

***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: 10 September 2013

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September 2013

We inspected the following standards in response to concerns that standards weren't being met. 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

Staffing

✓ 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

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 10 September 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 carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services. We reviewed information sent to us by other regulators or the Department of Health, reviewed information sent to us by other authorities, talked with commissioners of services and talked with other regulators or the Department of Health. We talked with other authorities.

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

We carried out this inspection because we had been made aware of concerns raised by the local authority and NHS professionals. The concerns were about the quality of care people received at the home to meet their health and care needs.

Some people who lived at the home were unable to communicate their experiences and views about the care they received due to their complex needs. Therefore we spent time at the home to watch to see how staff supported people. We also looked at a selection of care records for five people who lived at the home, and spoke with three members of staff and the management team which included the provider.

People that were able to speak with us were positive about the care and support provided. One person said: "If I need anything they (staff) will help me" and "I like it here, I have no complaints." Another person said: "They (staff) always make sure I have drinks at hand in my room, I don't even have to ask."

We also spoke with some relatives and friends who visited the home. A relative said, "The staff are very particular about privacy and dignity. I think they're (staff) remarkable" and "Recently I have seen activities getting better."

We saw that staff were kind and caring in the way they supported people. Although staff were busy they took time to support people at their own pace with their daily routines. We saw examples where staff responded promptly to any requests for assistance and the ratios of staff were monitored to ensure this remained the case.

We observed the lunchtime and teatime meals. Overall there was a relaxed approach to mealtimes as we saw that people made choices what they would like to eat and where they would like to eat their meals. We also saw that hot and cold drinks were readily available for people throughout the day together with staff support where required.

People had a care plan that reflected their needs and their personal routines. We saw that staff got people's consent before they delivered care. We also noticed work was on-going to protect people who were unable to give their consent so that this was accurately recorded in their care records for staff to follow.

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 involvement in their care was respected.

Reasons for our judgement

When we arrived to complete our inspection, the atmosphere at the home was relaxed and homely. Some people who lived at the home were dressed and eating their breakfast whilst other people were in bed. We saw that people responded well to staff, who were caring in the support they provided.

We spoke with one person who lived at the home who told us: "I like it here, the staff are very caring. They always respect my wishes and are never rude to me."

Some of the people who lived at the home were not able to talk directly with us because of their health needs so we used different methods to see whether they received the care and support they needed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We found that people that lived at the home received care and support that met their needs and that they responded positively to interactions from staff.

We saw that staff spoke with people in a respectful way and listened to their wishes, which were then acted upon. For example, one person chose to sit in the lounge to have their meal. Staff made sure that the person was comfortable with the appropriate support in place to meet their wishes. We also saw that staff asked people what choices what they would like to eat and where they would like to eat their meals.

We saw many examples of where staff respected and promoted the dignity of people who lived at the home. We saw that people were dressed in clothes that reflected their age, gender and personalities. This included preferred hairstyles and jewellery. We saw examples of visitors to the home who spent time with people in private in their rooms or in one of the communal areas. We saw people were able to make choices and staff respected this. These were some of the many examples that we observed where people were clearly treated as individuals and this was their home.

We found that the work continued to ensure that people were able to express their views and were involved in the decisions about their care and treatment. One person who lived at the home told us that they felt comfortable to talk to the staff about their views. However, where people did not have the capacity to do this we saw records where consent had been gained from people's representatives in their best interests. The management team told us that discussions with people's representatives were an on-going task. This meant that people who were unable to express their views and be involved in their care and treatment had their rights protected.

People's diversity, values and human rights were respected. We found that work was on-going to ensure that care plans included information about people's life history and any faith or cultural needs. This ensured that care plans were written in a way which focused on the whole person, rather than a list of tasks.

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

Our judgement

The provider was meeting this standard.

People received the right care, at the right time, through the planning and delivery of care that reflected their needs.

Reasons for our judgement

We inspected this outcome because we received information that raised concerns about the quality of care people received to meet their needs.

During the day of our inspection we received positive comments from people who lived at the home and their representatives about the care and support they received. One person told us: "I always get the help I need" and "They (staff) are kind and stop to chat with me as they pass my door, I am happy here." Another person said that they always had plenty to drink and had no complaints about the care that they received from the staff.

At this inspection, we observed a number of different care tasks as they took place. We watched people were supported appropriately at different times and by different staff. This support was not rushed and staff gave people their full attention. We saw that staff provided support and care that reflected the care plans in place, they responded to people's needs as assessed and planned for.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff were able to describe people's care needs, and knew how each person liked to have their support provided. Each person had a detailed and up to date plan of care. These included plans for the management of any risks, such as pressure skin damage.

