The Old Hall (Send) Limited

The Old Hall

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Old Hall is a privately owned care home providing accommodation and personal care for up to 39 older people. There were 39 people living at the service on the day of our inspection. Bedroom accommodation is arranged over two floors. A passenger lift provides access to both floors. Bedrooms are single occupancy and have en suite facilities. Several lounge and dining areas are located throughout the home. There is a large landscaped garden to the rear of the service and a car park is provided at the front of the service.

This inspection took place on 10 December 2015 and was unannounced.

The home was run by a registered manager, who was present on the day of the inspection visit. 'A registered

Summary of findings

manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were sufficient numbers of staff who were appropriately trained to meet the needs of the people.

Staff recruitment procedures were robust to ensure that people had appropriate checks undertaken before they commenced employment.

Risk assessments were in place for identified risks. Risks were well managed and reviewed and updated on a regular basis. These had been reflected in people's care plans.

Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. One staff member said they would report any concerns to the registered manager. The staff we spoke to knew of types of the different abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns.

Procedures were in place for medicine administration. People received their medicine as prescribed. All medicines were administered and disposed of in a safe way.

We checked whether staff were working within the principles of the Mental Capacity Act 2005, and whether any conditions on authorisations to deprive a person of their liberty were being submitted appropriately and found that they were.

People had access to a range of health care professionals, such as the GP, district nurse, dentist and opticians to ensure that their health was maintained.

People told us the food was very good and there was lots of choice. We saw people had access to drinks and snacks at any time during the day or night.

People were treated with kindness, compassion and respect, and their privacy and dignity was respected at all times. People told us they could participate in activities of their choice which were planned every day by an activities coordinator.

People had individual care plans. They were detailed and updated regularly. We saw staff had the most up to date and appropriate information to enable them to respond to people effectively.

People were encouraged and supported to be involved in their care. People's bedrooms had been decorated to a good standard and were personalised with their own possessions.

The registered manager operated an open door policy and we saw several examples of this throughout the day when staff, relatives and people who used the service sought their support and advice. People were aware of the complaint procedures and told us they would know how to make a complaint.

The registered manager had maintained accurate, complete and detailed records in respect of people and records relating to the overall management of the service.

The registered manager had systems in place to record and monitor the quality of the service provided and to make improvements where necessary.

Accidents and incidents were recorded and acted upon by the registered manager.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. The premises provided were safe to use for their intended purpose.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff provided to meet people's needs.

Risks were assessed and managed well, and risk assessments provided clear information and guidance to staff.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

People received their medicines as prescribed.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Good

Is the service effective?
The service was not always effective.

Staff received regular training to ensure they had up to date skills and knowledge to undertake their roles and responsibilities.

Mental Capacity Assessments and best interest meetings were in place for people where they lacked capacity and Deprivation of Liberty Safeguards authorisations had been applied for.

People had enough to eat and drink and their nutritional needs were being met.

Health care needs were being met.

Good

Is the service caring?
The service was caring.

People were well cared for and their privacy and dignity was maintained.

We observed staff were caring and kind and treated people kindly and with respect.

Staff were friendly, patient and discreet when providing support to people.

Visitors were welcome to visit the service when they wanted and were made to feel welcome.

Good

Is the service responsive?
The service was responsive.

Staff were knowledgeable about people's needs.

Care plans were well maintained.

Good

Summary of findings

There were a wide range of activities available to people.

Complaints were monitored and acted on in a timely manner.

Is the service well-led?

Good

The service was well- led.

The registered manager had systems in place to monitor the quality of the service provided.

The registered manager had maintained accurate records relating to the overall management of the service.

Staff said they were supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns about the service.

The Old Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 December 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. Notifications are information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with ten people, six members of staff, the registered manager, nine relatives and two health care professionals.

We spent time observing care and support being provided. We read five people's care plans medicine administration records, recruitment files for staff, mental capacity assessments for people who used the service and other records which related to the management of the service such as training records and policies and procedures.

