

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

The Old Hall

1 High Street, Billingborough, Sleaford, NG34
0QA

Tel: 01529240335

Date of Inspection: 26 August 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Willow Homes Lincs Limited
Registered Manager	Mrs Karen Marina Culy
Overview of the service	The Old Hall is a listed building situated in the centre of Billingborough and set in extensive well cared for gardens. It provides residential care for a maximum of 20 people of both genders, who may have conditions associated with older age.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 26 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Below is a summary of what we found when we inspected The Old Hall on 26 August 2014.

The summary is based on our observations during the inspection, speaking with four people who used the service, one relative, the registered manager and four staff. In addition, we looked at care records, the arrangements to keep people safe from abuse and quality assurance.

We considered our inspection's findings to answer questions we always ask: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

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

Is the service caring?

We found that the service was caring. We observed that staff were respectful, kind and attentive. People we spoke with told us that staff were kind and helpful. One person we spoke with told us; "I have nothing but good things to say about the home. I would describe it as home from home."

Relatives we spoke with told us that staff were polite and courteous to people who used the service.

Is the service responsive?

We found that the service was responsive. We observed that people's individual needs for care had been assessed. Staff knew about each person's care needs, choices and preferred routines.

People told us that their care needs were met and that staff listened to what they said and provided care in line with their changing needs and wishes.

The provider had a complaints policy in place and staff had received training in how to manage complaints. They were able to tell us how they would escalate any concerns raised.

Is the service safe?

We found that the service was safe. Systems were in place to make sure the manager and staff learnt from events such as complaints, concerns and investigations. This reduced the risks to people and helped the service to continually improve.

Safeguarding procedures were in place and staff we spoke with and records we looked at confirmed that staff were trained and understood how to safeguard the people they supported.

The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards is law which protects people who are unable to make decisions for themselves.

Is the service effective?

We found that the service was effective. People's health and care needs were assessed. People, and where appropriate, their relatives, were involved in reviewing their care plans. Specialist dietary requirements, mobility and equipment needs had been identified in care plans where required.

Records showed people had access to a range of healthcare professionals some of whom visited people at the home.

Is the service well led?

We found that the service was well led. This was because people had been consulted about their experience of using the service. When suggestions were made we saw evidence that these were considered and used to improve the service that people received.

There was a clear line of management. This meant that important decisions about organising someone's care were made by senior staff while carers could use their own judgement to provide a flexible service.

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

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During our inspection on 26 August 2014 we spoke with four people who lived in the home, one relative, four members of staff, and the registered manager about their experience of how care was planned and delivered.

One person we spoke with told us, "Everyone is marvellous. I never have to wait when I press my button. I couldn't ask for better. It's a friendly place and everyone gets on." Another person told us, "There is nothing like your own home, but its good here. " A relative we spoke with told us, "I have nothing but praise for the staff and the care they give {my relative}. I feel very welcomed when I visit."

The general atmosphere in the home was friendly and welcoming and we observed that people had good relationships with staff and there were lots of positive interactions. There was a lounge and a dining area where people could sit and socialise together. There was also an easily accessible and safe secure garden area where people could sit.

We saw that staff were attentive and kind in their conversations with people. For example, we observed two staff members assist a person who lived in the home to move out of their wheelchair into a comfortable chair by using a lifting hoist. They explained what they were doing throughout and took their time. They checked to make sure that the person was comfortable before fetching them a drink which they placed on a table which was within their reach. We also observed a member of staff fetch a person a drink. They noted that the coffee table next to the person was too low so they could not reach their drink. They went and got a different table and checked this was the correct height.

We spent some time in the lounge area in the morning and observed staff offering people choice in relation to drinks and biscuits available. People were offered hot and cold drinks and some choose both. We observed that staff checked with people what music they wanted on in the lounge and if the volume was at the correct level for people.

