

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: 20 June 2013

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	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 19 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 20 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and reviewed information sent to us by other authorities.

What people told us and what we found

We used a number of different methods to help us reach a judgement on the quality of the service provision. These included talking with three people who used the service and two visitors to the home. We also spoke with the registered manager, the housekeeper, three care staff , the cook and one of the owners.

We looked at records. These included care plans and information about how the service was managed. We conducted a tour of the building and observed the interactions between the care staff and people residing at the home.

The records we looked at showed that people's needs had been assessed and appropriate support provided to care for their needs.

We found that people were provided with a choice of suitable and nutritious food and drink in sufficient quantities to meet their individual needs and preferences. One person who lived at the home told us, "The food's excellent. Can't fault it and plenty of it."

We saw that the building was well furnished and in excellent decorative condition. It was well maintained and free of any unpleasant odours.

A visiting healthcare professional said, "It's fantastic. Improved, improved, improved. I would put my mum in here. Or myself."

We found that people were cared for in a safe and caring environment and the service was well led and managed.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans of four people living at The Old Hall. We noted that they were very clear and easy to follow and contained a range of assessments of people's needs. Where there was an identified need for support the staff had written plans that were clear in instructing care staff of the action that needed to be taken to deliver the required care and support to the person.

We saw that the plans had been regularly reviewed and any changes required to the care and support were recorded. It was clearly recorded that the person receiving the support or their representative had been involved and consulted in the review process. During our visit we saw care staff regularly updated people's care plans and daily notes.

In the records we looked at we saw that people had a care plan that would accompany them should they need to be admitted to hospital, helping to maintain continuity of care by informing hospital staff of people's preferences and support needs.

We spoke to a relative who was visiting the home during our visit who said, "The manager did the assessments for (my relative). I was involved in the care plans and have read them all through and signed them. They meet all (my relative's) needs."

We spoke with a member of staff who told us, "Everybody has a 'key' to unlock them. Only by talking or being with them can you find that key and find out what they want and what their needs are."

We spoke with a visiting healthcare professional who said, "Anything I ask to be done is carried out to the letter."

We saw that care files contained advanced directives which gave details of the person's wishes as they reached the end of their life. There was clear evidence of the involvement

of the person, other medical professionals and their relatives in this plan.

A visiting healthcare professional told us, "There are no pressure sores in this home. As soon as the staff see anything of concern they are straight on the phone and we come and deal with it. The staff here are keen to learn about good care." They added, "Everything I need is in the care plans. They are regularly updated and easy to read."

We observed that on one occasion a member of staff who was already engaged in delivering care to a person summoned the assistance of another carer to answer a call bell in a nearby room so that person did not experience any delay in receiving help.

A relative told us, "(my relative) has a pressure mat beside his bed so the carers know if they get up during the night. If they touch it, or I touch it the staff are straight in. They are brilliant." Another visitor said, "She (the manager) has made so many improvements."

There were arrangements in place to deal with foreseeable emergencies. We saw that each person had a personal emergency evacuation plan to inform staff of how individuals were to be supported in the event that the building needed to be evacuated during an emergency.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People told us they were provided with a good variety of food and drink that met their individual needs and preferences. During our inspection we spoke with the cook who told us how each person was asked individually for their preferred choice for meals and records we saw confirmed this. They told us, "I give the residents what they want. Traditional food is always popular, cottage pie is a favourite." They added, "There are fresh vegetables every day."

We saw that a range of breakfast choices were available and included cooked breakfasts, that proved popular, as well as lighter options such as cereals.

We saw that fluids and snack foods were available throughout the duration of our visit and we saw staff actively encouraging people to drink.

Care plans we looked at contained completed nutritional risk assessments in relation to the individual person's needs, likes and dislikes, helping to inform staff on how to deliver safe, effective care for people.

We saw the assessments identified special diets that people required as a result of pre-existing medical conditions such as diabetes or as a result of people being unable to properly chew and swallow food. We saw that where such difficulties had been identified referrals were made to doctors and speech and language therapists for advice. We found that diet and nutrition care plans were maintained following the assessment processes to inform the care staff and these were appropriately reviewed.

We saw that dietary supplements and special drinks additives were used, where prescribed, to assist people in maintaining a healthy weight and helping them if they had swallowing difficulties.

The cook showed us the food storage areas and we saw that cupboards and freezers were well stocked and fresh fruit and vegetables were readily available.

We found that where people had been identified as having a suppressed appetite, their food and fluid intake was monitored effectively to ensure sufficient nutrition and hydration was received and records we saw confirmed this.

Records showed that people's weight was monitored to identify any significant weight fluctuations which would necessitate a referral to other health care specialists and records. A carer we spoke with told us, "We routinely monitor people's weight but do it more frequently where we have any concerns."

