The Old Hall (Send) Co. Limited

The Old Hall

Inspection report

Send Marsh Road
Send
Woking
Surrey
GU23 7DJ

Tel: 01483211674
Website: www.theoldgroup.co.uk

Date of inspection visit:
10 July 2018
13 July 2018

Date of publication:
23 October 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The Old Hall is a privately owned care home providing accommodation and personal care for up to 39 elderly people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

This unannounced inspection took place on 10 and 13 July 2018. At the time of our inspection 36 people were living in the home.

There was a registered manager in post. A registered 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. As the registered manager was on annual leave during our first day of inspection we were assisted by the registered provider. We made a second visit to the service in order to speak with the registered manager.

The Old Hall was last inspected in 2015 when we had no concerns. However, at this inspection we found some shortfalls at the service. We found staff were not following best practice in relation to medicines. Staff did not carry out routine in-house fire evacuation drills. Although accidents and incidents were recorded, there was a lack of information included to evidence the outcome of an accident and what action was taken.

Staff did not always follow the principals of the Mental Capacity Act in relation to decisions made for people. We received positive feedback about the food people were served. Although people's care plans covered their care needs, there was little personal information about people and their past lives and some information in care plans did not reflect people's current needs. We have made a recommendation to the registered provider in this area.

People lived in a suitably adapted environment and had access to healthcare professionals when they needed it. People's needs were assessed before moving in to the service and they were cared for by a sufficient number of staff who had been recruited through a robust process.

People told us they felt safe living at The Old Hall and staff were able to describe to us what they would do should they suspect any abuse taking place. Staff followed good infection control processes and the environment people lived in was clean.

People were cared for by staff who showed kindness, dignity, respect and attention towards them. People could have privacy when they wished it and make their own choices in how they received their care. People were seen receiving visitors and being enabled to remain as independent as possible.

People were protected from the risk of social isolation as activities were provided which they enjoyed. People told us they were happy living at The Old Hall, but should they have a complaint they would have no hesitation in speaking to management.

People gave us positive feedback about staff and management and in turn staff were enabled to contribute towards the running of the service through regular staff meetings.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made four recommendations to the registered provider. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There was a lack of robust medicine management processes.

There was a lack of detailed recording in relation to accidents and incidents.

People were cared for by a sufficient number of staff who had gone through a robust recruitment process.

Staff were aware of their responsibilities in relation to abuse.

People lived in an environment that was clean and hygienic. Although regular in-house fire drills were not always carried out.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not always follow the principals of the Mental Capacity Act in relation to decisions made for people.

People told us they were happy with the food provided to them.

People lived in a suitably adapted environment and had access to healthcare professionals when they needed it.

Staff received appropriate training and support.

People's needs were assessed before moving in to the service.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect. People's privacy was respected and promoted.

People were able to make choices about their day to day lives so they could maintain their independence.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Although people's care plans included information relating the care they needed, we have made a recommendation to the registered provider in that care plans should be more person-centred.

People had access to activities which meant they remained active.

People were encouraged to voice their concerns or complaints.

The service worked with professionals in relation to end of life care.

Is the service well-led?

Requires Improvement

The service was not always well- led.

Some care plans did not contain the most up to date information.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service and staff would report any concerns to their manager. The management and leadership of the service were described as good and approachable.

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.

We carried out an unannounced inspection to the service on 10 and 13 July 2018. The inspection was conducted by three 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to This enabled us to ensure we were addressing potential areas of concern at our inspection.

We also gathered information about the service by contacting the local authority safeguarding and quality assurance team. We reviewed records we held which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with six people, three relatives, seven staff including care staff, housekeeping staff, the registered manager and registered provider. We observed care and support in communal areas. We looked at six care records, seven staff files, risk assessments, medicines administration records, accident and incident records, minutes of meetings, complaints records, policies and procedures and external and internal audits.

Requires Improvement

Is the service safe?

Our findings

People felt safe at The Old Hall and with the staff who provided care and support. Comments included, "Having a buzzer makes me feel safe. They are very careful to make sure I don't fall," and, "I feel perfectly safe here. Our doors are checked every night by the carers." Relatives told us they felt their family members were very safe at the service. A relative told us, "I feel she is safe because there are always people about and her buzzer is always nearby."