The last inspection of this service was 27 October 2013 where we found the regulations were being met and no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. One person said "I am safe here that's why I came here." Another person said "I can honestly say it is safe here."

People were safe because staff had understood their roles with regard to safeguarding people from abuse. Staff had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified. All the staff had undertaken adult safeguarding training in the past year. Staff were able to explain the different types of abuse and were aware that a referral to an agency such as the Local Authority Adult Services Safeguarding Team should be made in line with the provider's policy. One staff member said "I would report anything to the registered manager or the person in charge." Another member of staff said "I don't think abuse would happen here, but I would know what to do." There was a safeguarding procedure in place and staff we spoke with were familiar with this procedure. The procedure provided staff with contact details of the local authority should they require this.

Risks to individuals were appropriately managed. When risks had been identified assessments were in place to manage these. Assessments were detailed and contained information for staff to follow around what the risks were to people and the measures needed to be taken to reduce the risk of harm. Some of the risk assessments we looked at included moving and handling, and provided staff with guidance on how to move people safely without compromising their independence. Other risk assessments related to nutrition ensuring people were provided with a balanced diet. When people were at risk of developing a pressure ulcer the risk was managed with input from other health care professionals. Risk assessments were constantly updated either routinely or when people's needs changed.

People felt there were enough staff. One person said "Staff are very attentive and always available to lend a hand." Another person said "They always answer my call bell when I ring." We saw call bells were answered promptly and people did not have to wait for help.

There were sufficient members of staff on duty to meet the needs of people. We looked at the duty rota for the previous four weeks and saw how staff were deployed in the service. They revealed staffing levels were consistent across the time examined. The registered manager told us they did not use a formal tool to calculate the number of staff required to care for people, but adjusted the staffing levels according to individual care needs of people when required. There were eight care staff, the registered manager and deputy manager on duty during the day and three care staff plus a senior care staff allocated on night duty. The service also employed a chef, kitchen assistant, housekeepers, a laundry assistant, an administrator, an activity coordinators and a maintenance person. We asked staff if they felt the staffing levels were adequate to care for people safely. One staff member said "Yes they are, I don't think I've ever had a bad shift," and another member of staff told us "We don't use agency staff and there are plenty of us."

The provider used existing staff where possible to cover vacant shifts left by sickness or annual leave.

Staff recruitment procedures in the service were safe. Appropriate checks were undertaken before staff began work. The staff employment files contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the service. Staff files included a recent photograph and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. There were also copies of other relevant documentation including character references, employment histories, job descriptions, and staff contracts in staff files.

People received their medicines safely and in a timely way as prescribed by their doctor. There was a medicines administration policy in place and all staff who had responsibility for administrating medicines were familiar with that policy.

The general storage of medicine was satisfactory. There was a dedicated lockable room for the storage of medicines, and trollies used for medicines were also locked. Medicines were labelled with directions for use and contained both expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Medicines requiring refrigeration were stored in a fridge, which was not used for

Good

Is the service safe?

any other purpose. The temperature of the fridge was monitored daily to ensure the safety of medicines. We saw good audit trails of how medicines were checked into the service and how medicines were returned to the chemist.

We looked at the Medicines Administrations Records (MAR) charts for people and found that administered medicine had been signed for. We also noted people had a photograph for identification and any allergies were included in MAR charts for information.

Where people had 'As required' (PRN) medicine there was guidance for staff on when to administer this. We heard staff ask people if they were in pain and if they required any medicine for this. We saw how this was signed for and an additional note was made in their individual care plan for information to be shared at handover.

The premises were safe for people. Radiators were covered to protect people from burns; and ramp access was provided as appropriate. We saw fire equipment and emergency lighting were in place and fire escapes were clear of obstructions. Windows had the appropriate and safe restrictors in place.

People had personal emergency evacuation plans in case of fire or emergency. This is a plan that is tailored to people's individual needs and gives detailed information to staff about supporting people's movements during an evacuation.

