

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

The Old Hall

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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
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	The Old Hall (Send) Co Limited
Overview of the service	The Old Hall is a privately owned care home providing accommodation and personal care for up to 40 elderly 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'.

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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 8 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

At the time of our inspection 38 people were living in the service. Our inspection was facilitated by the registered manager.

We saw that people had their individual needs assessed before admission and that they or their relatives had been involved in planning their care and support.

We noted that staff treated people who used the service with politeness and respect. We observed that people looked well cared for and that those who wished to were engaged in group activities with staff. One person we spoke with told us, "The staff are unfailingly generous with their care and support".

We noted that guidance regarding safeguarding people from abuse was available to staff and that they had received recent relevant training. One person that we spoke with told us, "This is a very safe community and we are lucky to be so well looked after".

We saw that the building was being equipped with double glazed lockable windows and doors. We also saw that the general security of the premises and gardens was appropriate and adequate. The registered manager told us that a programme of en suite shower replacement was underway.

We saw that staff recruitment processes were thorough and that required checks had been carried out before staff were engaged.

We noted that there was an effective complaints system in place. A person we spoke with told us, "I can't think of anything I might wish to complain about. They want us to be as happy and comfortable as possible".

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

At the time of our inspection 38 people were resident in the service. The registered manager facilitated the inspection.

We reviewed three people's care and support plans and saw that people who wished to use the service had a pre-admission assessment of their care needs carried out. This had enabled the service to decide whether they could meet the care and support needs of the person.

The admission assessments and care plans were broken down into 'activities of living'. They contained a full description of people's capability and needs. People who used the service had been involved in preparing the three care plans we reviewed and had signed them.

The registered manager told us that each person who used the service had a senior carer who was responsible for reviewing their plan with them when things changed or every month. We saw evidence of regular reviews which had been signed by the person who used the service.

During the inspection we noted that staff and residents spoke very respectfully and politely with each other. One member of staff told us, "It's all about the residents isn't it. We listen to them". Another member of staff told us, "I really enjoy this job. There is a family and community feel to the place".

The registered manager told us that people who used the service were regularly asked their views about the menu and activities that were proposed. We reviewed the outcome of these consultations in the form of published menus and varied activity plans.

The registered manager also told us that regular surveys take place every six months on all aspects of care provided to people who used the service. One person who used the service told us, "They frequently ask how things are and whether they could be improved. I

think it's important to tell them. They try so hard". Another person that we spoke with said, "There is an open door policy for relatives. They can come and go as it suits. The owner and the manager make themselves available if there's anything they want to raise on our behalf. We don't have residents meetings though and I sometimes think they would be useful". This meant that people had opportunities to make suggestions about or comment on the care and support they received.

The registered manager told us that they had tried to organise residents meetings in the past but that the idea had not been supported. They undertook to pursue the idea again as several residents had changed since that time.

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 and support that met their needs and protected their rights.

Reasons for our judgement

The registered manager told us that people who considered using the service had been invited to spend time at The Old Hall prior to making a final decision. This option had been introduced to ensure that their needs could be met and that the lifestyle suited them.

They told us, "Before taking up residence people have lunch visits and join in group activities. We generally keep one room free so that people can sleep in the service to get the feel of it before they move in". This meant that new residents had been gradually introduced into the community to allow time for all parties to adjust.

In the three care and support plans we reviewed we saw an extensive assessment of people's social and medical history and lifestyle and support preferences. The registered manager told us that the 'activities of life' risk assessments for each person, centred on individual needs and preferences were based on these assessments. We noted that all three plans contained a professional visits log which contained details of medical and health related appointments. We saw evidence of recent appointments relating to all three people whose plans we reviewed.

Staff told us that all people who used the service were registered at a local surgery. The general practitioner was retained by the service and was supported in providing health care by the district nurse. We noted that an explanation of the medical services available was contained in the resident information pack which the registered manager told us was given to all people who used the service and their relatives.

