



# Review of compliance

Southern CC Limited The Hall Nursing Home	
<b>Region:</b>	West Midlands
<b>Location address:</b>	100 Old Station Road Bromsgrove Worcestershire B60 2AS
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	August 2011
<b>Overview of the service:</b>	The Hall Nursing Home is a 43 bedded home set over two floors. It provides nursing care, including dementia related care needs.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Hall Nursing Home was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review to check whether The Hall Nursing Home had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 05 - Meeting nutritional needs

Outcome 08 - Cleanliness and infection control

Outcome 13 - Staffing

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 July 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

Following our visit in March 2011 a new manager had been appointed. When we visited this time we saw that staff were taking a more person centred approach to care. Staff were engaging and talking with people, and not just focusing on tasks. The manager had supported staff in making changes to ensure that people who lived there were treated as individuals.

Complaint and feedback forms were in the entrance hall and were available for people to use. All comments are looked at by the manager. The manager told us they were keen to listen and reflect on the needs of the people. They told us that following a recent residents and relative meeting they will be introducing a memory box for each person that lived at the home.

The people we spoke to told us that they were well looked after and the staff were kind and looked after their needs. They told us that they did not have to wait for things.

Staff were respectful to people and they offered support and encouragement when assisting people with a task or activity. During the morning we saw that people were playing skittles and throwing rings over a target in the garden. The home had a large activities room where we saw games and other equipment that people could have used.

The manager told us that the home is planning to have a fete in August to raise additional funds that will be used for more activities within the home.

We saw that people were supported to spend time in the garden, and were having an afternoon drink and snacks.

## **What we found about the standards we reviewed and how well The Hall Nursing Home was meeting them**

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was not able to demonstrate that people received the effective, safe and appropriate care treatment and support that met their needs. No adjustments had been made to reflect peoples' values and diversity.

### **Outcome 05: Food and drink should meet people's individual dietary needs**

People were supported to have adequate food and nutrition and offered a choice of food that met their needs.

### **Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

There were no effective systems in place to assess the risk, or prevent and detect the spread of infections. Staff were not supported to ensure all areas of the home were cleaned effectively.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

There were sufficient numbers of staff with the right knowledge and experience to support the needs of people that lived at the home.

## **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke to people who were in the communal areas of the home and to people who had chosen to stay in their rooms. People were not able to tell us if they had been involved in their care plans.

People were happy with the care and felt they were able to alert staff if they needed to. People could get staff assistance using the call bell system. The manager is looking to install further call points in the communal areas to ensure people are able to call staff easily.

Recently the manager had acted on a request made from people living at the home and we spoke to one person who had changed their room at their request.

The manager had identified two people that may be at risk of not having their needs met by the home. A professional assessment for one person had been started and was taking place during our visit.

##### Other evidence

Since our last visit in March 2011 there had been no changes made to the care plans. The new manager who started in June 2011 had identified that the care plans in place did not reflect the needs of people that lived at the home and had started to review and change the current care plans.

We looked at three care plans. These did not reflect an individual person's choice or

involvement.

One person was identified at risk of weight loss. The person's weight had been recorded monthly and had identified a drop in weight, but no action had been taken to investigate this further.

One care plan we looked at did not identify a person's choice to receive personal care from a male or female worker.

Risk assessments were being completed and risks identified but it was not clear what action was to be taken by staff to minimise or eliminate these risks.

People appeared to be meeting the needs of people living there, but we could not be confident that current recording and monitoring of care would continue to support any changes to people that lived there. The daily recording of information was not easy to follow or understand.

The manager told us that professionals, such as GP's that had visited the home had not always been confident in where to record the details of their visit. We could not see how changes to peoples health needs were updated into their care plans.

During our visit we saw that a chiropodist had come to the home. We could see one person receiving care as the door to the room was open and the next person waiting could see and observe the treatment. The manager was not able to provide information that the person's privacy, dignity or choice had been considered.

### **Our judgement**

The provider was not able to demonstrate that people received the effective, safe and appropriate care treatment and support that met their needs. No adjustments had been made to reflect peoples' values and diversity.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

When we visited in March 2001 we saw people were not supported to eat their meals if required or helped to make informed choices about the food they were given.

People were offered drinks in the dining room throughout the meal. People told us they liked the food and they were given a choice of meals and where they ate their meals. One person told us 'I don't like many puddings, but I like a yoghurt' which we saw them having after their meal.