The registered manager told us the home had an emergency plan in place should events stop the running of the service. Staff confirmed to us what they would do in an emergency.

Good

Is the service effective?

Our findings

People were supported by a staff team with the skills and knowledge to meet their assessed needs. We noted from staff files that staff were given a period of induction, which was aimed at familiarising them with policies and procedures, in addition to orientation to the service and getting to know the residents. We spoke with staff about their experiences of induction following their commencement of employment. One member of staff told us "Yes I had induction.it was very good and I didn't work alone until I was okay." Another staff member said when they started work they worked alongside an experienced member of staff to learn from them.

We saw mandatory training was in place and this was undertaken by an external trainer who also trained staff to undertake Diplomas in Health Care from levels two to five. Mandatory training included health and safety, infection control, moving and handling, safeguarding adults from abuse, and first aid. Staff told us they felt they had sufficient training to undertake their roles. One member of staff said. "The manager is always sending us on training." People said the staff were competent and "Knew what they were doing." Training was updated regularly to enable staff to be able to provide the most appropriate support for people in their care.

We asked how staff were formally supervised and appraised by the provider. All of the staff we spoke with had received a yearly appraisal. Although staff were supervised on a daily basis there were no records in place to demonstrate this takes place.

We recommended that the registered manager maintained formal supervision records.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make a particular decision any made on their behalf must be in their best interest and as least restrictive as possible. For example when people were unsafe living at home or going out alone.

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in a care home are called Deprivation of Liberty Safeguards (DoLS). We read people who required them had a DoLS application in place.

Staff had undertaken training regarding the Mental Capacity Act 2005. Staff said "It's about protecting people and keeping then safe without restricting them too much." We saw some good care practice throughout our visit when staff promoted choice regarding personal care, menu choice and activity participation.

People were supported to keep healthy and had access to appropriate health care professionals when needed. People told us they were satisfied with the support they received in order to keep healthy and said staff arranged visits from health care professionals. They said they were able to see their doctor when required.

Care records showed people's health care needs were monitored and action taken to ensure these were addressed by appropriate health care professionals. People were registered with a local GP who visited the home weekly or more frequently if required. One person said they could not fault the medical care they received. People had access to dental care, a chiropodist, and an optician regularly. Specialist input from a tissue viability nurse (TVN) district nurses and a continence advisor were also in place. One person said "It would be a job to find better health care anywhere else." Appointments with consultants or specialists were made by a referral from the GP. We saw records were kept in care plans of visits from health care professionals. This included any changes to medicine or new treatments prescribed. We spoke with relatives who were reluctantly moving their family member to another care home because their needs had increased. They said "We honestly think we could not have received more effective care and the whole process was excellent."

People had enough to eat and drink. Lunch was served in two dining rooms and we observed people enjoyed their food in a relaxed and unhurried atmosphere. Tables were nicely laid with ample cutlery, condiments and linen table

Good

Is the service effective?

cloths. Lunch consisted of three courses and people were able to choose their preferred choice. People who required help to eat their meals were supported discretely by staff. There was a selection of fruit juice and water available on each table and people who wished were able to have wine with their meal. Some people chose to eat their meals in their rooms and we saw food was covered with plate covers while being taken through corridors. People told us they enjoyed the food and there was always something they liked on the menu. We saw drinks and snacks were available for people throughout the day and people said they could ask for tea and coffee at any time.

Relatives told us they could eat with their family member if they wished.

We saw people's nutritional needs had been assessed using a malnutrition universal screening tool (MUST). These were reviewed to ensure people who were at risk of losing weight were referred to a dietician when required. Special diets were catered for which included, soft or pureed if people were at risk of choking, diabetic, vegetarian, or low fat diets to meet people's health or cultural needs. We spoke with the chef who had a good understanding of people's dietary needs and regularly met with people to listen to their suggestions when requested to do so.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "The staff are wonderful." Another person said "I am well looked after and the staff are very good." I like it here and I am treated very well ." A further person said "I can't think of anything that would make life better here." Relatives spoke highly of the standard of care and the kindness of staff and said "No matter what time I come people are always relaxed and happy."