The registered manager told us that, with the agreement of people who used the service, significant information on their health had been passed to their nominated relative. This meant that relatives were kept informed of developments in people's health by staff.

We saw records confirming that people who used the service were weighed each month. This meant that staff were monitoring wellbeing and able to discuss any adjustments to nutrition and lifestyle that might improve the health of people who used the service.

All three plans that we examined had been reviewed in January 2013 and the reviews had been signed by the person concerned. We noted that all three contained end of life care arrangements and preferences.

The registered manager told us that the service used a local pharmacist and that medication was delivered to the service. We noted that one person whose care plan we reviewed had managed their own medicines with support from staff. We saw that people's needs had been assessed and care and support had been planned and delivered in line with their individual support plan.

We carried out a short observational framework for inspections (SOFI) exercise in the lounge during a group activity. SOFI is a specific way of observing how care is provided care to help us understand the experience of people who could not talk with us.

Staff told us that relatives had been invited to take part in the group activity and we saw that five had attended. We noted that all of the people who used the service and who took part appeared well groomed and cared for. One of the people we spoke with told us, "The hairdresser comes every two weeks and keeps my hair looking just right. If you know you look good it makes you feel better doesn't it".

During the SOFI observation period we noted many positive interactions between staff, people and relatives. This appeared to be a very positive experience for all concerned and we saw lots of smiling and supportive behaviour towards people who used the service.

An enthusiastic activities co-ordinator was supporting those taking part in the charity knitting activity, while managing a discussion about forthcoming activities. People that we spoke with were very positive about the activities that had been organised. One person told us, "We go out lots. The activities co-ordinator is always looking for new things for us to do". We noted that the monthly newsletter and activities programme showed that a wide range of activities was being provided for people who used the service.

When asked about the service, one person that we spoke with told us, "The staff provide a high level of care. We know that there is always someone to care for and look after us". A member of staff said, "I think the care these lovely people get is the way I'd like to be treated".

We noted that the service had published an emergency and business continuity plan that covered emergencies which could be expected to arise. Copies were included in the resident information pack. This meant that staff, people who used the service and relatives had been provided with guidance.

We saw that the plan included information for staff and detailed the actions to be taken in the event of a power cut, fire, flood etc. to ensure the health, safety and welfare of people who used the service. We noted that the service was equipped with a first aid kit which staff told us was replenished when required. This meant that the service was equipped to respond to minor medical incidents.

We spoke with three members of staff who had a clear understanding of what was expected of them in the event of an emergency and the priority of ensuring the safety of people who used the service. They were also able to explain the incident and accident reporting process and understood the need for prompt and accurate recording of information. This meant that staff were likely to follow the guidance to ensure people's safety and report any incidents or accidents as required.

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

Our judgement

The provider was meeting this standard.

People who used 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

We noted that the service had a current copy of the Surrey safeguarding adults multi-agency procedures information and guidance. The document was available in the registered manager's office for the use of staff in the service. This meant that staff had access to comprehensive guidance on preventing abuse from occurring and how to respond when abuse was suspected or reported.

A review of the service's training matrix indicated that all managers and staff had received training in safeguarding adults from abuse. The registered manager and two heads of care had attended a Surrey Multi Agency course in 2012. This meant that staff awareness remained high because staff had been trained. The registered manager is also the training manager for this and another service with responsibility for ensuring that staff training remains current.

The three staff that we spoke with confirmed that they had received safeguarding training within the last 12 months and were able to identify the types of abuse to which people might be vulnerable.

We saw that a whistleblowing poster was displayed in the staff room. However, we noted that no publications or posters were displayed within the service for the purpose of raising awareness of safeguarding or whistleblowing. This meant that an opportunity to raise the awareness of people who used the service and visitors had been missed.

This matter was raised with the registered manager who informed us that safeguarding material was contained in the resident information pack which was supplied to all people who used the service and their relatives. A management decision had been taken not to display information posters on walls in the service.

