

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

## Upper Halliford Nursing Home

Charlton Lane, Upper Halliford Village, Near  
Shepperton, TW17 8QN

Tel: 01932732600

Date of Publication: August 2013

We followed up on our inspection of 28 May 2013 to check that action had been taken to meet the following standard(s). We have not revisited Upper Halliford Nursing Home as part of this review because Upper Halliford Nursing Home were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Requirements relating to registered managers</b>	✓	Met this standard

## Details about this location

Registered Provider	Golden Manor Health Care (Ealing) Limited
Registered Manager	Ms. Patricia Ann Moon
Overview of the service	Upper Halliford is a care home for people needing nursing care. It provides care for up to sixty-two older people most of who are living with the experience of dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

## 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'*

	Page
<b>Summary of this follow up review:</b>	
Why we carried out this review	4
How we carried out this review	4
What we found about the standards we followed up	4
More information about the provider	4
<b>Our judgements for each standard reviewed:</b>	
Care and welfare of people who use services	5
Requirements relating to registered managers	7
<b>About CQC Inspections</b>	8
<b>How we define our judgements</b>	9
<b>Glossary of terms we use in this report</b>	11
<b>Contact us</b>	13

## Summary of this follow up review

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### Why we carried out this review

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We carried out an inspection on 28 May 2013 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited Upper Halliford Nursing Home as part of this review because Upper Halliford Nursing Home were able to demonstrate that they were meeting the standards without the need for a visit.

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### How we carried out this review

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Desk Based Follow Up Review

We have not revisited Upper Halliford Nursing Home as part of this review.

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### What we found about the standards we followed up

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We visited Upper Halliford on 28 May 2013 and found them fully compliant. At previous inspections we had made compliance actions related to outcome 4, care and welfare and outcome 24, requirements related to a registered manager.

This is a desk based review to confirm our findings during our previous inspection. This report should be viewed along with the report that is published on our web site for 28 May 2013.

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

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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 reviewed

### 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 them.

#### Reasons for our judgement

We visited Upper Halliford on 28 May 2013 and found them fully compliant. At a previous inspection we had made a compliance action related to outcome 4, care and welfare of people who use the service.

This is a desk based review to confirm our findings during our previous inspection. This report should be viewed along with the report that is published on our web site for 28 May 2013.

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

We spoke with four members of staff. They were able to describe specific needs of people in their care and how they met those needs. From observations made, for example where people were being supported to mobilise and helped to go to the bathroom, we saw that care was being provided in a way that met people's needs.

We saw in the five care plans we looked at that prior to people being admitted into the home, they had a pre admission assessment carried out. The registered manager said, "This was to ensure the home was able to meet their health and care needs". The manager told us this initial assessment formed the basis of a more thorough assessment once the person was admitted into the home. This meant that people's care needs were assessed to ensure they experienced safe and appropriate care.

We saw risk assessments were carried out as required. For example we saw people had a risk assessment for falls, moving and handling and nutrition carried out where needed. We reviewed the daily records of care given and found that care documented as given was a reflection of the care needs identified in the care plans. Care had been given by staff with appropriate knowledge. For example staff were keen to tell us about the nutrition programme that had been introduced by the home. Staff were responsible for assessing people's nutritional status and when problems were identified to ensure they were on the correct diet.

We saw risk assessments were in place for people with mobility difficulties and swallowing problems. Staff told us they had received training in these areas to enable them to offer

the care and support people needed. We also noted that the care plans were reviewed and updated regularly. This meant that people's care and support were planned and delivered in line with their individual care plan.

We observed interactions between staff and people who used the service. As we were unable to communicate effectively with people due to their dementia we wanted to see that identified problems in care plans were addressed by the staff. For example we observed people supported with their meals that had been identified in the care plans as needing this help. We also observed staff helping people with their mobility as identified in their risk assessments. This showed that people experienced care and support that met their needs.

We saw that there was a business continuity plan in place for dealing with emergencies that could affect the home, for example a fire. A place of safety had been identified should there be a fire. This meant that the disruption to people's care and welfare would be minimised.

## Requirements relating to registered managers

✓ Met this standard

Services must be managed by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job

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### Our judgement

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The provider was meeting this standard.

The service now has a manager that has completed the registration process with us.

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### Reasons for our judgement

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We visited Upper Halliford on 28 May 2013 and found them fully compliant. At a previous inspection we had made a compliance action related to outcome 24 as the home did not benefit from a registered manager.

This is a desk based review to confirm our findings during our previous inspection. This report should be viewed along with the report that is published on our web site for 28 May 2013.

During our inspection in May we met with the manager and found that the registration process had been completed.

## 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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