We saw that one person that was at risk of pressure skin damage had been assessed and needed to be repositioned every two hours. We saw that the person had been supported to change their position at two hourly intervals during our visit. Staff had completed records to show when this had been done.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that some people who lived at the home had their fluid intake monitored because this had been assessed as an important part of their care. We saw that fluid charts had been filled in and that people were encouraged to have frequent drinks.

During the day we spent time in all the communal areas and found that staff kept people's drinks topped up and carried out regular rounds to ensure people had drinks. We saw staff provided encouragement and support to people with their drinks. This included the right cup, mug or beaker to meet people's needs. We also spoke with some people who invited us into their rooms. They told us that staff always made sure that they had plenty to drink in their rooms. These staff practices helped reduce the risk that people would become dehydrated.

The care plans we looked at were reviewed on a monthly basis and changes had been put in place where needs had changed. This meant that the staff monitored the care that people who lived at the home received to make sure it reflected their needs.

We saw that people had regular access to health and social care professionals for advice and treatment for their specific needs. We looked at some of the care plans for five people who lived at the home. These contained information about the person's health and care needs and the professionals involved in their care such as; a dentist, doctor, social worker and optician. This meant that people were supported to maintain their health and wellbeing.

Two people who lived at the home and a relative told us that they had access to the doctor when required. During our inspection a health professional visited the home to look at the care one person received. We spoke with this professional who told us that they were happy with the care that the person received to meet their health and care needs.

We heard from the staff that a number of activities were available, and we spoke with one of the people responsible for activities who told us that activities continued to improve so that they met the needs of people who lived at the home. They told us that they chatted to people on a one to one basis, did arts and crafts with people and trips were organised to local places of interest. During our inspection we did sometimes see that the staff engaged in conversation with people and some people chose to have their hair done by the hairdresser who visited the home.

Some staff that we spoke with raised some issues with the presentation of the meals for people who required a soft diet particularly at teatime. The management team told us that they would work with the cook to make the required improvements.

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 welfare with risks reduced.

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

People who lived at the home told us that when they asked for assistance from staff they always received it promptly. They told us that they felt confident that the care they received from each member of staff would be professional and friendly.

During our inspection we found that calls for help from people were answered promptly by staff and we did not observe that people waited for long periods for staff assistance. One person who lived at the home told us: "If I need staff I only have to press this (nurse call bell) and they will come. I find this reassuring."

We saw staff regularly checked people who were cared for in their rooms. This meant that staff were also able to meet the needs of people who did not spend time in the communal areas of the service.

The management team had identified the number of staff they needed to be at work in the home across different parts of the day to meet people's needs and keep them safe. Our review of the staff rotas at different times over the previous months showed that minimum staffing levels identified and planned for had been met. If additional staff were required to meet people's needs the management team told us that this was put in place. This ensured that people's needs were effectively met by the right staff, at the right time and in the right way.

When we spoke with two members of staff, we asked them if they felt that there were enough staff to meet the needs of the people they looked after. Neither of the staff had any current concerns with staffing levels.

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

Our judgement

The provider was meeting this standard.

The quality and accuracy of records relating to people's care protected people from the risk of unsafe or inappropriate care.

Reasons for our judgement

We inspected this outcome because we received information that raised concerns that records may not always be an accurate reflection of people's care and health needs.

We found that important records about the care and support provided to people were treated as confidential. Records that related to people's care were kept secure and staff only brought them out when they needed to. The records we saw were mostly complete, which meant the information we needed to see was available.

We found that people's care plans and risk assessments described people's care and support needs and were mostly changed when people's needs changed. This ensured staff knew how to support people and how to respond to keep them safe. When changes were made to people's care plans, the information that supported the changes was recorded. This meant it was clear why changes had been made.

Daily updates were written, which provided information on people's day and any incidents or changes in needs. This ensured a record of people's daily life and the care and support provided to people was maintained.

There were records kept where required, of people's food and fluid intake, wound care and when staff helped people to change their positions in bed. In addition to these records the management team had brought in another system to check that each person, where required, had received sufficient drinks due to the concerns raised. This daily audit system was checked alongside the records staff had made during the day to ensure each person had drunk what they needed to that day. This helped to ensure people's needs were met with risks to their health and wellbeing reduced.

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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