During this visit we saw that people were reminded of their choice of meal and supported to make an alternative choice if they wanted to. Staff explained to people what food was on their plate and for one person this meant they identified a food they did not like. The staff member removed the plate and re-served their meal with out this food choice. Staff sat with people who required help with their meal, but some staff stood next to people to help them with their meal.

##### Other evidence

We saw a menu that changed weekly over a four week period. This showed a choice of two meals and desserts, with up to three choices for the evening meal.

In the dining room we saw that the chef spoke to staff before the meals were served to advise them of the choices. The chef also made sure that staff knew where and what the diabetic and vegetarian food options were. This is an improvement since our last visit.

The manager told us they were looking at other ways to improve peoples' nutrition, for example looking at people's choice of meal times. The manager told us that they had observed the lunchtime routine to help them identify areas of concern.

We spoke to staff who told us that the manager had spoken to them about treating people individually, and making sure meal times were not rushed and that people were supported.

People were provided with drinks throughout the day and we saw refreshments being served in the garden in the afternoon with cakes being offered.

**Our judgement**

People were supported to have adequate food and nutrition and offered a choice of food that met their needs.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

There are moderate concerns with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

The home was generally clean and free from odours. Peoples' rooms are cleaned and staff were seen wearing gloves and aprons as necessary.

Parts of the home still required redecorating to ensure the environment could be effectively cleaned, but these had been identified by the home manager.

The communal areas of the home contained some fabric chairs that looked unclean and worn.

##### Other evidence

Since our last visit the manager has replaced some equipment and identified areas for improvement. We saw a 'Buildings and Facilities Audit, which the maintenance staff had been completing. The audit identified areas that could not be effectively cleaned due to wear and tear.

The manager told us there were no cleaning schedules or audits currently in place. The staff rota showed that the domestic staff work from 8am until 2pm, but the manager told us they are planning to include an afternoon shift. The manager was in the process of recruiting three domestic staff.

When we spoke to staff about training and what and how they cleaned they told us they had not had any training and do not follow a schedule.

##### Our judgement

There were no effective systems in place to assess the risk, or prevent and detect the

spread of infections. Staff were not supported to ensure all areas of the home were cleaned effectively.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

Since our last visit the home in March 2011 the home had increased the number of care staff on each shift to better meet the needs of people living at the home.

Care staff had more time to spend with people and the manager had given staff the understanding that they were to spend time with people, not just completing tasks.

##### Other evidence

The manager had recruited seven new care staff and was awaiting clearance checks before commencing their employment. The manager told us that they planned to recruit further nursing staff by September 2011. The manager had purchased a hoist that is designed to be operated by one care staff, which they felt enabled care staff to work more efficiently.

We saw the staff rota which showed that the number of care staff on duty had increased since our last visit.

The manager was able to demonstrate they had considered the needs of the people and increased staffing levels accordingly. They had also recruited care staff to ensure the staffing group had sufficient numbers available. The manager told us they had carried out a review of the shifts times. This was to make sure that staff handover and the needs of people living at the home were met.

#### Our judgement

There were sufficient numbers of staff with the right knowledge and experience to support the needs of people that lived at the home.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> The provider was not able to demonstrate that people received the effective, safe and appropriate care treatment and support that met their needs. No adjustments had been made to reflect peoples' values and diversity.</p>	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> The provider was not able to demonstrate that people received the effective, safe and appropriate care treatment and support that met their needs. No adjustments had been made to reflect peoples' values and diversity.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> The provider was not able to demonstrate that people received the effective, safe and appropriate care treatment and support that met their needs. No adjustments had been made to reflect peoples' values and diversity.</p>	
Accommodation for persons who require nursing or personal care	Regulation 12	Outcome 08:

	HSCA 2008 (Regulated Activities) Regulations 2010	Cleanliness and infection control
	<b>How the regulation is not being met:</b> There were no effective systems in place to assess the risk, or prevent and detect the spread of infections. Staff were not supported to ensure all areas of the home were cleaned effectively.	
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<b>How the regulation is not being met:</b> There were no effective systems in place to assess the risk, or prevent and detect the spread of infections. Staff were not supported to ensure all areas of the home were cleaned effectively.	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<b>How the regulation is not being met:</b> There were no effective systems in place to assess the risk, or prevent and detect the spread of infections. Staff were not supported to ensure all areas of the home were cleaned effectively.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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