Review of compliance

Southern CC Limited The Hall Nursing Home	
Region:	West Midlands
Location address:	100 Old Station Road Bromsgrove Worcestershire B60 2AS
Type of service:	Care home service with nursing
Date of Publication:	March 2012
Overview of the service:	The Hall Nursing Home is set over two floors. It registered to provide accommodation for people that require nursing and or personal care.

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 08 - Cleanliness and infection control

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 19 January 2012, carried out a visit on 20 January 2012, 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

We visited the service to see what improvements had been made since our last visit in August 2011. The visit took place over two days. Following our last visit the provider sent us an action plan to show us what they were going to do improve the service.

When we spoke with people who lived at the home they told us that they liked the lounges and enjoyed the meals.

Two people that we spoke with in the lounge told us they enjoyed that lounge as "it was quiet" and had "a lovely view to the garden". Four people that we spoke with in another lounge told us they were watching the television and that later they had the choice of entertainment in the afternoon, but they did not always join in.

Three people we spoke with told us that they had preferred to stay in their rooms during the day and did not like to go to the communal areas of the home. Two people told us that they sometimes had to wait for care workers, but this was during "busy times" at lunchtime and in the morning.

The home employed three activities coordinators whose role was to arrange and engage people that lived at the home in activities. During the morning we observed that two activities coordinators were in the home. People were able to join in a balloon game,

followed by a group card game, whilst others received hand and nail care in the quiet lounge. In the afternoon arrangements had been made for a singer to visit the home and provide entertainment. On the second day of our visit people had the option to play a game of bingo.

People we spoke with in the lounges told us that it was not always easy to get the attention of care workers unless they were in the room. The manager told us during our last visit that further call points were going to be installed in the communal areas to ensure people are able to call staff easily. The call bell in these rooms had one static call point and people who had lived at the home were not always able to independently reach this.

We looked at the care records for three people who used the service. There had been improvements to the information detailed about the clinical needs of the people who lived at the home. There were still areas for improvement so that care workers and nursing staff had clear information about how to meet those needs. People who lived at the home had little information recorded in their care plan documentation about their life and personal histories. There was no evidence of any involvement in their care plans. People had their preferred bed times, the time they liked to get up in the morning and their preference for receiving personal care from a male or female care worker recoded.

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

There is not always accurate and recorded support in care plans where a risk has been identified to ensure that peoples' current needs are met. There is a risk that people will not receive appropriate care, treatment and support.

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

There are some processes to monitor the standard of cleanliness and minimise the risk of infection. Further monitoring of this outcome will ensure continued compliance.

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. When we propose to take enforcement action, our decision 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
When we spoke with people who lived at the home they told us that they liked the lounges and enjoyed the meals.

Two people that we spoke with in the lounge told us they enjoyed that lounge as "it was quiet" and had "a lovely view to the garden". Four people that we spoke with in another lounge told us they were watching the television and that later they had the choice of entertainment in the afternoon, but they did not always join in.

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last visit that further call points were going to installed in the communal areas to ensure people are able to call staff easily. The call bell in these rooms had one static call point and people who had lived at the home were not always able to independently reach this.

We looked at the care records for three people who used the service. There had been improvements to the information detailed about the clinical needs of the people who lived at the home. There were still areas for improvement so that care workers and nursing staff had clear information about how to meet those needs. People who lived at the home had little information recorded in their care plan documentation about their life and personal histories. There was no evidence of any involvement in their care plans. People had their preferred bed times, the time they liked to get up in the morning and their preference for receiving personal care from a male or female care worker recoded.

Other evidence
In one care plan we saw that the information for the recording and monitoring of a person's blood sugar levels did not reflect that person's individual needs and the procedures that had been listed on this document had not been followed. In two care plans we looked at staff had identified a risk of the people developing pressure sores. The plan of support detailed a "regular" or "frequent" adjustment of people's position to relieve the pressure, but did not detail how frequent this should be.

One person who lived at the home had been identified at risk of malnutrition and dehydration and a plan of support had been completed. The plan of support stated a target fluid intake of "2-3 litres" per day. The plan of support did not indicate what actions to take if this target had not been met. When we look at the fluid chart for this person the total daily amounts consumed were less than two litres.

We looked at how the home recorded the daily care and support the care workers had provided. Care workers had completed daily notes which had been clearly written and dated. Where needed positioning charts, food charts and fluid charts had also been completed. These had been updated at regular times throughout the day and at the end of a care workers shift.

Our judgement
There is not always accurate and recorded support in care plans where a risk has been identified to ensure that peoples' current needs are met. There is a risk that people will not receive appropriate care, treatment and support.

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 minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
We did not speak to people who lived at the service about this outcome. One relative we spoke with told us that the home was always clean and tidy when they visited.

The home appeared generally clean and tidy. There was staining to carpets in some bedrooms and some communal areas. The manager told us that there had recently been an outbreak of infection in the home and that they had obtained and acted on professional advice. They felt that this had contained the infection with minimal impact to people who lived at the service and care workers with four cases being identified.

Other evidence
On our last visit in August 2011 we found that domestic staff had not been trained in infection control and had no cleaning schedules to follow. Domestic staff had not been available after 2pm. When we visited this time we found there were two domestic staff on the morning shift and one domestic staff for the afternoon shift, which included the weekends.

The home had recruited additional domestic staff since our last visit. Domestic staff told us that they had shadowed another more experienced member of the domestic staff and had received induction training. We were told that all domestic staff were due to be trained in Infection Control and Control of Substances Hazardous to Health (COSHH) by the end of January 2012.

We spoke to two domestic staff and they told us about their responsibilities to clean peoples' bedrooms and the communal areas of the home. We saw that for each person's bedroom the domestic staff had completed a schedule of the cleaning tasks

that had been required. These covered tasks that had been completed daily, weekly and monthly.

There were no completed schedules for cleaning the communal areas of the home. The manager was able to show us a blank copy of these schedules and told us that these should have been in use.

The manager told us that they carried out monthly cleaning audits which involved a visual inspection of the home and a review of the cleaning schedules. We saw copies of the last three months audits. Any areas for improvement or comment had been fed back to domestic staff and we saw a copy of the actions required from the audit in November 2011.

The manager also checked the mattresses and pressure relieving cushions regularly but was not able to support this with records of the audits and actions. They told us that they would develop and complete an audit for this and for the cleaning of equipment such as hoists and wheelchairs.

Our judgement
There are some processes to monitor the standard of cleanliness and minimise the risk of infection. Further monitoring of this outcome will ensure continued compliance.

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
	How the regulation is not being met: There is not always accurate and recorded support in care plans when a risk has been identified to ensure that peoples' current needs are met. There is a risk that people will not receive appropriate care, treatment and support.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: There is not always accurate and recorded support in care plans when a risk has been identified to ensure that peoples' current needs are met. There is a risk that people will not receive appropriate care, treatment and support.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: There is not always accurate and recorded support in care plans when a risk has been identified to ensure that peoples' current needs are met. There is a risk that people will not receive appropriate care, treatment	

	and support.	
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: There are some processes to monitor the standard of cleanliness and minimise the risk of infection. Further monitoring of this outcome will ensure continued compliance.	
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
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Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: There are some processes to monitor the standard of cleanliness and minimise the risk of infection. Further monitoring of this outcome will ensure continued compliance.	

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 the date that the final review of compliance report is sent to them.

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

Document purpose	Review of compliance report
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