However, despite the positive comments we identified some shortfalls within the service which meant that people may not always be kept safe.

People's medicines were not always recorded correctly which meant there was a risk they may not be given the correct dosage of medicine. We reviewed people's medicine administration records (MARs) and found that hand written entries were illegible. The National Institute of Health and Care Excellence (NICE) guidelines stipulate that paper-based MARs should be legible and clear. This is to ensure that people are given their correct medicine according to their prescription. Staff used MAR charts to record where creams, ointments or painkilling patches were to be placed on the body. However, there was no evidence of body maps being used. This is important particularly in the case of pain patches because if a person's patch fell off staff would not know where to place a new one.

Staff also used MAR charts to record the quantities of medicines in stock. Best practice is that records of medicines in stock should be recorded separately so that staff can audit medicines on a regular basis to ensure that any errors are quickly reviewed and monitored. The head of care carried out a monthly audit of MAR charts. We saw from their records that during May 2018 they identified three medicines errors but there was no evidence of what action had been taken in response to these. People however did tell us they got their medicines on time. One person said, "I always get my medication on time." Another person told us, "I get my tablets at the same time each day."

The lack of robust medicine management processes was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did however see people receive medicines from staff authorised to administer them. Staff attended regular refresher training in this area and after completing this training the registered manager assessed their competency. We heard staff explain people's medicines to them and why they needed to take it and we observed staff waiting patiently until the person had taken their medicines.

Although staff received fire training routine fire drills within the service were not carried out. This was confirmed to us by the registered manager. Each person had a personalised emergency evacuation plan however we noted some had been written some years ago. For example, one persons was dated 2016 which meant it may not reflect the most up to date information about the person. It is important to ensure evacuation plans reflect the most current needs of people.

We recommend the registered provider ensures that, in line, with good practice fire drills are held at least twice a year.

Although accidents and incidents were recorded information relating to these would have benefitted from more detail. Information in the accident and incident records was limited and lacked details of outcome, lessons learnt or follow-up actions taken to help ensure that they did not reoccur. For example, one entry recorded, '[Name] was walking in corridor back from lunch and she fell straight over'. Another entry recorded, '[Name] was sitting in chair whilst I filled sink. Heard a thump and turned around to see she had fallen by her chair. Rung emergency bell and waited for senior'. Neither explained what the result of the fall was and as such what action was needed or taken.

We recommend the registered provider ensures that accidents and incidents are recorded in full, with outcomes and action taken.

People had equipment in place to help reduce risks to their freedom or skin integrity and risk assessments in relation to this were in place. We saw lowered beds and walking aids and we observed people being assisted into their chairs by staff at lunch time. Care staff were very gentle, making sure the person was moved careful and that they were comfortable.

People were helped to stay safe from abuse as staff had a good understanding of their responsibilities in this respect. A staff member told us, "We develop friendships with people so we hope they would have the confidence to tell us if something was wrong. I would report to [name] or [name] whatever I had been told and I have confidence that they would escalate it." Another told us, "I know how to raise the alarm." The service held the most recent local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year.

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place which had been followed. Staff confirmed that they were asked to complete an application form which recorded their employment and training history, provided proof of identification and contact details for references. Records included a recent photograph, written references and a Disclosure and Barring (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk. Staff confirmed they were not allowed to commence employment until satisfactory criminal record checks and references had been obtained.

People were cared for by sufficient numbers of suitable staff and the consistent staff team were able to build up a rapport with people. This enabled staff to acquire an understanding of people's care and support needs. The staffing rotas were based on the individual needs of people. This included supporting people to attend appointments and activities in the local community. We noted on the day of our visit, that people's needs were met promptly. We were told that eight or nine staff were on duty in the morning and five or six during the afternoon. We found numbers on the day matched what we had been told and when we rang a bell for one person who required assistance staff attended quickly. People told us, "They always answer the bell quickly," "There seem to be loads of staff" and, "Sometimes there are carers all over the place." One staff member told us, "I do believe we do (have enough staff)." They told us they felt there was sufficient time to socialise with people.