Staff were caring and attentive to people and their needs. We observed staff interacting with people in a kind and caring way. We observed excellent interaction between people and staff who consistently took time to ask permission before intervening or assisting people. There was a high level of engagement between people and staff. It was evident that staff had enough skills and experience to manage situations as they arose and this meant the care given was of a consistently high standard. For example some people liked to sit in a certain area for morning coffee as a group and then return to their room. Staff were aware of people's individual routines and facilitated this. We heard staff engage in conversation with people and talked about things that mattered to them for example their family and their plans for Christmas. People were well cared for and wore appropriate clothing and footwear. Their hair was neatly combed and hairdressing appointments were arranged as required. Staff ensured that when people wore glasses or a hearing aid they remembered to use these to promote good communication.

People's privacy and dignity was maintained and people received personal care in the privacy of their bedrooms or in bathrooms provided with lockable doors. One staff member said "It is all about respecting people, and I would never talk about one person in front of another." If people wished to have gender specific staff to undertake personal care this could be accommodated in order to promote dignity. Staff knocked on people's doors and waited for a reply before entering.

People were encouraged and supported to make choices regarding their daily living routines. People could have their breakfast in bed or in their room according to how they felt on the day. They could also have supper in their room. One person said "I find it more convenient as once a day is enough for me in the dining room." People had the choice how they wanted their personal care undertaken. For example if they liked a bath or a shower and if this was more convenient in the morning or the evening. They also chose where to spend their time and what activities they participated in. Relatives were very positive about the standard of care provided at the service.

Bedrooms were pleasantly decorated and people had the opportunity to bring personal possessions and items of furniture with them into the home. Some rooms opened onto a patio and law. One person said "I like to sit and look at the wildlife, it makes me happy." Another person told us they liked having their personal photographs and possessions with them." They said "I would be lost without my books."

Relatives told us they could visit their family member at any time and always found them well cared for. They could visit their relative in the privacy of their room or there were private areas throughout the home that people were able to use. Relatives also said they were kept well informed of any changes to care by the registered manager.

Good

Is the service responsive?

Our findings

During our inspection we saw staff were responsive to people's needs. One person said the registered manage spoke with them regularly to find out if there was anything they wished to be provided or included in their care to make them more comfortable. They said "You would have to look hard to find something wrong with this place, they respond to everyone's wishes."

People had been consulted and included in their care. People had needs assessments undertaken before they were admitted to the service in order to ensure the service had the resources and expertise to meet their needs. We looked at pre admission needs assessments which were comprehensive and included all the information necessary to help the service make an informed decision regarding the placement.

Care plans were written with information gathered from the needs assessments and input from people and their relatives. We saw care plans were well maintained and were reviewed monthly or more frequently when needs changed. Each care need was supported with an objective and guidance for staff to follow on how to achieve this. For example if a person required the assistance of one or two staff to move them safely or it they required a hoist or a standing frame. Staff recorded daily entries in the care plans about how care was delivered on each day. This information was communicated to the staff team during the shift handover to ensure continuity of care and that no important information was missed. During handover arrangements were made to plan for hospital visits or external appointments so staff could plan ahead and respond to people's needs.

There was an activity plan in place which was overseen by an activity coordinator. People told us they could please themselves regarding activities. Some people liked to attend more activities than others. One person said "I came here to relax and I am not bothered about too much fuss." Another person said "Strangely enough I enjoy my own company." There was a comprehensive newsletter which reported on the previous month's activities and told people about forthcoming activities planned for the following month. These were distributed to people's rooms. This provided people with information that could influence them in which activities they chose to attend. Activities planned for the week of our visit included exercise classes, manicures, Christmas drinks and decorating the Christmas tree, Christmas Carols, and outings to see the Christmas lights around local areas. A New Year's Eve buffet supper was planned with entertainment by a mezzo soprano. One person said "We have everything here and there is something for everyone."

