

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

The Hall Nursing Home

100 Old Station Road, Bromsgrove, B60 2AS

Tel: 01527831375

Date of Inspection: 13 May 2013

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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
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Southern CC Limited
Registered Manager	Mrs. Stephanie Jayne Webley
Overview of the service	The Hall Nursing Home is registered to provide accommodation for up to 43 older people who need nursing or personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 13 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and were accompanied by a pharmacist.

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

Following our inspection on 3 December 2012, we made compliance actions as we had a number of concerns. These were mainly about the accuracy of reflecting people's needs within their care plans at all times. We also had concerns over cross infection risks to people living at the home due to staff practices. We had also issued a warning notice as we found that people were not fully protected against the unsafe use of medicines.

At this inspection we found that progress had been made in all the outcome areas where we had previously had concerns and improvements had been made.

Our inspection was unannounced; no one knew we would be visiting. We spoke with five people and five staff, the manager and operational manager to find out their views about the service provided at the home.

The people who lived at the home we talked with were happy with the quality of the care provided. One person said: "They (staff) help me and all do it with a smile".

People told us staff treated them with respect and dignity. One person told us: "They (staff) are all nice to me".

We looked at the medicine administration records for seven people and how the service stored and managed medicines. We found that arrangements were in place to ensure that medicines were managed safely.

There were processes in place to monitor risks to the quality and safety of care. There was evidence that learning from incidents took place and appropriate changes made.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. 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

During our inspection we saw many examples of staff respecting people's privacy by knocking on their doors before entering. One person we spoke with told us that staff always knocked their door before they entered. We also saw that some people's doors were open. One person told us: "If I want I can have my door closed but I like it open".

People who lived at the home told us that they could choose what they did in the daytime. Some preferred to stay in their own room and the staff respected this. The plans of care we looked at reflected the needs and preferences of people and information about their previous lifestyle was recorded. This meant that the staff had information about people even if they had communication difficulties.

People who were able to share their experiences told us the staff were, "Nice" to them. One person told us they could get up when they wanted to and staff respected this. Another person told us they chose what they wanted to do in the day. However, the provider may like to note that some people that were able to talk with us told us that they had not chosen their lunchtime meal that day. Staff that we spoke with were not able to confirm to us how people chose their lunchtime meal. This meant that all people may not always given the opportunity to influence their choice of meals.

We observed staff treating people with dignity and respect. Staff spoke with people in a respectful way and listened to their wishes, which were then acted upon. We observed two staff assisting someone who lived at the home from a wheelchair to a chair. The staff informed the person what they were about to do and made sure the person's dignity was maintained during the task.

People we spoke with told us they liked to spend time in their rooms reading books and magazines. Staff we spoke with told us that people watched films, played bingo, an entertainer visited the home and sometimes trips were organised. We were made aware

that the person responsible for activities worked two days a week. Interviews were taking place on the day of our inspection for another activities person. However, the provider may wish to note that we did not observe any purposeful activities offered to people living at the home during the day of our inspection.

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

We talked with five people living in the home and during the day we observed life in the home. This helped us to understand what it was like to live there. One person told us: "I am happy living here". Another person said: "They (staff) help me when I need them to and are nice with it".

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

One person whose care records we looked at received care and treatment for pressure sores. We saw that their care plans included all the information staff would need. This included the equipment the person needed and the frequency of changing their position to ensure regular pressure relief. Staff we spoke with told us about what they needed to do to promote good pressure area care. An external health professional told us that the person's pressure sore had healed due to the care and treatment they had received from staff working at the home. This showed people's sore skin needs were met as identified in their care records to promote healing.

People's care and support had been planned and delivered in a way that had promoted their safety and welfare. We looked at the care records for four people. In the care records staff had identified and assessed risks to people's safety and what needed to be done to reduce these. We saw that action had been taken to keep people safe from falls from their bed, or falls due to poor mobility, fragile skin or risk of weight loss. Staff spoken with knew how to meet individual's needs and this protected people from receiving inappropriate care.

During our inspection we observed people in one of the lounge areas were left unsupervised for up to 15 minutes at a time during the morning period. Some of the people had limited mobility and independence. One person required staff assistance to meet their needs but they had no call bell or buzzer system to alert staff of this. We alerted staff to this person's needs. The provider may wish to note that there was no easy way for these people to call for assistance, leaving vulnerable people at risk of their needs not being met or at risk of harm. The manager and staff told us there was normally a buzzer in this room

for the person to use and assured us that they would look into this.

We found that people had regular access to health professionals for advice and treatment for their specific needs. One person told us that: "If I need a doctor they (staff) would get one". We saw that people were reviewed by their dentist and optician. We also saw that some people were at risk of weight loss. Staff were monitoring their food and drink on a daily basis. Staff told us that people at risk of weight loss had been reviewed by their doctor and had access to food supplements. This meant that people's health care was promoted.