People told us they felt they lived in a clean environment. One person said, "The rooms are very clean, they are cleaned every day." Another told us, "The cleanliness is pretty good. If there is a mark on the carpet the carpet washer is straight in." People were protected against the spread of infection within the service. We

saw staff cleaning the service throughout the day and there were procedures in place for staff to follow cleaning schedules. Staff followed good practice in infection control and used personal protective equipment, such as gloves and aprons, when providing personal care. There were instructions to staff and visitors on how to wash their hands effectively. A staff member told us, "We use gloves and aprons when we carry out personal care and remove them straight after. We must never go to another person's room with them on. We also wash our hands a lot." Another staff member told us, "We use red bags for soiled laundry and this is washed on a high temperature."

Requires Improvement

Is the service effective?

Our findings

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Most people living at The Old Hall had capacity to make their own decisions however we found despite this staff and relatives were making decisions on people's behalf without following the principals of the MCA. One person who had capacity had been losing weight. Although staff were able to show us that his person's BMI was still in range they said, "We did speak to her daughter about it and she did not want us to do anything or get any treatment." Other people had decisions made for them by family member's reporting to have power of attorney. A second person had written in their care plan in February 2018, 'black alarm mat in room'. However, we found no decision-specific capacity assessment with regard to this. In addition, the DoLS application submitted in June 2018 for this person did not make reference to this. The registered manager said that that people were present during discussions and agreed to decisions, however from reading people's care plans this was not made clear. A staff member told us, "It's the understanding of capacity. We have to assume capacity."

The failure to follow the legal requirements in relation to the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were happy with the food that was provided to them. One person told us, "The food is very good. As I can't use one arm at the moment, they (staff) prepare the food so that I am able to eat it." Another person said, "The chef has a very good imagination, the food is all very good and very well cooked." A third commented, "The food is excellent and I am fussy."

Where people had specific dietary requirements this was recorded and known by staff. Such as in the case of one person who could not eat grapefruit. This was noted in their records and was known by the chef. We also noted where people had lost weight staff monitored this, for example, in the case of one person who was weighed weekly following some weight loss.

We spoke with staff about the training and support they received. All staff told us they felt supported and could approach their line manager or meet with them if they wished. One staff member told us, "I've had enough training (for my role) and I have supervision with [line manager]." A second member of staff told us, "I feel supported and can talk about things during my supervision." Another member of staff said, "During the induction they showed me around and I shadowed other staff members until I got to know people's

needs." We checked the training records held at the service. We read that training such as moving and handling, fire safety, food hygiene, safeguarding, medicines and infection control took place. People were cared for by staff who they felt were competent in their role. One person told us, "The physio is trying to get me walking better, they are doing their best." Another person said, "They do encourage everyone to move around." A third commented, "Most of the staff seem competent."

People had access to bathrooms that had been adapted to meet their needs and specialist equipment such as wheelchairs and adapted beds. Communal areas, stairs and hallways were free from obstacles which may present an environmental risk. Where people required aids to assist with their mobility we saw these in place, such as 'elephant feet' (moulded cones) on chairs to raise them slightly. When one of the lifts had been out of action staff told us they had hired a, "Stair chair. It was like a robot and 'walked' down the stairs. We would support each person as they came down in it."

People were supported to access healthcare services. One person told us, "The optician comes to the home." Another said, "The doctor is very good, she comes every week." A relative told us, "They arrange hospital transport and chase it up if there are problems." There was evidence in people's care plans of them receiving appropriate oral health care from staff. For example, we read in the daily notes staff had written, 'teeth cleaned'. The service had an in-house physiotherapist who carried out therapy treatment with people. We saw them assisting people to walk and do exercises. A staff member told us, "The chiropodist comes, the GP comes once a week and we have a physiotherapist. Everyone is registered with the community eye service and most are registered with the same dentist."

People's needs were assessed before moving in to the service. This helped ensure that their individual needs could be met. A relative told us, "We came and had a long chat with the manager before choosing here."

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "The staff are very caring, especially the older ones, and there is never any bad feeling." Another person said, "The staff are very caring, that's what they are known for." A relative told us staff showed kindness to people and interacted with people in a positive and proactive way. They said, "The staff are very caring and attentive."