People and their relatives knew who they could speak to if they had concerns or a complaint about any aspect of the care they received. They had been provided with a copy of the provider's complaints process when they moved into the home. They told us they had confidence that the registered manger would always deal with these issues effectively. The service had a complaints policy which was displayed where people, relatives and staff could access. There was also a copy of this policy in people's rooms and in their care plans. One person said "I have not had to use this process, and if I had any issues I would talk to the manager who would address the issues in question." Another person said "Of course people have minor niggles but nothing that can't be solved effectively." People told us the manager was always approachable and they could openly discuss any problems when needed.

Relatives said that they had not made any formal complaints. One relative said "I would not complain I would just mention the issues to the manager and these would be managed without prejudice." There had been no formal complaints received since the last inspection. The registered manager told us outcomes of any complaint would be shared with the people involved and used a learning opportunity for staff. Staff told us if someone made a complaint to them about anything they would inform the registered manager immediately and this would get resolved according to the complaints policy.

Residents and relatives meetings took place and issues relating to the running of the service and forthcoming events were discussed. Minutes of these meetings were available. People had an opportunity to share their views and suggestions made were acted upon. For example if a new activity or a new item on the menu were suggested these were implemented and fed back to people at the next meeting.

Good

Is the service well-led?

Our findings

The service was being managed by an experienced manager and had the support of a deputy manager.

People were extremely satisfied with the management structure and support in place. They told us they felt listened to and the management team were capable and efficient. One person said "The registered manager and the deputy manager will do anything for you." Another person said "The registered manager and deputy manager are so obliging and go out of their way to help."

Relatives told us they could talk to the management team at any time. One relative said "They were always ready to listen and come up with solutions when required." Another relative said "They keep us informed of any changes to care and new treatment."

Staff felt supported by the management. Staff told us it was a "Lovely" place to work. They said they felt part of a team and they felt valued both by the provider and people who lived at the service.

We observed they were good lines of accountability in place with defined roles and responsibilities. The provider had systems in place to monitor the quality of the service being provided and to make improvements when these were highlighted. The registered manager undertook internal audits including reviews of care plans, risk assessments, audits of medicines, infection control and training audits to further enhance the care provided. Housekeeping audits and catering audits were also undertaken and people's feedback welcomed in order to improve services. Heads of department meetings took place to exchange information and to plan ahead for any proposed events. We viewed the overall business plan for the service. This addressed areas for improvement such as an ongoing programme of refurbishment.

Health and safety audits were undertaken by the deputy manager to ensure the safety and welfare of people who used the service, people who visited the service and to promote a safe working environment. We saw records relating to health and safety for example maintenance checks, utility certificates, fire safety, and equipment were maintained to ensure the safety of people visitors and staff.

Staff told us they had staff meetings and were able to discuss any concerns regarding matters in the home or issues they had openly. We saw the registered manager operated an open- door policy and we saw staff members were able to approach the registered manager during our inspection and were supported in an open and inclusive way. A member of staff said "It is important that we can talk with the manager and we are taken seriously."

We saw a report compiled by the provider based on the findings of the 2014 satisfaction surveys, (The 2015 survey was beginning to be compiled at the time of this inspection). These included the views of people and their representatives. We noted the questionnaires contained relevant questions concerning people's experiences of the service, such as staff attitudes, safety and the quality of care. There was a high degree of satisfaction across most areas of those asked. However we did note that some people felt that call bells were not always promptly answered. We asked the manager how this had been managed and were told a 'bell monitor' system had been introduced, whereupon a nominated staff member ensured all call bells were promptly answered. We were told that this had proved effective and people and their families had noticed a significant improvement. People told us that their call bell was answered promptly and we saw several examples of this during our visit where call bells were answered in a timely way.

We looked at the accident and incident records. We noted when someone had a high level of falls recorded the registered manager was proactive in seeking support from the falls team to reduce the frequency and promote wellbeing.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed CQC of significant events that happened in a timely way. This meant we could check that appropriate action had been taken.