We saw that there were arrangements in place to deal with foreseeable emergencies such as in the event of a fire or medical emergency to ensure people's safety and welfare.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

At our inspection in December 2012 we observed examples that presented concerns over cross infection risks to people living at the home due to staff practices.

During this inspection we found that there were effective systems in place to reduce the risk and spread of infection. We found that all areas of the home were clean and suitable for people to live in and for care to be provided. There were no offensive smells or stains identified during our inspection.

Everywhere was clean and fresh, including communal bathroom and toilet areas. There were cleaning schedules in place across all areas of the home to ensure all staff knew how, when and where to clean.

Some of the people who lived at the home told us that their rooms were always cleaned and staff helped to keep them tidy. One person told us: "They (staff) work hard at keeping my room clean and tidy for me".

The manager had responsibility for the management and monitoring of infection control in the home. This included responsibility for undertaking monthly infection control checks at the home. There was ongoing training in infection prevention and control and food hygiene provided to staff. During our time in the home, we observed that all staff followed safe infection control and hand washing practices.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider was ensuring that appropriate arrangements were in place to manage medicines.

Reasons for our judgement

At our inspection in December 2012 we found that medicines were not well managed, which increased the risk of harm to people who lived at the home.

During this inspection we looked at the medicine administration records for seven people living at the home and the storage of medicines in two medicine storage rooms. At this inspection we found appropriate arrangements were being undertaken to manage the risks associated with the unsafe use and management of medicines.

Arrangements were in place to obtain, administer and record people's medicines. One member of staff told us that: "There are some problems with the current pharmacy system but a new one will be starting at the end of the month". We found that the provider was managing this situation with careful recording and checking. We checked medicine administration records, which had been signed for administration or a reason was documented to explain why a medicine had not been given. Systems were also in place to ensure that checks could be made on medicine management. We found that these arrangements ensured that the provider was making sure that people were being given their medicines as prescribed.

The provider may find it useful to note that people's care plans did not always record specific information relating to medicines. We looked at two people's care plans who were prescribed a medicine to be given 'when required' for anxiety or agitation. Although there was a written protocol it did not provide the detailed information that would help to inform staff when it would be necessary to give the medicine. A member of staff was able to tell us under what specific circumstances they would give the medicine but this was not documented. When the medicine was given there was no reason documented to explain why it had been given or the effect it had on the person. This would help to ensure that the person's ongoing healthcare needs can be monitored.

Medicine storage was neat and tidy which made it easy to find people's prescribed medicines. We looked at the storage arrangements for controlled drugs (CDs), which are medicines that require extra checks and storage requirements. We found that CDs were not stored according to legal requirements or the provider's medicine procedures. We

brought this to the attention of the manager, who dealt with this immediately during our inspection.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who lived at the home, their representatives and staff were asked for their views about their care and treatment and they were acted on. We found evidence of people and their representatives being asked for their views on the care provided at the home and what could be done to improve life at the home. Frequent monitoring of people's experiences of living at the home ensured that the care that they received was of a good quality.

We looked at the recent results from the satisfaction questionnaires completed. All of the people who completed the questionnaire found the staff friendly and helpful. Also people said that their relatives and friends were able to visit them in private.

We spoke with some people who lived at the home who told us they would raise any concerns they had with staff members. People were able to tell us who the manager was. This demonstrated that people were able to raise their concerns and knew who they could talk to about any issues they might have.

There were arrangements in place to assess and monitor the safety and quality of care. There was an incident reporting system in the home. All incidents were reviewed by the manager to identify any risks to the ongoing safety of care from incidents reported.

During our inspection we viewed audits that had been undertaken to assess and monitor the quality of the service provided. We saw evidence that regular audits that had been undertaken included infection control, care plans, medicine administration records and the environment. This meant that the manager was able to analyse the quality of care and service that people had received and had taken action when required to make improvements. For example we saw that people's rooms were being redecorated including new curtains and carpets. We were also told that there were plans to tidy the garden area.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

At our inspection in December 2012 we found that care records needed to be improved. This was to make sure that people's needs were accurately reflected in all of their care records so that people were not at risk from receiving inappropriate care and support to meet their needs.

During this inspection we found that improvements had been made to ensure people's care records were accurate and fit for purpose. We found that care plans provided clear and up to date guidance to staff on people's needs. This meant that there was clear and up to date information available to staff on people's needs and the support required. This was particularly important for new staff working at the home.

Daily updates were recorded for everyone living at the home. These records provided a good overview of a person's day.

We also saw that 'body maps', which are diagrams that staff complete to show any bruising or marks on people's bodies, were fully completed. The 'body maps' we looked at included the causes of any bruising or marks found on people's bodies. The improvement in staff completing this documentation had taken place following our last inspection.

We saw that people's confidential information was held securely in a locked cupboard. We saw that all staff were able to access people's records promptly when needed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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