People were able to make choices about their day to day lives so they could maintain their independence. One person told us, "It feels like an extension of your own home." Another said, "It's very free and easy here." We saw people using the lift independently and moving around all areas of the home, both inside and out. People were able to personalise their room with their own furniture and items so that they were surrounded by things that were familiar to them. They told us they were able to have breakfast in their rooms which they enjoyed. One person told us, "It's wonderful having breakfast in my room." We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks. Staff did not rush people for a response, nor did they make the choice for the person. A staff member told us, "I would ask people how they would like me to help them. I'd let them tell me what they want done. For example, I wouldn't just start washing them."

Staff knew the people they supported. Staff talked about people, their likes, dislikes and interests and the care and support they needed. There was information in care records that highlighted people's personal preferences and their daily needs so that staff would know what people needed from them. We observed a staff member taking tea and a scone to one person. They knelt beside them saying, "Are you okay? Be careful it may be a bit hot. Are you enjoying the tennis (on the television)?" We observed this staff member throughout the day and they demonstrated extremely kind and attentive care to people.

People were cared for by staff who showed them kindness and we observed staff treating people with dignity and respect. People told us personal care was provided in private and staff called people by their preferred names. They said staff knocked on their doors and asked them if they wished their doors left open or closed when they were in their room. One person said, "Privacy and dignity is maintained, they always knock at the door." Staff interacted with people throughout the day. For example, when staff were assisting and supporting a person to move from their chair to a walking frame they provided detailed instructions so the person could follow them. This was done at the person's own pace with encouragement throughout. We saw a staff member adjust someone's clothing to preserve their dignity. We heard a staff member knock on someone's door and go in saying, "Good morning. Oh, you look lovely in that dress it will keep you nice and cool." A staff member told us, "It's all about their (people's) happiness."

People were cared for by attentive staff who supported them to be independent. One person told us, "They are always very helpful and provide what I need." A staff member was taking one person to the exercise class. They had assisted them into their wheelchair saying, "Keep your elbows in so you don't knock them as go through the door." The person stopped to speak to us and the staff member patiently waited and assisted them when needed in what they were trying to tell us. The person told us, "We are very well looked after." Later during the day, we heard and saw the physiotherapist walking with one person. They had

walked a little way with a staff member behind them with a wheelchair. When the person became tired staff assisted them into the chair saying, "I am so pleased. That's the best walk you've done. It was so good of [name] to get your (adapted) shoes." The person responded, "I know, I was so worried about it." We could see they had their specialist shoes on to ensure they were safe walking.

Requires Improvement

Is the service responsive?

Our findings

People's care plans contained information about their personal care needs, nutrition, communication and how they liked to spend their time. There was a mixture however of some care plans being very detailed with specific information in them and others less so. Despite this, we found there was little impact on the care people received as staff knew people well. The registered manager told us that care plans were moving over to an electronic system and as such more detailed information would be added.

One person's care plan had information about their husband, children and hobbies but there was nothing about them as a person prior to moving in to The Old Hall. A second person's care plan was clear in that they liked an early morning cup of tea, apart from on a Thursday. We asked staff why this was and they explained that this person had a particular medicine on a Thursday so they had their cup of tea later that day. Although senior staff were aware of this, a new staff member would not know this from reading the person's care plan. A third person was noted as being a, 'bit down' for the first few days they were living in the home, but we read that over time they had become, 'more chatty' and appeared to have settled well. Their care plan noted they liked to, 'read, have a daily paper and watch TV'. However, it gave no further details such as what paper they liked or which genre of television programmes they preferred. The registered manager told us following the inspection that a list of people's newspaper preferences was held at reception. Additional information in people's care plans give staff a good understanding of people's individual characteristics and help ensure that a person's care plan is personalised specifically for them. Yet, we did find some information which was very detailed for people. Such as one person who was noted as, 'likes cotton sheets, Radio 4 and a gin and tonic. Partially sighted wears a magnifying glass around her neck'. We saw this person had cotton sheets on their bed and they had their magnifying glass on. People also told us that their preferences were respected. One person said, "We do have a choice of carer." Another told us, "I think I would be listened to if I wanted to choose a male or female carer."

We recommend the registered provider ensures that care plans for people are more person-centred.