We spoke with the registered manager who told us there was a dedicated social activities

team at the home who were responsible for planning activities. We looked at records which documented when people had taken part in an activity and noted how they had interacted with other people and staff. We saw that there was a schedule of planned activities for people to participate in if they wished.

We spoke with a member of the activities team who told us about their role within the home and the training they had had to equip them. We saw on the day of our inspection people were taking part in a group activity which they enjoyed. We then noted that the activities person undertook one to one sessions with several people in the lounge area using reminiscence memory boxes and picture books to encourage conversation and discussion.

People were supported in promoting their independence and community involvement. We saw evidence that people were supported to attend church services and also local community clubs. The service also encouraged involvement in the local community and a recent fete had been a success and had been covered in the media. One person we spoke with told us, "I really enjoyed the fete and I got my picture in the paper." All of these measures had contributed to people receiving a respectful, dignified and individual service.

We found that people were given appropriate information and support regarding their care. Documents showed that when people had been considering moving into the service they had been given written information about the facilities and services provided.

People had also been told how they would be involved in making decisions about their care and support. This had been done so they could decide whether or not the service was right for them. One relative we spoke with told us, "I met with the manager when they came out to visit {my relative} and they gave me a good overview of the care available to {my relative}."

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

Our judgement

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.

Reasons for our judgement

During our inspection we looked at four people's care records. We found that people's needs were assessed and care was planned and delivered in line with their individual care plan. We found that each person had an individual written plan of care. The plans contained information about helping people to do everyday tasks, getting about safely and managing medical conditions. Staff we spoke with told us that these plans helped them to reliably provide assistance for people.

We saw that people received the assistance they needed and wanted. This included assistance with every-day domestic tasks such as washing and dressing, using the bathroom, getting about and taking medication. One person we spoke with told us, "I am happy with my care. The girls (staff) are lovely and very patient with me. The food is lovely, that's what I care about." Another person told us, "I have been here a few weeks I think. I have bought my cat with me. It's nice to meet new people and sit and chat. My grandson visits every week and he is happy with everything."

One relative we spoke with told us, "I have nothing but praise for them. The staff are very patient and I have never heard anything untoward. I visit three to four times a week and I am very happy with the way they care for {my relative}. She is well looked after and comfortable and they always tell me what is going on and if they have called the GP."

We saw that risk assessments were in place in the care records and included risks such as falls, moving and handling and medication management. They were assessed and reviewed in a timely way. We saw that potential risks to people's health and safety had been assessed so they could stay safe from unnecessary hazards. We noted that when people were at risk of falling, that pressure alert mats had been put in place. These mats sound an alarm when pressure is put on them which can alert staff if a person who is at risk of falling attempts to move without assistance. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Within the care records, we looked at people's daily notes and found those records contained information about how people had been supported. We saw that one person, who was nursed in their bed, had been assessed as being at high risk of malnutrition and

of developing pressure areas. Charts were in place to record their food and fluid intake and document their position changes. We saw that these charts were filled in appropriately. We noted that staff had documented when action had been taken in response to a change in a person's condition and their needs.

We attended the handover of information between staff at lunchtime about people in the service. Relevant information was handed over. This included information about personal care given, any concerns about a person's nutritional or fluid intake and any general concerns about a person's wellbeing. This discussion ensured that all staff were aware of the current needs of people in the service.

We found that when necessary medical attention had promptly been arranged including home visits by doctors and district nurses. This meant that people had received the healthcare they needed. Records showed that staff had recorded people's weights so that healthcare professionals could be alerted to any significant changes.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider had a written policy in place for safeguarding vulnerable adults that described the action staff should take in order to keep people safe from abuse. Contact details of the local authority safeguarding team were available for staff should they need to report any concerns.

Information was available for people who lived in the home and their families about safeguarding people from abuse and how they could raise a concern.