We saw lunch being prepared and served in the dining room. The meals provided looked appetising and nutritionally balanced. We saw that staff provided people with support to eat, when required, in a caring, sensitive and respectful manner whilst promoting people's independence as much as possible. We saw that people could be provided with supportive equipment, if required, such as specialist utensils to enable them to eat and drink independently, thus promoting their dignity.

A visitor to the home said, "The food always looks amazing and I am often offered a meal. (my relative) looks the same weight as when they came in here. They sometimes spend the day in bed, it's their choice and doesn't eat much, but they make up for it the next day."

We saw that the home had achieved the highest rating from the local authority's inspection of food preparation premises.

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

Reasons for our judgement

We conducted a tour of The Old Hall, accompanied by the manager but also took the opportunity to visit parts of the home unaccompanied.

The home was not purpose built as a residential care home and was a listed building. We saw that it had been sympathetically adapted to the needs of people residing at the home. We could see there had been an extensive re-decoration program. One member of the staff told us, "When a room becomes vacant it is decorated and refurbished."

The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained. We spoke with the house keeper who told us that there was cleaning routine for the whole house but that they in particular, were responsible for ensuring that every person's bedroom was thoroughly cleaned on a weekly basis.

We noted that all parts of the home smelled fresh and clean with no discernible offensive odours.

Communal bathrooms and toilets were clean and well equipped. We saw that where people required hoisting they had their own individual slings.

We saw that the building was in very good condition and the internal decoration was of a high standard. Furniture was in good condition. There were well presented and spacious gardens and we saw that the provider had recently created more car parking space for visitors and staff and reduced the risk of emergency vehicles being unable to access the home.

People had been given the opportunity to personalise their rooms with their own possessions should they wish. The communal areas were adorned with pictures and memorabilia appropriate to the age of people living at The Old Hall.

We saw that window restrictors were fitted to opening windows to help keep people living at the home safe from leaving through a window without the knowledge of staff. It also helped minimise the opportunity for unauthorised entry into the building.

Corridors, communal areas and people's rooms were seen to be free from obstructions and any trip hazards.

Comprehensive instructions to staff and visitors to be followed in the event of fire were displayed in prominent positions throughout the home, along with floor plans and an evacuation map. We saw that the home had special equipment available to enable staff to evacuate people with mobility problems. We saw that fire fighting equipment and portable electrical equipment had been tested.

Records showed there was a business continuity plan in place to be used in the event that there was a failure of essential utilities or other unforeseen events, such as fire or flooding.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the day of our visit there were four carers on duty. In addition there was the cook, housekeeper, an activities coordinator and the registered manager. There were 19 people living in the home.

The manager told us how she assessed people's dependency level and used the results in deciding how many staff were required. She told us that she worked as a carer every week, alongside her managerial duties, and had a good personal knowledge of service user's levels of dependency and changing needs. She told us that staffing levels could fluctuate as result of differing dependency levels.

Records showed that all of the carers employed at The Old Hall had attained or were working towards nationally recognised qualifications in care, aimed at promoting good quality safe care. The manager told us, "I make it clear when we are recruiting that everybody understands that they will be required to get some qualifications. Some staff have gone on from here to do their nursing training." They added, "You can't give person centred care without adequate staffing."

We spoke with a relative who was visiting the home on the day of our visit and asked them if they thought there were sufficient staff to give support people living at the home. They told us, "There are always plenty of staff on duty, no matter what time of day or night you come."

A person who lives at the home told us, "I reckon there's too many sometimes, if you know what I mean. They've always got time or make time to sit and have a chat."

We saw that the turnover of care staff was very low, although the manager told us that there had been a high turnover of staff when she first took up post. She told us that no agency staff were used to cover shifts. She said, "If I can't find another member of my staff to cover the shift, I do it myself."

During our visit we noted that requests for assistance on the call system were answered very quickly by members of the staff team.

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 received.

Reasons for our judgement

We looked a range of records that referred to the systems that the provider had in place to regularly monitor and assess the quality of the service provided. These included surveys that had been carried out with the people who used the service, their relatives, visiting professionals and members of the staff team that had been carried out in May 2013. We viewed the responses and saw that one professional had written, "Residents are happy and well cared for." A member of staff had responded, "Really enjoyable environment to work in." Another had said, "Staff are lovely and the management are supportive."

We saw that the local authority had recently carried out two audits to monitor the quality of the care provided at The Old Hall. These audits had reported on such issues as care plans, quality assurance, staffing levels, dignity in care, training and activities. Both of these audits had been positive in their findings.

Staff we spoke with told us, and records we saw confirmed that staff meetings were held that addressed a range of issues that related to the care and welfare of people living at The Old Hall. The staff members we spoke with told us that where they had raised an issue, they manager responded and let them know what could be done about it.

We saw that the provider had a complaints policy that was clearly displayed and any complaints that had been received had been dealt with in the correct manner.

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.

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