People were encouraged to be as independent as possible and participate in activities that were of interest to them. As such they were protected from social isolation. A relative told us, "I always feel that everyone is included and encouraged to join in." One person said, "I've never had this before – it's marvellous." We saw an exercise class take place during the morning and it was evident people were enjoying it. We were told the registered manager held regular buffet suppers which people attended and the gardener organised activities related to outdoors, such as potting plants. Where people had particular spiritual needs these were recognised as services were held at The Old Hall from two or three different faiths and people could attend local churches. People were also encouraged to attend clubs out in the community, such as the bridge or over 60s club. Other events held at the service included an annual bonfire evening, annual tea party and a Christmas fair.

No one living at The Old Hall was currently receiving end of life care, however the registered manager told us they worked with the GP and the MacMillan nurses to support people during their end of life.

People told us they knew how to make a complaint although no one we spoke with had ever had the need to. One person said, "If I needed to make a complaint, I would do it through my family." Another person told us, "If I needed to complain I would go to the manager." We read 13 compliments had been received by the service so far this year. Some comments included, 'I have loved every minute of it' and, 'I am very grateful for the care and attention I received'.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance audits were carried out in the service. The registered manager carried out a monthly health and safety audit. It consisted of checking fire extinguishers, gas safety, water temperatures, electrical items, medicines, accidents and incidents, complaints and staff files. These audits did not pick up action required by the service. The last external pharmacy audit was completed in October 2017 with one of the lead staff carrying out monthly medicines audits. However, these consisted of them writing their findings in a notebook. Their writing was extremely difficult to read and their findings were not routinely reported back to management.

Some information in relation to people's care was not recorded correctly such as one person who had been receiving half hourly checks following an accident. Staff told us this was no longer necessary; however, their care plan had been reviewed monthly and had not been changed. Although the registered manager also carried out a care plan audit, this consisted of them reviewing five care plans and recording this. The last care plan audit took place in May 2017 and the registered manager told us they did not have an overview of the care plans or review care plans individually as this was the responsibility of staff.

We recommend that the registered provider ensures that records relating to people are contemporaneous.

Providers should be meeting the standards set out in the regulations and display the characteristics of good care. However, we had identified shortfalls with medicines, good fire safety practices, robust recording of accidents and incidents and person-centred and contemporaneous records. As such we are unable to award the service a Good rating in Well Led.

Surveys were carried out to obtain people's views. The last survey was done in 2017 with 25 people, 20 relatives and four professionals responding. Overall the feedback was positive with people writing comments such as, 'I am very happy here' and, 'I feel very grateful and blessed in this very caring home'. There were some less positive comments in that people fed back the décor needed attention and some aspects of their accommodation required refurbishment. An action plan had been produced following the feedback. We were told there was a programme of planned works for the premises which included making all rooms en-suite, enlarging corridors for easier access, installing a second lift and more communal bathrooms. In addition, some people had commented that they had to wait in the mornings if they rang their bell. The registered manager looked at this and rearranged deployment of staff to address this issue. They told us, "The new system works brilliantly."

People also had the opportunity to give their views through resident's meetings. We noted at an October 2017 meeting food was discussed. In the February 2018 meeting 20 people attended and discussed actions from the last meeting and activities. We read that the menu had been reviewed following the previous meeting and people reported they were happy with the new menu. People stated they were happy with the activities provided. One person requested a shower mat and this was recorded as being actioned. People also gave positive feedback about the care they received.

People told us the manager was visible and approachable. One person said, "I see the manager, she is always around." Another told us, "The manager is visible and we can easily get hold of her." Staff were equally as complimentary about management and said there was a good culture within the staff team. One staff member told us, "Our bosses are really lovely." Another said, "[Name], he is really good." A third commented, "The staff team are really welcoming, really supportive and friendly and will always help you." Staff told us they had regular meetings to talk about all aspects of the service, such as training. Staff meetings were held with individual disciplines, such as care, housekeeping, senior and night staff. The service had recently implemented a computerised system for people's care plans and the information was gradually being transferred over. The registered manager told us, "Staff have been helpful and embraced it." They added, "We are promoting staff internally to take on more responsibility."

The registered manager worked with outside organisations to support people living at The Old Hall. This included the Parkinson's nurse, Macmillan nurses, Surrey Care Association and local schools. A monthly newsletter was circulated to people which included a round-up of activities the previous month, what was planned for the current month and any general news relating to the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The failure to follow the legal requirements in relation to the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The lack of robust medicine management processes was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.