We noted that visitors to the service had to pass a reception desk where they were required to sign in, indicating the name of the person being visited and the purpose of the visit. This meant that staff had a clear understanding of who was in the service at all times and knew the purpose of their visit.

All three of the people we spoke with told us that they felt safe in the service. One said, "This is a very safe community and we are lucky to be so well looked after".

The registered manager confirmed that no safeguarding concerns or reports had been raised within the service for over two years. They were able to provide a detailed account of a matter that had occurred three years previously and demonstrated a sound knowledge of the appropriate responses to reports and allegations of abuse. They were able to evidence the outcome of that incident. The provider responded appropriately to any allegation of abuse.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The premises comprised the main building which contained three en suite rooms on the ground floor and 17 upstairs. In addition there was a purpose built wing which comprised the reception and administration area, kitchen, laundry, lounge, training room and a further 20 en suite rooms, all on the ground floor.

The premises were suitable for the purpose and the layout met the needs of the people who lived there. The property was well decorated, comfortably equipped and furnished and appeared to have been well maintained.

The registered manager told us that, since the last inspection, a rolling programme of replacement of windows and en suite facilities had been taking place as rooms became vacant. We noted the progress that had been made.

The registered manager showed us a recent fire safety examination certificate and invoices relating to the safety of appliances used in the service. This showed that the building and equipment used in it had been recently checked to ensure the safety of the people who used the service.

We saw that the building had been generally equipped with double glazed lockable windows and doors. The general security of the premises and gardens was appropriate and adequate to ensure that people lived in a safe environment.

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 saw that the service had in place a selection and recruitment policy that outlined a two stage process. This consisted of a written application followed by an interview with a manager. The policy stated that written references would then be obtained from previous employers.

The policy also stated that all staff would be required to undergo an enhanced disclosure criminal records check through the Disclosure and Barring Service as well as the Independent Safeguarding Authority (ISA) vulnerable adult list. This meant that the service had been able to consider any previously recorded matters that might have indicated that an applicant was unsuitable for the role.

Proof of identity and entitlement to work in the UK were also required from each candidate. The registered manager told us, "In a happy community like this it's important to make sure that we recruit people with the right ethos".

Two members of staff we spoke with confirmed the details of the selection application process. One told us, "It was a while ago now, but I remember they waited for all the checks and references before I was allowed to start work. It's right though isn't it". This meant that unfit or unsuitable staff were unlikely to be recruited into the service. We checked the recruitment records of three members of staff and these confirmed that the service policy had been complied with. We found that there were effective recruitment and selection processes in place.

We saw from records that staff at this service were required to undertake induction training in a number of topics that the provider considered mandatory. These included; health and safety, safeguarding adults from abuse, moving and handling people safely, infection control and food safety. This meant that staff were trained and equipped to understand the needs of the people they were providing care and support for.

The registered manager told us that they were aware of their responsibility to notify professional bodies when care workers became unfit to continue working. This meant that unfit staff were unlikely to be retained in the service.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system and material was provided in a format that met their needs.

We noted that the service complaints procedure was summarised in the resident information pack and that people who used the service were advised to contact staff if they wished to complain.

The registered manager told us, "We work very closely with people and we generally pick up quickly if something has gone wrong or made them unhappy. Most of the time we are able to resolve these issues very quickly".

We saw that the provider had a comprehensive complaints process in place. This required that complaints were recorded, investigated within 28 days and that the outcome was reported back to the complainant.

The registered manager told us that complaints and comments from people who used the service, staff, relatives or others were recorded on complaints forms and kept in a lever arch file. We noted that no complaints had been recorded within the previous two years.

None of the staff that we spoke with could remember recording or being involved in a complaint from a person who used the service but were positive about supporting people to make a complaint if they wished to. One person we spoke with told us, "I can't think of anything I might wish to complain about, but I'd be quite happy talking to the manager. They want us to be as happy and comfortable as possible".

This meant that people would be given support by the provider to make a comment or complaint where they needed assistance.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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