contain the relevant information to show the provider had carried out all of the appropriate checks before staff began to work within the service.

We saw records of completed application forms, criminal record declarations, identification documents and job descriptions on each individual's file.

We also saw that Disclosure and Barring Service (DBS) checks had been carried out prior to the commencement of their employment. The general manager informed us that no members of staff were allowed to work unsupervised until the organisation had received a satisfactory DBS check.

We saw that the manager had not ensured that they had received two satisfactory references before one member of staff commenced their employment. We saw from the records that the manager had pursued the reference on two occasions before eventually receiving it eight weeks after the initial request. We saw that none of the three files contained satisfactory information about any physical or mental health conditions which were relevant to the workers' ability to carry on the work.

This meant that the provider was placing people who use the service at risk of being cared for by staff who did not have appropriate checks conducted prior to beginning work.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We spoke to three people who used the service. They told us that they were asked for their views regarding the service that they received. We saw records of customer surveys that had taken place and they were positive about living in the home.

On our inspection visit we saw a range of audits had been undertaken including medication, care plans, infection control, equipment and the environment.

We saw that a trustee of the organisation carried out monthly quality audits. During the audit they talked to people who used the service, and to staff, to gain their views. They also reviewed the environment with regards to health and safety of the environment and equipment.

We saw records that confirmed that regular quality assurance reports are provided to the board by the manager. These are reviewed by the board and any concerns identified are raised with the registered manager and followed up by a trustee on their monthly quality assurance audit.

The service had a comprehensive complaints policy that was provided to all people who use the service on their admission. A copy was displayed in the entrance hall. The service had not received any complaints since the last inspection.

We found effective systems were in place to monitor the quality of the service provision so that people who use the service benefit from safe quality care.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Requirements relating to workers</b>
	<b>How the regulation was not being met:</b> The provider had failed to ensure persons employed for the purposes of carrying on the regulated activity were physically and mentally fit for work. The provider failed to ensure that all information specified in Schedule 3 of the regulations was available in respect of persons employed for the purpose of carrying on the regulated activity. Regulation 21 (a) (b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 May 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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