Training records we looked at confirmed appropriate safeguarding of vulnerable adults training had taken place for staff on an annual basis. We spoke with the registered manager about safeguarding concerns which had been raised with the Care Quality Commission and local authority and found that appropriate action had been taken.

Staff we spoke with were able to tell us what action they would take if they had a concern about the safety of someone who lived in the home. They confirmed that where appropriate they would escalate their concerns to the senior staff in the home. If required they also told us how they would escalate concerns to external bodies which included the local authority safeguarding team, the police and the Care Quality Commission.

We noted that action had been taken following a recent safeguarding incident which had resulted in staff completing a safeguarding competency assessment. We saw from meeting minutes that this incident had also been discussed at staff meetings. Staff we spoke with told us that they had learnt a lot from the incident and they were able to tell us how this had improved their daily work and their approach to safeguarding concerns.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the personnel files for five members of staff. All the records contained all the information that the provider was required to obtain before the staff member could start work. This included two references; proof of identity; a completed application form, which included past employment history; a health declaration; and interview notes. A criminal record (disclosure and barring) check had been obtained before each staff member's first day of employment.

The personnel records also included training certificates. These showed that each member of staff had undertaken training courses in a wide range of topics relevant to their role. There was evidence that each member of staff had had a thorough induction. The induction covered all the basic skills required for their role. This included how to move people safely, medication, good hygiene, first aid and protecting people from harm.

We saw that training for new staff was on going and that staff completed a basic induction training progress record which covered competencies which included hygiene requirements, eating and drinking and prevention of cross infection. Staff then spent time 'shadowing' an experienced member of the team before they worked alone.

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives, staff and visiting healthcare professionals were asked for their views about the care provided and they were acted on. We looked at a formal quality survey which was carried out annually. The results of the survey were positive about the care and support that people received and there had been good response rates.

We saw that formal analysis had taken place on all the responses received, and there had been no negative comments. Six visiting healthcare professionals (including two GP's) had been asked for their views. Comments included, "Staff are caring, committed and passionate. The management and leadership is top quality, it feels like home from home."

There had been 12 responses from people who lived in the home and 9 responses from people's representatives, which were all positive. Comments included, "The staff go the extra mile" and, "100% excellent."

Quality audits had been completed of key measures such as the management of medication to ensure that medicines were being ordered, stored, administered and disposed of in a reliable way. We saw results from infection control and prevention audits and associated action plan when issues were highlighted.

Staff meetings took place on a regular basis and records of the minutes were available for us to look at. Staff told us that they found those meetings useful and were able to raise any concerns with the manager and the rest of the team.

We spoke with four members of staff during our inspection who told us that they felt well supported by the registered manager and that there was a strong team ethic in the service. One staff member told us: "I feel valued as a team member. We are a strong team and support each other." Another told us, "It's the best here, I have learnt so much and feel supported by (manager) and the team."

There was evidence that learning from incidents/investigations took place and appropriate

changes were implemented. We discussed with the registered manager how they had implemented changes to documentation and processes following a concern which had been raised.

Staff we spoke with were able to confirm what they had had learnt following the concerns. We saw that the registered manager had discussed what actions would be taken in response to the concern. Staff had been given the opportunity to ask questions and give their opinion at the meetings. This meant information received had been used to improve practice and the care delivered to people who lived in the home.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The provider took account of complaints to improve the service. We saw that people had been made aware of the complaints system. One relative we spoke with told us, "If I had any cause for concern I would raise it with (the manager) straight away and I know it would be acted on. Yes I know how to raise a complaint should I need to."

Documents showed that the provider had an effective system for investigating and resolving concerns. This meant that lessons could be learned to help develop the service for the future. There had been no formal complaints since our last inspection.

Staff we spoke with were able to tell us how they would deal with any concerns raised and how they would escalate this to the most appropriate person. We saw records that staff received training during their induction period in relation to complaint/concern management and whistle-blowing.

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@ccq.org.uk

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

Website: www.cqc.org.uk

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